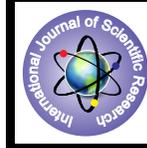


Foreign Body in Vagina Presenting as Chronic Vaginal Discharge: a Rare Case Report



Medical Science

KEYWORDS : Vaginal discharge; Estrogens; Dysuria; Foreign body

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ABSTRACT

OBJECTIVE

Foreign body in vagina in children presents as purulent vaginal discharge, pain lower abdomen, dysuria, urgency, frequency or it can stay there for long periods without producing any symptoms and ultimately landing in to sequele. In children lack of protective effect of estrogens can make them prone to infection caused by intestinal commensals and adding to that is poor hygienic status. Purulent discharge not responding to antibiotics raises suspicion of intravaginal foreign body. Vaginoscopy or per vaginal examination under general anaesthesia can be both diagnostic and therapeutic. Thus vaginal discharge in children should not be ignored and promptly evaluated.

CASE REPORT

We report a case of 5 year old girl who presented to our opd with complaints of purulent vaginal discharge for 6 months; she underwent many private consultations and took several courses of antibiotics but got no relief. She was examined per vaginally under general anaesthesia and a broken groundnut shell was found in posterior fornix which was removed with an artery forceps. Pus culture was sent and antibiotics were started and she was discharged within a week in a week.

CONCLUSION

Children who present with vaginal discharge should never be ignored and foreign body should be suspected when discharge is not responding to hygienic measures and antibiotics. Currently vaginoscopy is the ideal method for diagnosing if not available per vaginum examination under general anaesthesia is preferred. Plain radiographs and USG also helps in diagnosing radiopaque items, MRI is considered best for detecting foreign bodies in vagina but is usually not required.

INTRODUCTION

Discharge per vaginum is not a common gynaecological complaint in premenarcheal age group. This discharge can result from infection of vagina from organisms residing in intestinal tract due to poor hygienic conditions. Lack of estrogen content in pre menarche age group renders the vagina prone to infection to various commensals as protective effect of estrogen is reduced and vaginal mucosa is less acidic as compared to menarchal females(1). Foreign body in vagina is also an important cause of discharge per vaginum specifically purulent or serosanguinous not responding to antibiotics and also with recurring episodes (2) other common symptoms reported are pain lower abdomen, dysuria, urgency and frequency.(2)

Diagnosing the cause of vaginal discharge is a difficult entity in children as they would not allow per rectal examination, or per speculum examination. Diagnosing modalities include plain radiograph, USG, MRI, and per vaginal examination under general anaesthesia and per rectal examination.

We report case of a 5 year female who presented to our opd with purulent discharge per vaginum which did not respond to antibiotics. Per vaginal examination under general anaesthesia showed a groundnut shell in the posterior fornix, which is an uncommon foreign body in vagina.

CASE REPORT

A 5 year old girl who lived in a joint family with her parents and uncle's family reported to gynae OPD with complaints of pain lower abdomen and foul smelling discharge per vaginum for 6 months. She also complained of dysuria and burning during micturition.

According to her parents while playing with her cousins they had a fight in which one of the cousin 7 year old, introduced something, the nature of which was unknown in her vagina. Following that episode she started having pain in her lower abdomen initially mild which gradually increased in intensity associated with dysuria, also after 1 week she started having discharge per vagina initially less, and for that she was taken to a number of private practitioners where she was advised pain killers and

antibiotics but she got no complete relief. Since 1 month her discharge increased and became foul smelling and so she was brought to our OPD.

She could not be examined in OPD so she was prepared for examination under general anaesthesia. Her gynaecological examination showed torned hymen, pus discharge coming through vagina and reddened mucosal surface of vagina. A small object could be seen lying in posterior fornix. An artery forceps was introduced and the foreign body was taken out and to everybody's surprise it was found to be a groundnut shell. Pus culture was sent, vagina cleaned with betadine. STD prophylaxis and antibiotic cover was given. She was discharged in 1 week in healthy condition.

DISCUSSION

Foreign body in vagina in children is uncommon. Foreign bodies can enter human body through multiple routes. It can be ingested, introduced iatrogenically or through trauma. There are various kinds of foreign bodies, vaginal tampons being the most common ones, cloth, paper, clips, pencils, sponges, metallic objects, glass objects, animal bones etc. Metallic and glass objects can be detected by plain radiographs and USG. Non opaque objects can be best detected by MRI. Per vaginum examination and per rectum examination under general anaesthesia is both diagnostic and therapeutic procedure as foreign body seen can be directly taken out through artery forceps and also by per rectal examination foreign body can be pushed so as to be expelled through vaginal route.

Foreign body in vagina can present as foul smelling discharge(3), other causes could be sexual abuse, congenital malformation, idiopathic vaginitis, and vaginal neoplasms. Proper history and examination with the help of radiographs, USG and MRI can help us reach a proper diagnosis. Current method to evaluate an intravaginal foreign body is vaginoscopy and colposcopy if foreign body is beyond vagina (4).

Foreign bodies can stay in situ for very long periods without producing any symptoms to number of complications like vesicovaginal fistula, haemorrhage, sepsis and complete obstruction(5).

The incidence of intravaginal foreign bodies in girls less than 13 years with genitourinary complaints has been reported to be 4% (6). The children should also be evaluated psychologically as it could be the result of masturbation and the child could be emotionally or psychologically disturbed.

In our case the 5 year old girl gave history of something introduced in her vagina by his 7 year old cousin while playing together and per vaginal examination showed a ground nut shell, which was taken out by artery forceps. Our case scenario is important for the fact that

CONCLUSION

Vaginal foreign body is an uncommon condition and should be suspected when a young girl presents with purulent vaginal discharge. This should be emphasised that any vaginal discharge in children should be evaluated and should not be ignored. Vaginoscopy should be preferred and in settings where facility is not available direct per vaginal examination under general anaesthesia should be done as it is both diagnostic and therapeutic.



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