FOREIGN BODY (STICKS) IN THE UTERUS

(A Case Report)

by

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Foreign bodies in the form of sticks for procuring abortion are often used by dais in general practice. These foreign bodies left inside the uterus for sometime will produce various hazards and then the diagnosis of the case becomes a problem because of the unusual presentation, specially when a correct history is not available for some reason or other. The unusual feature of this case is that three sticks were introduced in the uterus by some dai for the treatment of sterility and they remained inside the uterus for a fairly long time without producing any major complication.

Case Report

Smt. C, aged 20 years, was admitted in Upper India Sugar Exchange Maternity Hospital, Kanpur, with the complaints of repeated attacks of pain in the lower abdomen, yellowish dirty discharge per vaginam and severe pain during defaecation for 1½ years.

She had been married for 5 years and had no issue. Her menstrual cycles were irregular, accompanied by severe dysmenorrhoea; the flow had been excessive since the last 1½ years. She had her last menstrual period 15 days ago. After great persuation she stated that she was treated by some dai for one month for sterility and since then she has been having pain and discharge per vaginam. She was previously admitted to a municipal hospital for a period of 2 months but was discharged unrelieved.

On examination her general condition was good. She was slightly anaemic. Her pulse was 78 per minute, regular, and blood pressure was 122/80 mm. of mercury.

On abdominal examination there was tenderness in the lower abdomen. Bimanual vaginal findings were, cervix mid-position, uterus incorporated in a firm cellulitic mass extending from posterior fornix to right and left lateral pelvic wall. Speculum examination did not reveal any abnormality of the cervix; blood-stained discharge was present. Various investigations done were: Haemoglobin 12.5 gm%, total R.B.C. count 4.24/c.mm., total W.B.C.—7,600/c.mm.; differential white cell count—polymorphs 68%, lymphocytes 30%, eosinophils 2%. Routine urine and stool examinations revealed nothing abnormal. Vaginal swab culture showed the presence of staphylococcus albus, streptococcus viridens and B. coli.

Plain x-ray of lower abdomen was also done but did not reveal any abnormality.

Patient was treated conservatively by antibiotics, cortisone, milk injections and pelvic diathermy for a period of about 2 months, but the inflammation did not subside completely though the uterus was felt separate, irregular, firm and mobile except at the level of the internal os where it was densely adherent posteriorly to the cellulitic mass felt through the pouch of Douglas extending up to the left lateral pelvic wall. There was a feeling of some foreign body inside the uterine cavity. Sounding of the uterus was done and something was felt which was impacted at the level of the internal os.

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Received for publication on 19-1-68.

Laparotomy was performed on 28-9-67 and the abdomen was opened by a right paramedian incision. The loose peritoneum on the front of the uterus was cut and reflected down by pushing the bladder along with it. A transverse incision was then made through the underlying muscle and the uterine cavity was opened. Three sticks were found to be lying longitudinally, impacted in the uterine cavity reaching right up to the fundus of the uterus above. The lower ends of the stick were below the incision hence it was not possible to remove the sticks through this incision. An inverted T shaped incision was made through the body of the uterus and the sticks which were about 4" in length were removed. The cavity was found to be smooth. The uterus was stitched in layers and the abdomen was closed. Patient had an uneventful recovery and was discharged on 10-10-67.

Discussion

Foreign bodies in the uterine cavity are not a common cause of bleeding, but on occasions a stem pessary may be found that has been within the uterus for years. Deforest (1953) mentions that a stem pessary may perforate the uterus, thus opening up the path of infection leading to pelvic cellulitis. Vyas *et al* (1966) reported two cases of foreign body inside the peritoneal cavity which were introduced into the uterus for procuring abortion and these patients came for unhealed sinuses of the abdominal wall.

Various contraceptive intrauterine devices in the form of Grafenberg ring, plastic loop or otta ring have been reported to be found in the abdominal cavity by various workers Murakami (1951), Dorffler (1957), Hall (1966), Mazumdar (1966), Clarke (1966), Nanda (1966) and Walmiki *et al* (1967).

Foreign bodies have been known to travel beyond the point of entry and later on they may be found in entirely different tissues. Jalundhwala (1962) reported a case where a guide wire broken during Smith Peterson nailing operation had travelled to the urinary bladder in approximately three months causing symptoms of cystitis. Shah *et al* (1966) found a Grafenberg ring lodged in the rectum. The movement of the foreign body may probably be explained by the muscular activity pushing the foreign body along.

Chronic endometritis and ascending inflammation by infection leading to pelvic cellulitis and pelvic peritonitis are grave complications. The usual clinical symptoms are fever, discharge and pain while bleeding is not a common symptom.

The diagnosis is confirmed by probing the canal with a metal dilator, when the foreign body may be felt and even heard if it is metallic. X-ray examination will readily demonstrate the foregin body if it is radio-opaque and will also localize it. The treatment is removal.

Summary

A case of foreign body in the uterus having a resistant type of pelvic inflammation is reported. The patient having the bamboo sticks for a period of 1½ years had no untoward effects like perforation, neither any disintegrating changes in the sticks were noticed.

Conclusion

Whenever a case of resistant type of pelvic inflammation seeks medical advice and specially if there is any

history of handling by 'dai', one should always bear in mind the possibility of some foreign body in the pelvis.

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