

Case Report

Long Standing Use of Bizarre Foreign Body in Utero Vaginal Canal: A Case Report

Afroz S¹, Saibal AA², Akter MS³, Arzoo S⁴, Begum SA⁵, Akter N⁶, Isalm J⁷, Islam H⁸

Abstract:

Foreign bodies for long duration in the Utero-vaginal Canal is a rare entity. But, the patients with this embarrassing problem usually wait and try to remove the foreign body themselves rather than seek medical advice. Vaginal foreign bodies for long duration may be complicated by fistulas. This is a case of retained bizarre foreign body in utero-vaginal canal for 15 years; a metallic ring like structure was inserted to reduce uterine prolapse. It was retained without any symptoms for 15 years. The foreign body was removed by sponge holding forcep under general anesthesia.

Keywords: Bizarre foreign body, metallic ring like structure, uterine prolapse

Introduction:

Foreign bodies are less common in uterine cavity than vagina and are less frequently seen in older women than pre-pubertal or pre-menarchal girls. Foreign bodies in utero-vaginal canal retained for long duration are uncommon in present day scenario. Irrespective of age, when a female patient complaint of recurrent, foul smelling vaginal discharge, foreign body should be suspected¹. As vaginal foreign bodies can cause long-term, foul smelling vaginal discharge and bleeding, and usually seen in female children while investigating vaginitis and urinary tract infections². Foreign bodies are more frequently seen in children than in

adults³. Reasons for the insertion of foreign bodies are treatment purposes, contraception, induced abortion and sexual stimulation. Postmenopausal women rarely present with vaginal foreign bodies, even though foreign bodies may have been placed in the vagina for various reasons and subsequently forgotten. Various type of gynecologic techniques, including ultrasound and magnetic resonance imaging, X-ray can be used to detect foreign objects. In this case, a bizarre object was recovered from the utero-vaginal canal and the patient was not aware of presence of this foreign body inside her body.

¹ Dr. Saima Afroz, Associate Professor, Dept. of Gynaecology & Obstetrics, Eastern Medical College & Hospital, Comilla.

² Dr. Md. Arif Akbar Saibal, Associate Professor, Dept. of Internal Medicine, Eastern Medical College & Hospital, Comilla.

³ Dr. Musammam Shamima Akter, Associate Professor, Dept. of Gynaecology & Obstetrics, Eastern Medical College & Hospital, Comilla.

⁴ Dr. Shabera Arzoo, Assistant Professor, Dept. of Gynaecology & Obstetrics, Eastern Medical College & Hospital, Comilla.

⁵ Dr. Syeda Anwara Begum, Registrar, Dept. of Gynaecology & Obstetrics, Eastern Medical College & Hospital, Comilla.

⁶ Dr. Naimon Akter, Intern Doctor, Eastern Medical College & Hospital, Comilla.

⁷ Dr. Jahidul Islam, Intern Doctor, Eastern Medical College & Hospital, Comilla.

⁸ Dr. Hasibul Islam, Intern Doctor, Eastern Medical College & Hospital, Comilla.

Address of Correspondence: Dr. Saima Afroz, Associate Professor, Dept. of Gynaecology & Obstetrics, Eastern Medical College & Hospital, Comilla, Bangladesh. Mobile: +8801711355383, Email: doctorsaimaafroz@gmail.com

Case report:

A 70 years old woman from rural background initially presented to Medicine OPD with the complaints of multiple regional pain and low back pain. In Medicine department, she underwent X-ray lumbosacral spine and incidentally a ring like shadow was found in her pelvis. From Medicine department she was referred to department of Gynaecology where she had undergone thorough physical and gynecological examination. There was no history of pelvic bleeding, urinary or bowel symptoms, abdominal pain, nausea, vomiting, fever, loss of weight but the appetite was reduced recently. She was not sexually active. She attained

