

A rare case of foreign body in vagina posing a diagnostic and therapeutic challenge

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Abstract

Introduction: Vaginal discharge may result from a variety of causes. A long standing intravaginal foreign body can pose both diagnostic and therapeutic challenges in all age groups. Treatment failure may occur because of alteration of the normal vaginal flora. Here we present a case of a 19 year old who came to our Outpatient with repeated episodes of white discharge Per Vaginum for 10 months. Scan showed - ? cervical polyp. We treated her for everything from vaginitis to septic abortion to suspected cervical carcinoma .she later revealed history of having inserted a battery shell in her vagina as foreplay. Finally CT scan revealed it to be an infected foreign body impacted in the lower uterine segment. Patient finally found relief upon removal of the object. Vaginal foreign body can present with diverse symptoms. It should be considered in any young female patient presenting with recurrent or persistent vaginal discharge. Detailed history and clinical examination are central to diagnosis although imaging modalities may be required in misplaced objects. This article highlights the importance of early diagnosis and proper management in preventing morbidity and mortality resulting from complications.

Keywords: vaginal foreign body, battery shell.

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INTRODUCTION

The prevalence of vaginal foreign bodies in girls under 20 years with gynecological disorders was found to be 4%^{1,2}. Foreign bodies are also found in geriatric population most commonly in the form of forgotten pessary. It is reported that 49% of the girls with vaginal foreign body had presented with vaginal discharge¹. Presence of foreign bodies can also present with scarring, fistula formation, recurrent Urinary Tract Infections and infertility. Common foreign bodies encountered include tampon, pins, button, seeds, forgotten pessaries etc³. MRI is regarded as the best technique for evaluation followed

by hysteroscopy⁴. CT scan is also effective in making a diagnosis. Recurrent, unremitting, foul smelling bloody vaginal discharge in women should alert the clinician to the possibility of retained vaginal foreign body. A case of intravaginal foreign body is reported for the diagnostic dilemma it can present and the difficulty in removal due to the bizzare nature of the object³.

CASE REPORT

Patient came to our Outpatient department with the history of foul smelling white discharge per vaginum since 2 months associated with itching, in the month of april, 2012. Her per vaginal examination showed foul smelling discharge with unhealthy granulation tissue .She was subsequently evaluated and treated for vaginitis . Endocervical curettage was done and cervical biopsy was taken which showed stratified squamous epithelium with acanthosis and koilocytic change without any dysplasia or malignancy. Patient lost follow up for 4 months and was referred back to us from Bannur Primary Health Center, now revealing the history of having inserted a battery shell into her vagina. Removal was tried at Bannur hospital with little success. Copious, purulent, foul smelling discharge persisted. On examination cervical os

was difficult to visualize in the presence of excessive granulation tissue. plain X- ray pelvis was taken which did not reveal any abnormality. Ultrasonography was ordered which showed hyperechoic soft tissue mass in the cervix -? Cervical polyp. Patient refused admission and returned to us in the month of February, 2013 with persistent symptoms. CT scan was done this time, a tubular foreign body measuring 34*24 mm was noted in the upper vagina and lower uterine segment with pockets of air within and outside the foreign body- infected foreign body. After treating her with antibiotics patient was posted for laparohysteroscopy on 6/3/2014. On laparoscopy, uterus and adenexa were normal. Hysteroscopy revealed a foreign body, but the exact location could not be ascertained due to excessive

granulation tissue. Removal of the foreign body was attempted by curettage, artery forceps and kocher's forceps which failed due to dense cicatrisation around the upper part of vagina. Finally, laparotomy was done. Abdomen was opened in layers by pfannensteil incision. On palpation, uterus was found to be normal. Foreign body was felt below the cervix. Posterior vaginal wall was opened by a transverse nick over the vault. A foreign body, a plastic tube of 3*3 cm was removed and vaginal vault closed with continuous sutures. Peritoneal wash given and abdomen was closed in layers. Post operative period was uneventful. Drain was removed on the 6th day. Further follow up with the patient reported her to be free of symptoms, with regular cycles and promising fertility.

