

AN UNUSUAL VAGINAL FOREIGN BODY OF LONG DURATION IN A CHILD

by

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Introduction

The presence of a vaginal foreign body in young females is an occasional but an important cause of vaginal discharge. All sorts of objects have been found i.e. paper clips, safety pins, beads, pieces of wood, bits of toys, hair pins, and flash light bulbs etc. The author had an opportunity to investigate and treat a young girl of reported 12 years of age with an unusual foreign body in the vagina of one year's duration.

CASE REPORT

The patient, reported to be of 12 years of age was referred on 28th August 1975 as a case of vesico-vaginal fistula. The mother complained that her daughter was raped a year earlier following which she became unconscious. On gaining consciousness she noticed vaginal bleeding and severe pain in the lower abdomen. Bleeding lasted for 2/3 days followed by attacks of pain in the lower abdomen off and on with increasing foul smelling vaginal discharge. She was unmarried and had not commenced her periods.

On Examination—a young well built girl, 120 cms in height, with good general condition, looked quite alert, afebrile, pulse and blood pressure were normal. Breasts were not developed, axillary and pubic hair were absent. Heart and lungs were normal. Abdominal palpation revealed a vague fullness in the suprapubic region and tenderness on deep palpation.

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No obvious dribbling was noticed. External genitalia looked infantile. There were no signs of fresh injury but hymen was absent. Vagina admitted one finger easily upto $\frac{3}{4}$ " beyond which there was a marked narrowing forming a sort of a ring which only admitted finger tip with difficulty. Cervix and uterus could not be made out. There was foul smelling mucopurulent discharge on the examining finger. Rectal examination revealed a firm mass in the pelvis but rectal mucosa was intact. Plain catheter was put in the bladder and clear urine was obtained.

Besides other routine investigation i.e. urine analysis, haemogram, blood urea and vaginal discharge culture, an intravenous pyelogram was obtained which showed a normal urinary system but a foreign body was seen in the pelvis. Other investigations were normal. Vaginal culture report was non-specific.

On examination under anaesthesia findings were the same as pre-operative on vaginal and rectal examinations. Methylene blue test was negative for any evidence of vesico-vaginal fistula. Vaginal exploration was not possible due to narrowness of the vagina hence laparotomy was decided upon. On opening the abdomen, a small uterus with tubes and ovaries was visualized. Urinary bladder was intact and no foreign body could be seen. A hard mass was felt in the vesico-uterine area with a firm margin, hence bladder was pushed down by a transverse incision in the vesico-uterine peritoneum. Another transverse incision was made over the bulging area bringing into the view something firm and shining which was delivered intact with great care. It was found to be a tumbler, made of glass (whisky glass used there in the countryside) lying upside down in the upper part of the vagina which was very much dilated and stretched. It contained foul-smelling purulent discharge. Below this dilated upper vagina was a firm fibrotic ring which was difficult to dilate. Bladder and rectum were intact. Wound was closed in layers. Patient made an uneventful recovery in the postoperative period.

The foreign body measured 5 cms. in length, $3\frac{1}{2}$ cms in width at the upper end with a $2\frac{1}{2}$ cms wide base.

Comments

Bleeding or foul smelling discharge in a female child should alert the physician to the possibility of a foreign body in the vagina. Schauffler (1958) reported 9 foreign bodies among 302 cases and Lang (1959) detected 2 in 110 cases of vaginal discharges among children. Ambuel (1959) reported 11 girls with vaginal foreign bodies. Two features which are said to distinguish a foreign body from other causes of vaginal discharges, are a blood-stained discharge and an unpleasant odour. Rectal examination is very important in the diagnosis and may even help in pushing the foreign body towards the introitus.

In this case, laparotomy was decided upon considering the size of the object,

narrowness of the vagina and a possibility of a glass tumbler which might break and cause damage to the tissues with subsequent scarring and further stenosis. Besides, the exact site in the pelvis and damage was not clear.

Summary

A case report of unusual vaginal foreign body in a young girl apparently as a result of misconduct by a drunk person. Reported late for treatment due to transport and financial difficulties seen at P.H. College, Addis Ababa University, Gondar, Ethiopia.

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