

METALLIC FOREIGN BODY (KIROSHIA) IN VAGINA

by

VIRINDER MOHAN,* M.D.

S. K. GUPTA,** M.D., F.A.M.S.

O. P. SHARMA,*** M.D.

A. PRAKASH,† M.R.C.O.G.

and

A. K. GOEL,†† M.B.,B.S.

Extraordinary, bizarre foreign bodies have been recovered from the vagina including hair pins, safety pins, pencils, small jam jars, hat pins, douche nozzles, rubber tubes, contraceptive devices and wooden sticks, etc. The foreign bodies may be left in the vagina by mistake like tampons, cotton swabs and contraceptive devices or these may be the ones used for attempted criminal abortion (Rao, 1971). Sharp foreign bodies may perforate the vagina and may be recovered from the bladder, rectum or pouch of Douglas.

A case of foreign body namely "Kiroshia" a 6" long knitting needle with a pointed and hooked one end which was introduced into the vagina by the patient herself is reported.

CASE REPORT

H.N., a 35 years old female was admitted in the Gynaecology Ward of the University hospital with the history of introduction of a foreign

body into the vagina 7 days back and slight vaginal bleeding for the last 2 days. According to the attendant of the case, the patient was mentally deranged and had introduced the foreign body herself. She could not remove it out. On enquiry from the patient, she admitted having introduced the object but did not tell the motive behind the act.

Abdomen was soft in consistency and there was no tenderness.

On vaginal examination foreign body was not felt. Speculum examination under anaesthesia was also non-contributory.

X-ray of the pelvis revealed a 6" long radio-opaque foreign body lying obliquely in the pelvic cavity. The pointed and hooked end was lying below the right sacro-iliac joint (Fig. 1). The lateral x-ray excluded it to be either in the rectum or in the urinary bladder.

Operative Notes

The abdomen was opened by right lower paramedian incision. There were few adhesions between the broad ligament and the surrounding structures. After the removal of adhesions, the foreign body was palpated in the right broad ligament and its pointed end was lying just close to the iliac vessels. The foreign body was pulled out. There was inflammation of the right uterine tube with localised peritonitis.

Discussion

Foreign bodies in the vagina whether inserted for sexual gratification or used for inducing criminal abortion or left in vagina by mistake after therapeutic in-

*Lecturer in Radiology.

**Professor of Radiology.

***Lecturer in Radiology.

†Reader in Obstetrics and Gynaecology.

††Resident in Radiology.

Department of Radiology and Gynaecology
Institute of Medical Sciences, Banaras Hindu
University, Varanasi.

Accepted for publication on 11-5-78.

sertion, often lead to a large variety of complications. The effect of these objects varies with the nature and shape. Cotton and woollen fabrics quickly lead to infection and foul discharge. Pointed articles may cause perforation and abrasions. Masani (1963) described a case in which a wooden thread reel had slipped into the vagina during masturbation and remained there for 6 months leading to rectovaginal fistula. Quite frequently an object alleged or known to have been inserted is not found in the vagina or uterus. The likely sites then are bladder, broad ligament or the peritoneal cavity which are entered through a tear in the vaginal fornix or in the wall of uterus. Agarwal and Devi (1976) described a case of foreign body in the bladder inserted to induced abortion, while Alwani *et al* (1971) described a case in which an 8" metallic rod was removed from the transverse colon. The patient had introduced the rod for criminal abortion. Similar was the situation in our case. Although there was positive history of introduction of a foreign body none was found on vaginal or speculum examinations. The needle had perforated through the right fornix and was lying over the right broad ligament. The diagnosis in

such cases usually depends upon the history and roentgen examination.

Summary

A case of a new foreign body, a knitting needle (Kiroshia) introduced into the vagina by the patient is reported. The foreign body had perforated through the right vaginal fornix and was lying embedded in the right broad ligament. The literature about the foreign bodies in the vagina is briefly reviewed.

Acknowledgements

The authors are grateful to Prof. K. N. Udupa, Director, Institute of Medical Sciences, Banaras Hindu University for his kind permission to publish this case. Our thanks are also due to Shri O. P. Gupta for Photographic and Shri Suraj Lal for Secretarial Assistance.

References

1. Aggarwal, S. and Devi, P. K.: *J. Obstet. & Gynaec. India*, 26: 333, 1976.
2. Alwani, C. M., Merchant, R. N. and Nanawati, S. N.: *J. Obstet. & Gynec. India*, 21: 625, 1971.
3. Masani, K. M.: *A text book of Gynaecology*. Bombay Popular Prakashan, 4th Edition, 1963.
4. Rao, K. B.: *J. Obstet. & Gynec. India*, 21: 644, 1971.

See Figs. on Art Paper X