SELF INFLICTED TRAUMA TO THE GENITAL ORGANS

(Report of 2 Cases)

by

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Prolonged suffering from painful conditions often lead to suicidal attempts and many reports of such instances are obtainable from the literature. The psychology behind such an action is a complex combination of depression and loss of zeal and attraction for life. For this purpose any self infliction of bodily injury is to bring an end to the sufferings. But, an attempt to cure genital prolapse by cutting a portion of the prolapsed mass by the patient herself is not obtainable in medical history. Such an interesting case is reported below.

Case 1. Self inflicted injury cervix, bladder and vagina

Mrs. B. S., 36 years of age, 5th para, last delivery 2 years ago, was admitted with severe bleeding per vaginam since the morning when the patient inflicted wounds on herself.

The patient stated that she had been suffering from prolapse of the uterus for 2 years, since her last childbirth. This had been causing difficulty in micturition and also when walking. On the morning of admission, when there was no one in the house, she took a blade and cut off the projecting organ. When her husband returned home he found her bleeding profusely and immediately removed her to the hospital.

Menstrual history: Catamenia at 14 years. Cycles regular, 30 + 2 days. Duration 5 to 6 days. L.M.P. 20 days back.

On examination: General condition poor. Pulse 144/min. Respirations 28/min. Pallor present. B.P. 95/60 mm. of Hg.; Hb. 7 Gm.%.

Per vaginam: Vagina contained a plug which after removal showed active bleeding. Cervix could not be identified. Anterior vaginal wall was held with tissue forceps. Catheterisation showed that there was injury to the bladder. On sounding of the uterus its length was found to be $1\frac{3}{4}$". The cut also extended for $\frac{1}{2}$" over the left fornix.

Provisional diagnosis: Self inflicted injury of the cervix, bladder and left lateral vaginal fornix. On enquiry it was elicited that she chopped out the whole of the prolapsed mass outside the vulva and had thrown it into the latrine. She did not feel any pain nor was she afraid at the sight of bleeding. She came outside the latrine and felt reeling of the head and fell down.

Operation notes: After mobilising the bladder from the anterior vaginal wall, repair of the vesico-vaginal fistula was done with 3 tiers of stitches. Reconstruction of the cervix was done as in the operation for reconstruction of the amputated cervix (Fig. 1).

Perineorrhaphy could not be done as the condition of the patient was low.

Result: Patient had an uneventful recovery and left the hospital at the end of the 3rd week.

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Received for publication on 22-8-1968.

Comments

Psychopathic genital injuries consist of various mutilations inflicted either by the patients themselves or by other persons of either sex. Sexual perversity is not restricted to individuals, but may be seen in the practices of certain tribes. Curiously enough, such activities which can only be explained by mass psychopathology, are not things of the remote past, but may be found even today. Intentional injuries of this sort and mutilations consist of the ritual of tearing the hymen in children or young girls by priests or by some female relatives. The so-called circumcision of females and infibulations, that is the artificial closure of the pudendal cleft to prevent coitus before marriage, were noticed among certain tribes. In city life this practice is almost unknown.

Mrs. B. S. was a harassed woman having a big family to look after and also facing economic crisis. A delay in an institution for treatment had further aggravated her feeling of harrassment, which precipitated in her daring act of amputation of the prolapsed mass. She could complete the cutting off of the prolapsed mass even after noticing profuse haemorrhage from the inflicted injury. The possibility of infliction of injury by the husband (though firmly denied by both husband and wife) could not be ruled out in the present case.

Case 2 — Foreign body in the bladder

Foreign bodies in the vagina are quite common in young girls, but relatively rare in adult women. Foreign bodies in the bladder are relatively rare in women and very few cases have been reported. Analysis of the reported cases suggests that by no means all of the patients were psychotic or insane. Malingering is an infrequent incentive for the introduction of foreign bodies into the urethra or bladder. Quite often sex difficulties accounted for many of those foreign bodies which were introduced through the urethra. Occasionally, in females the urethral meatus is confused with the cervix uteri, and the urethra is plugged to prevent conception. Attempts to procure abortion by mistaking the urethral meatus for the cervix accounted for some of the foreign bodies that were found in the bladder. A few reported cases were the result of transurethral surgical procedures but these were mostly among male patients.