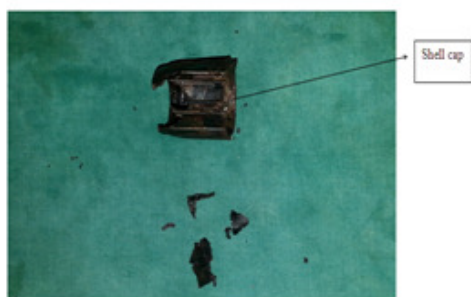


Figure 1: Shell of the battery removed from the vagina



Figure 2: CT scan image showing the foreign body in the lower uterine segment

DISCUSSION

Many bizzare foreign bodies have been recovered from the vagina. capni *et al*⁵ reported a case of neglected fetal bones in the uterus for 8 years after termination of pregnancy. Because of the uniqueness of the objects left behind, they pose a diagnostic as well as therapeutic challenge. Also in developing country like ours reluctance on the part of the women to give adequate history leads to delay in diagnosis and exacerbation of complications. The effect of the object varies with its nature and shape. Perforation, abrasion, pressure necrosis and local vaginitis result in ulceration of the vaginal walls. This can involve neighboring structures to cause urinary and fecal fistulae. Ascending infection may lead to salpingitis and peritonitis. Rarely, neglected pessaries can cause severe ulceration of posterior fornix and lateral vaginal carcinoma.

Nevertheless, Chia Woei Wang and colleagues^{6,7} have noted that continuous flow vaginoscopy can be used to detect an intra vaginal foreign body, which may then be removed successfully by hysteroscopy. They concluded that hysteroscopy is safe, convenient, effective and easy to perform, even in a children .Notably, current methods used to remove vaginal foreign body are hysteroscopy (as

previously mentioned) and colposcopy (if the foreign body is beyond the vagina).⁷ Although vaginal examination generally reveals the presence of a foreign body; some imaging techniques may also be helpful. Other methods to rule out a vaginal foreign body include pelvic ultrasonography, plain pelvic radiography, vaginography and magnetic resonance imaging (MRI). Management depends on the object identified and any residual pathology at removal. Whereas certain objects are removed easily without anesthesia, sharp and potentially hazardous substances require adequate anaesthesia and careful removal. Instruments like obstetric forceps and ventouse has been used to remove certain objects while laparotomy has been necessary for others⁸. The vagina usually heals well following the removal of the object, provided there are no complications such as fistulous formation.

CONCLUSION

There are multiple foreign objects of habitual use which can be found in the vaginal cavity in simple radiology, computed tomography and magnetic resonance studies. The knowledge of them avoids misinterpretation of images and confusion with adjacent pathology. A strong

suspicion of foreign body should be therefore maintained while dealing with cases of intractable white discharge per vagina, more so in extremes of age group.

REFERENCES

1. Sukru yildiz, foreign body in vagina, j turk ger gynecol assoc. 2013; 14(1); 46-47
2. Merkley K: Vulvovaginitis and vaginal discharge in the pediatric patient. J Emerg Nursing 2005; 31:400
3. Pushplata, S., *et al.* (2014) Bizarre Foreign Objects in the Genital Tract-Our Experience and Review of Literature. Open Journal of Obstetrics and Gynecology, 4, 427-431
4. Brig S Chopra, a case of intravaginal foreign body. MJAFI 2010;66:266-268
5. Cepni I, kumbak B, ocal P, Idil M, Aksu F. infertility due to intrauterine residual fetal bone fragments. J clin ultrasound 2004;32:253-255
6. Chinawa JM, Obu HA, Uwaezuoke SN. Foreign Body in Vagina: An Uncommon Cause of Vaginitis in Children. Ann Med Health Sci Res 2013;3:102-4
7. Wang CW, Lee CL, Soong YK. Hysteroscopic extraction of a vaginal foreign body in a child. J Am Assoc Gynecol Laparoscopy 1996; 3:443-4.
8. E.C Nwosu, S. Rao, C. Igweike, H. Hamed, foreign objects of long duration in adult vagina, j obstet et gynecol DOI:10.1080/01443610500307813.

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