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RARE CASE OF RETAINED VAGINAL FOREIGN BODY FOR 30 YEARS IN A POSTMENOPAUSAL FEMALE: A CASE REPORT

Obstetrics and Gynaecology

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ABSTRACT

Background: In the modern era of gynaecology intravaginal foreign bodies are rarely seen in postmenopausal women. Foreign bodies are usually encountered in children and sexually active females. Retained vaginal foreign bodies can cause foul smelling discharge, infections, fistula formation, adhesions and stenosis. Foreign bodies are inserted vaginally for sexual stimulation, contraception, induced abortion and for the treatment of prolapse. This report presents a postmenopausal lady with lower abdominal pain with foul smelling discharge per vaginum who had a history of insertion of foreign body in vagina almost 30 years ago, which was removed by allis forceps.

KEYWORDS

Vaginal Foreign Body, Vesicovaginal Fistula, Rectovaginal Fistula

INTRODUCTION

Vaginal foreign bodies are not commonly seen in postmenopausal patients in modern era of gynaecology, but usually encounter cases of foreign body insertion seen in vagina of sexually active females and often in children [1]. Foreign bodies are inserted vaginally for treatment purposes, contraception, induced abortion, and sexual stimulation and to reduce prolapse uterus. Retained vaginal foreign bodies pose risk of genitourinary tract infection, infertility, rectovaginal and vesicovaginal fistula and septicemia.

Only four instances of foreign body placement in the vagina that were retained for an extended period have been reported [2-5]. Ours is the fifth reported case of a vaginal foreign body in a postmenopausal female.

Case Report

A 81 years old postmenopausal women Para 5 Live 5 was presented to our hospital in gynae OPD with complaint of lower abdominal pain and foul smelling discharge per vaginum, which was almost a social stigma for her. No history of bleeding per vaginum, fever, difficulty in micturition and any defecation complaints. Patient gave history that almost 30 years back, a substance was introduced vaginally to reduce prolapsed uterus by dai.

On local examination vulva was atrophic, on per speculum examination a round ball like structure seen distending the upper half of the vagina. Cervix not visualized and copious, foul smelling discharge was coming through vagina.

On cleaning the vagina walls, lower half of vagina walls were congested, no growth, no fistula visible. On per vaginal examination, a hard ball like foreign body felt in upper vagina, cervix could not felt. On per rectal examination rectal mucosa free and mobile. Patient was admitted for further evaluation, USG showed a spherical body of 6cm diameter noted in upper vaginal wall.

MRI pelvis also suggestive of vaginal foreign body of 7*7cm in upper vagina, with no evidence of any growth or vesicovaginal and rectovaginal fistula.

Patient was planned for elective removal of vaginal foreign body. After proper inspection of vaginal wall, foreign body was removed with the help of allis forceps which was a hollow rubber ball of 10*10 cm sent for culture and sensitivity.

Cervix was inspected, no growth was found, vaginal wall was also intact. In post operative period patient received complete course of broad spectrum antibiotics, according to culture and sensitivity report. Patient was discharged in satisfactory condition. Follow up done after 2 weeks in OPD where patient was examined cervix and vagina appears normal, PAP smear was done and found to be normal.

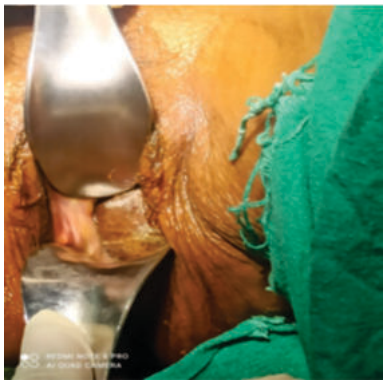

Fig. 1: Per Speculum examination

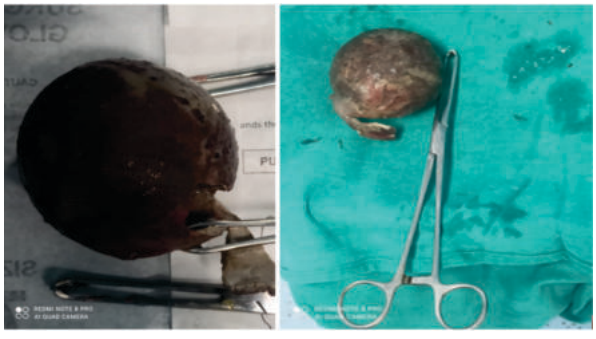

Fig. 2 and Fig. 3: foreign body taken out of vagina [a ball]

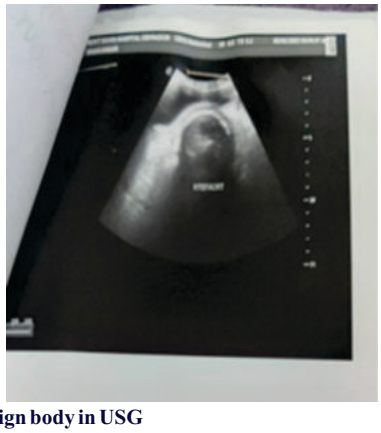

Fig. 4: Foreign body in USG

DISCUSSION

Complaints caused by foreign bodies depend on their kind, chemical composition, structure, shape, and time elapsed since insertion in the vagina. It can lead to infection, injury, perforation, adhesion, stenosis and fistula formation. Most of the cases reports have adolescent girls or females of reproductive age group.

Panda et al, reported a case of 49 year female menopausal having foreign body {plastic cap} causes vaginal stenosis [1]. Puppo et al, chopra et al, ciebiera et al and sharma et al, Reported cases of females aged 74, 50, 73 and 70 years respectively[2-5]. All of them had foreign body retained for a longer duration. In puppo et al, study after removing the foreign body vesicovaginal fistula was corrected by abdominovaginal approach to reconstruct the bladder[2]. In chopra et al, deeply impacted foreign body was removed with four zeppelin clamps[3].In ciebiera et al, vaginal foreign body mimicking cervical cancer which was removed after evacuation[4]. In sharma et al, a wooden apple was found as foreign body which was placed 20 years back in the vagina of postmenopausal female which was difficult to extract. After so many attempts it was removed by vulsellum[5].

Luckily in our case patient presented with chief complaint of lower abdominal pain and foul smelling discharge with no serious complications. Patient herself gave the history of insertion of a round substance 30 years back in vagina by dai as treatment of prolapse. On per speculum examination foreign body was visible. Findings are confirmed by USG and MRI. The foreign body was removed with the help of allis forceps. Patient stood with the procedure well. Then managed conservatively with antibiotics and supportive treatment. Patient was discharged on post op day fourth under satisfactory condition.

CONCLUSION

In this modern era, instead of ring pessary, the use of plastic balls or fruits as a non-pharmacologic treatment of prolapse is not heard of. Our case draws attention that every gynecologist should be aware of this entity and have knowledge about its extraction. So that morbidity associated with cases of retained intravaginal foreign bodies can be reduced.

DECLARATIONS

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Conflict of interest: None declared

Ethical approval: Not required

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