menopause 20 years ago. On further questioning it was revealed that she had developed a feeling of something coming down per vagina 15 years ago for which she visited a local quack and something had inserted into the vagina to reduce the prolapsed part. There was no significant past medical and surgical history. She was para 5, all deliveries were at home conducted by a local untrained Dai. General examinations was unremarkable, she was afebrile and other vital data were normal. Per abdominal examination was unremarkable. Local examination revealed atrophy of external genitalia and foul smelling per-vaginal discharge at introitus. On P/V examination a yellowish white round

foreign body was noted in and around the cervix. Then she was admitted in the hospital for removal of foreign body under general anaesthesia. Routine blood investigations were within normal limit. USG of the pelvis showed uterus of 6.2 cm x 3.1cm x 2.1 cm with endometrial thickness 4 mm and indistinct cervico-vaginal junction. A well-defined echogenic structure noted in and around the cervix with an impression of foreign body. After commencing antibiotics she was taken to OT for removal of foreign body by sponge holding forcep under general anaesthesia. The foreign body was

removed without much difficulty and it was found to be round, black, metallic ring like structure. Generalized ooze from the raw area was controlled with pressure. Cervix was small and atrophic at the vault. On bimanual examination, uterus was found to be small in size and fornix were free. After removing the foreign body, there was no descent of the uterus and cervix even with traction. Post-operative period was uneventful and the patient was discharged after completing the course of antibiotics.



Figure 1: X-ray showing ring like shadow in the pelvis.



Figure 2: Foreign body extracted by sponge holding forcep.



Figure 3: Foreign body after removal. (Metallic ring like structure)

Discussion:

In developing countries pelvic organ prolapse is very common cause of reproductive morbidity among women. Most women do not seek medical attention due to shyness, lack of family support or poverty⁴.

Although foreign objects are commonly recovered from vagina of young girls who usually insert these while exploring their body. Often these include pen, caps, toys, and toilet paper^{5,6}. Small children is usually unable to narrate how or when the object was inserted and this may delay the parents' consultation with doctor for complaints of pain and per-vaginal discharge. During this delay, the object may be placed deep inside and may be missed on local examination or even a rectal examination⁷. Vaginal foreign bodies were eventually found in the cases of sexual abuse⁸. Therefore doctors should always exclude the possibility of abuse in such cases when dealing with children who present with vaginal discharge.

Among adult female, commonly recovered foreign objects from the genital tract include pessaries, contraceptive devices, tampons, seeds, surgical instruments (often forgotten) and sexual aids retained inadvertently.⁹ Drug carriage within the

genitalia is more common in international travelers¹⁰. Pessaries have been used for centuries in the management of uterine prolapse. Although surgery is the definitive treatment for severe uterine prolapse, pessary can give satisfactory results in women who desire or need to avoid surgery. Insects may also move into the genital tract unnoticed, more often in old women with dementia and neglected prolapse. Retained object in the vagina can cause mucosal irritation and discharge, followed by infection results in purulent malodorous discharge. Presence of foreign body causes granulation tissue formation eventually leading to adhesion, fibrosis, eventually and stenosis of vagina. Diagnosis is based on details history, clinical and gynecological examination. Use of bacteriological cultures, ultra sound examination, X-ray and other radiological assessment may be needed in few cases. In some patients with poor compliance or deeply impacted foreign bodies not amenable to diagnosis by these modalities, and 3D multiplanar CT scan may be necessary to help the clinical diagnosis^{11,12}. Serious complication may result due to foreign objects being impacted or displaced include local tissue trauma, bladder injury, bowel obstruction, peritoneal perforation and peritonitis, vesico-vaginal and recto-vagina fistulas¹³⁻¹⁴.

Conclusion:

Foreign objects in the female genital tract are commonly encountered by clinicians in all age groups and the patient may not be aware of its presence. These objects may have been retained for a very long duration and may result in vaginal discharge or even lead to life-threatening complications. Doctors should always exclude the presence of a foreign object in the genital tract in a patient presenting with these complaints especially among children. Early diagnosis can help in proper management and avoidance of complications. Patients being provided medical aids such as pessaries and vaginal contraceptives should be encouraged to come for regular follow-up.

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