A Foreign Body in Vagina - Unambiguous Elixir Still Practiced for Prolapse

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Abstract: Vaginal foreign bodies present in female patients of all ages and at wide range of healthcare settings. [1]Post menopausal women rarely present with foreign body in the vagina [2]. Main age group coming with complaints of foreign body in vagina ispediatric age group. [3] Uterovaginal prolapse is very common in multiparous old age women which has definitive treatment, but not all women get access to healthcare system either because of low socioeconomic status or due to lack of awareness about the treatment or lack of concern to the family members. Here is a case of 75yrspost menopausal woman tried to insert a foreign body in vagina as a panacea for uterovaginal prolapse.

Keywords: foreign body in vagina, uterovaginal prolapse, post menopausal women, health care system, lack of awareness

1. Case Report

A 75 year old postmenopausal woman P5L4D1 presented to Department of OBGY Government Medical College Chh. Sambhajinagar, Maharashtra, India with a referral from PHC Bajarsavangi for foreign body in the vagina. Old woman was apparently alright and had a complaint of mass being protruding out of vagina since 4 years, but because of lack of awareness or lack of attention from the family women one fine morning, inserted a glass bottle in vagina to reduce prolapse which got impacted inside the vagina. The foreign body helped the woman reduce the prolapse but also caused discomfort to the women as it got stuck inside the vagina. After few hours because of the discomfort old women told about the incident to family members and was taken to hospital. Patient was examined, Per Abdomen was soft and non tender, on per speculum examination foreign body which was a suspected glass bottle with wide base was seen in the vagina with minimal white discharge as shown in Fig 1., per vaginal examination - wide base of glass bottle was felt. A provisional diagnosis of foreign body in vagina was made and all the necessary blood investigations were sent and were within normal limits. Injectable antibiotics and analgesics were given. The woman was uncomfortable and had lot of pain, so further examination was abandoned and was evaluated for foreign body removal under anesthesia.



Figure 1: A foreign body seen on per speculum



Figure 2: Xray showing foreign body in pelvis

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Woman's abdomen pelvis erect x - ray and non contrast CT was done and showed conical foreign body in the pelvis as shown in Fig 2 and Fig 4. Women was next day taken for examination under anesthesia with removal of foreign body. Under anesthesia patient was taken in lithotomy position, foreign body was visualized using Sims speculum and AV retractor. Three attempts with 2 A - V retractors, 1 AV retractor was put into anterior fornix till the anterior extent of foreign body and another AV retractor put into posterior fornix and with gentle traction the foreign body was removed. Vagina, cervix and fornices were examined for any injuries. Vaginal packing was done. Patient withstood the procedure well. Foreign body inserted was Nova Brillantine cream glass bottle as shown in Fig 3. Woman was discharged and was asked to get readmitted for vaginal hysterectomy when she is ready for it.



Figure 3: Nova brillantine cream glass bottle



Figure 4: NCCT showing foreign body in pelvis

2. Discussion

Some objects are designed for use in a women's vagina. These include tampons, vaginal suppositories, and medications delivered through the vagina. Others are not intended to be inserted and may be placed there accidentally or intentionally. Doctors refer to objects found in vagina as foreign bodies. [4] Vaginal foreign bodies are a complaint occasionally encountered in gynaecology clinic and emergency departments. Amazingly, large variety of foreign bodies have been found in the vagina. Generally the problem is encountered in pediatrics and adolescent age group but

adults may also seek care for vaginal foreign bodies which may have been placed intentionally for sexual graft, sexual abuse, psychiatric disorders, medical treatments (pessaries, intrauterine devices), or inadvertently for example toilet papers, tampons etc. [5]Intimate partner violence and sexual abuse is also a public health problem which is grossly under reported. Survivors can suffer long term sequelae like depression, anxiety, psychological and physical disabilities. Cases with foreign body in vagina are not common but do occur.

Foreign bodies in the vagina can cause different complications, such as injury and perforate vagina, and may go into the bladder, causing peritonitis and pelvic and vaginal adhesion, and develop into fistulas in the bowels, bladder, uterus, and vagina. Foreign bodies might cause vaginitis, causing vaginal ulceration, and involve adjoining viscera such as the bladder and rectum, causing urinary and fecal incontinence [6 - 8] A foreign body of long duration stimulates vaginal mucosa causing local infection and foul smelling vaginal discharge, which is the most common symptom. This may eventually lead to abrasion, pressure necrosis, ulceration, calcification and fistula formation. A detailed history, vaginal examination and radiological assessment such as x - ray, ultrasound, MRI and CT may be helpful in making a diagnosis. In all cases object should be removed as early as possible either directly or under anesthesia.

In the above mentioned case, women reported within 24 hours and so there was no evidence of sepsis neither the glass bottle caused any injuries because of its blunt nature.

Similarly, Jaluvka et al reported three postmenopausal women (81, 73 and 69 years old) who had placed foreign bodies (plastic bottle, glass bottle, liquor bottle respectively) in their vaginas. All of them initially denied remembering the reasons for inserting the foreign bodies, but later admitted that they had been inserted for sexual stimulation.

A vaginal pessary is a device which is inserted into vagina to hold prolapsed womb into place. People in rural areas should be made aware about the use of pessaries and support them in whatever way possible by the nearest health care facility.

3. Conclusion

When evaluating a patient with a suspected vaginal foreign body, history should focus on the details surrounding the initial event; this includes the timing, suspected object, and symptoms. History - taking is imperative in all patient populations. Whenever patient gives history of foreign body in vagina, patient should undergo detailed evaluation and perforation in vagina or adjacent viscera should be ruled out and later foreign body must be removed as early as possible which can save morbidity to women. A sensitive and encouraging approach would probably help these women to prevent physical and psychological morbidity.

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