Case Report

M.B., 29 years old, para 4 + 0, all living; last childbirth was 3 years ago; was admitted on 4-3-68 with the complaint of accidental slipping in of a hair-pin inside the genital tract on 3-3-68.

History of present illness as stated by the patient

While she was taking her bath on 3-3-68 and applying soap to her external genetalia she felt that something had passed inside her genital tract. She stood up and shouted, when her husband rushed to her. He persuaded her next day to come to the hospital for examination.

History elicited from her husband

After her last childbirth a Lippes loop was inserted. It was taken out about 1½ years ago as she was having infrequent scanty menstrution. She had amenorrhoea for the last 2 months. She thought it was due to pregnancy and attempted to induce an abortion with this hair pin. Unfortunately the hair pin slipped inside and she started shouting.

Menstrual history—Menarche at 13 years. Cycles 28 + 4 days. Duration 3 to 5 days. L.M.P. 3-1-68.

On examination—General condition was good. Pulse 72 per minute. Respirations 18 per minute. Psychologically well balanced. Abdominal palpation revealed nothing abnormal.

Examination under anaesthesia

Speculum examination—No evidence of any external injury to vagina or cervix was seen.

Vaginal examination—Uterus retroverted, normal size, mobile, no mass in the fornices. In the bladder a foreign body like a hairpin was felt. It was not mobile. A small cystocele and rectocele were present without any uterine descent. Sounding the bladder with female metal catheter was done. A metalic foreign body was felt inside the bladder. The urine drawn was clear. (An x-ray of the lower abdomen revealed the hairpin lying horizontally in the bladder (Fig. 2).

Vaginal cystotomy was done and the hairpin could be easily removed. The patient being parous and having a cystocele and rectocele, vaginal cystotomy was much easier and a more correct procedure as it helped to correct the prolapse at the same time.

Comments

Foreign bodies in the bladder are most common problems in the male, particularly among seamen. Among children foreign bodies are most commonly found in the vagina, introduced in the process of first exploration; but curiously enough, foreign bodies in the bladder in this age group are extremely rare. In the young age group, both male and female, masturbators introduce the most bizarre objects into the urinary tract, although the male is the more frequent offender in this regard. Sakin (1948) gives an elaborate list of objects that were introduced and the psychological background behind the introduction of such bodies into the bladder. Brewer and Marcus (1948), reviewed the literature and stated that 566 foreign bodies in the bladder had been reported, and the commonest psychological background behind the introduction was sex aberration. In old age, foreign bodies are commonly found inside the vagina but not in the bladder. Brewer and Marcus (1948) reported one case with a history of repeated insertion of foreign bodies into the bladder with the object of obtaining relief from the irritation of chronic cystitis. Campbell (1951) reported two cases of hair pin in the bladder. In one case, a girl of 6 years introduced a hairpin into the bladder. In the other case, a girl, aged 3 years, was examined because of chronic pyelitis, when a hairpin, heavily encrusted with phosphatic crystals, was detected in the bladder and removed suprapubically. Furniss (1913) reported a case where he removed a gauze swab from the bladder of a 43 years old woman who had an interposition operation for prolapse 5 months earlier. Three months later another bit of gauze was seen protruding from a small opening in the anterior vaginal wall, the removal of which resulted in complete recovery of the patient.

Locating a foreign body inside the genito-urinary tract is usually easy and quite exact. Before the cystoscope was developed as a catheter, forceps and scissors-carrying instrument, long-shafted narrow forceps were passed along the side of the cystoscope to remove small foreign bodies. Even at that time the female

urethra was digitally dilated to two fingers' breadth and most foreign bodies in the bladder were easily removed with forceps. In our case the foreign body could be easily removed by vaginal cystotomy.

Acknowledgement

The authors are thankful to Dr. K. N. Mitra, Professor-Director, for his encouragement, and also to Dr. K. C. Sarbadhikari, Principal-Superintendent, Medical College Hospitals, Calcutta, for his kind permission to publish this case report.

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