

NEGLECTED FOREIGN BODY IN THE VAGINA

(A Case Report)

by

V. R. BADHAWAR,* M.D., D.G.O., D.F.P.,

N. S. MUNSHI,* M.D., D.G.O., D.F.P.

and

S. D. KANTIKAR,** M.D., F.C.P.S.

Extraordinary variety of foreign bodies may be found in the vagina. Sometimes the object is inserted and forgotten by the patient or deliberately neglected. Among primitive people, nuts, seeds and plant leaves were put in the vagina for their supposed medical effect. Varieties of pessaries have been used over many years to control prolapse in old and frail women. When left for a very long time it may get so impacted that it becomes impossible to remove it, except surgically under anaesthesia.

In rural India so called 'Local doctors' sometimes treat a condition like prolapse by inserting funny foreign bodies like shell of a half coconut.

The following case is worth reporting if for no other reason but its rarity.

CASE REPORT

Mrs. M. B. 65 years old, Hindu, para 7 was admitted to the gynaecological ward of this hospital on 29-3-77 for profuse foul smelling vaginal discharge for last 2 to 3 months.

She had attained menopause since last 18 years. She had 7 full term normal deliveries. The youngest child was 35 years old.

Fifteen years ago she had noticed that some-

thing was coming out per vaginum on straining. There was difficulty in walking also. A local person, treated her prolapse by introducing a half coconut shell in the vagina. This was left inside and was never removed.

On examination, patient was found to be averagely built and nourished. Her other systems revealed no abnormality.

On local examination no uterine or vaginal prolapse was found. Profuse foul smelling discharge was seen coming out. A hard object was felt at the vault of the vagina. It measured about $4\frac{1}{2}$ " in diameter with its convex surface facing the introitus and was brown in colour.

Removal of the intact shell was contemplated under anaesthesia, but it was found to be impacted. It was removed piece meal. The surrounding vaginal walls were ulcerated. Cervix was clear and uterus was atrophic. There was no recurrence of prolapse after the removal of the shell. A biopsy was taken from the vaginal walls which later on revealed no malignancy.

Post-operatively patient was treated with antiseptic vaginal douches and local antibiotic ointments. The patient was discharged on thirteenth day, after complete healing of vaginal ulcers. Patient did not come for follow up as she went back to her native place.

Discussion

Pommerenke (1953) cited 3 cases of pessaries retained for a period of 10, 11 and 18 years all requiring surgical removal. He also reported a rectovaginal fistula caused by a neglected pessary.

*Reader.

**Ex-Prof. and Head.

Dept. of Obst. and Gyn. L.T.M.M.C. and
L.T. M. GH., Sion, Bombay-400 022.

Russel (1962) reported 13 patients with prolonged use of pessary coming with serious pelvic complications—6 had cancer of vagina and 5 had severe chronic vaginal ulceration. One had severe vaginitis complicated by fulminating pelvic cellulitis and in 1 patient the pessary had ulcerated into the bladder and rectum causing large fistula and she died. Frequent change of the pessary did not prevent the complications.

Masani (1965) quotes 1 case where a Hodge pessary was kept in for nearly 3 years; it burrowed into posterior fornix and vagina had grown over the bar of the pessary. In another case, patient had retained a Menge pessary for 5 years and it was removed with difficulty under spinal anesthesia. It had formed a rectovaginal fistula. Munro Kerr as quoted by Masani dissected out a watch spring pessary which got embedded in the vaginal wall; the patient had forgotten it for 20 years after insertion.

Novak and Novak (1956) described incarceration of a ball pessary by a senile constriction of the vagina distal to the device.

Telinde (1953) mentioned a rare V.V.F. caused by pessary ulceration and cancer of vagina as possible long range complications.

McElin *et al* (1959) reported a case of neglected pessary who came with vagi-

nal bleeding. The patient had nodules in the vagina which on biopsy revealed leiomyosarcoma. He also reported a rare complication of intra-vaginal strangulation of a prolapsed uterus through a pessary.

Summary

The case was thought to be worth reporting as the literature so far has not revealed the use of shell of a half coconut to have ever been used as a pessary in the treatment of prolapse.

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See Figs on Art Paper IX-X