VAGINAL SINUS FROM PELVIC OSTEOMYELITIS

(A Case Report)

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Although rare, traumatic lesions of vagina following fractures of the pubic rami have been described. (Ikpeme and Morison, 1970; Peltier, 1965). A case of vesicovaginal fistula following an occult fracture of the pelvis has also been reported (Siegel, 1971). Reports of perforation from abscesses associated with osteomyelitis of the pelvis are rare. Spontaneous perforation of the urinary bladder as a complication of pyosalpinx, appendicular abscess and osteomyelitis of the pelvis have been reported (Hepler and Eikenbary, 1933).

Inflammation of the pelvic bones leading to spontaneous perforation of the vaginal wall has not been reported in the literature. The present report is that of a young girl with osteomyelitis of the public ramus in whom discharge per vagina was the only presenting symptom.

CASE REPORT

An 8 year old girl was brought with the complaints of seropurulent discharge per vaginam for 6 months. According to the mother's statement 8 months back the patient had an insignificant fall from chair followed by moderate degree of fever for 7 days. Even on repeated questioning the mother did not give history of any sharp object around at the time of the fall. About 6 weeks later she noticed staining of the undercloths and sero-purulent discharge per vaginam. The patient was treated by a local doctor but with no avail. No cause was found for the fever and for the vaginal discharge. There had been nothing abnormal in her past medical history.

On examination, there was deep tenderness over the symphysis pubis. A careful vaginal examination revealed a small opening in the left wall of the vagina at about an inch from the introitus (Fig. 1). No other anomaly was observed. A roentgenogram of the pelvis showed a radiolucent area in the inferior pubic ramus on the left side (Fig. 2-A). A sinogram performed from the vaginal end revealed a communication with the lytic area in the bone (Fig. 2-B). On culture, streptococcus pyogenes grew from the vaginal discharge. The Mantoux and the guinea pig inoculation tests were negative for tuberculosis. The other relevant investigations were within normal limits.

A diagnosis of chronic osteomyelitis of the left pubic ramus discharging into the vagina was made. An exploration by paralabial incision revealed a cavity (2 cms × 2 cms) filled with unhealthy granulation tissue. After a thorough scraping the opening in the vaginal wall was repaired and the wound was closed in layers. The wound had healed well and the patient was relieved of her symptoms. An X-ray of the pelvis taken 10 months after the surgery revealed

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complete obliteration of the osseous cavity (Fig. 3).

Discussion

The history of purulent discharge per vaginam before puberty is a rare occurrence. Traumatic lesions or a spontaneous rupture of an abscess in the nearby area, however, may lead to such a presentation. Although there has been a history of an insignificant fall in this case, injury to the perineum was confidently ruled out and there have been no local symptoms immediately after the fall.

It seems likely in this case that chronic osteomyelitis of the left pubic bone with abscess formation had burst into the vagina through its left wall. The fistulous opening had been so small that it could be detected only after a careful vaginal examination. It was considered essential to locate the sinus tract and its communication with the osteolytic area. A sinogram from the vaginal opening helped in confirming the diagnosis and the subsequent management of the case. Surgical exploration and repair of the osteovaginal communication by a paralabial approach proved quite satisfactory. In early cases operation results are good and healing is rapid whereas in late cases the repair of the osteovaginal tract may be difficult because of firm adhesions with the vaginal wall. However, once corrected the condition does not tend to recur provided adequate repair of the tract is attempted.

It is possible that occurrence of such a presentation is not rare but missed. In the absence of obvious signs and symptoms of osteomyelitis, a correct diagnosis may not be possible. For this reason; the present case is reported to call attention to the necessity of a routine vaginal examination in such cases.

Summary

Pubic osteomyelitis in an 8 year old girl, presenting with vaginal discharge is reported. An osteovaginal fistula developed as a decompression of the abscess cavity. The importance of an early diagnosis and successful surgical management have been described. No mention of such a case could be found on review of the literature.

References

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See Figs. on Art Paper X-XI