

A GIANT VAGINAL STONE

(A Case Report)

by

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Introduction

Vaginal stones are divided into primary and secondary type. Differentiation may be accomplished by clinical evaluation of the patient and by the analysis of the characteristics of the calculus. Secondary stones are more common usually formed by deposition of salts around a foreign body; however, less commonly, a bladder stone which has ulcerated and migrated through the vesicovaginal septum may present in the vagina.

CASE REPORT

C.R., a 8 year old girl was admitted in the Surgical Ward of M.G. Hospital, Jodhpur in January 81, for something coming out of the vagina. The patient was alright 3 months back, then she started noticing (Mild heaviness) dull

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pain in the lower abdomen. From last 15 days she had difficulty in micturation with dribbling of urine. She was also complaining of constipation off and on.

A thorough history did not reveal any attacks of colic suggestive of renal, ureteric or vesical calculus. There was no history of haematuria or retention of urine, or of introducing foreign body by patient.

On examination, the child was fairly intelligent and average built. General examination did not reveal any other significant findings. On examination of the perineum a dirty brownish yellow mass was projecting through the vagina (Fig. 1). It was rough in surface and hard in consistency suggestive of stone. After slight manipulation and putting a finger in the rectum it could be removed without any anaesthesia. There was perineal tear and urethral orifice was pushed upwards. Bladder was not distended, and rectum was loaded with faecal matter. Stone was measuring 7 x 5 x 3 cms (Fig. 2).

Clinical Examination of Stone — Weight — 53.385 gms, Internal architecture was central coma shaped small cavity—no solid nucleus present. Central part—Brownish yellow, irregular plexi form with intercommunicating cavities consisting of large crystal conglomerates.

Chemical composition—

Central egg shaped piece—Carbonate appatite—72%.

Magnesium Ammonium Phosphate $6H_2O$ —28%.

Peripheral part—Mag. Amm. Phos. $6H_2O$ -52%
Carbonate appatite —48%

X-ray of urinary tract after removal of stone was normal, as no radio opaque shadow was seen. Blood urea was 22 mg%, blood sugar 123 mg%. Urine examination showed presence of albumin, 15-20 pus cells/HPF, 9-15 RBC/H.P.F. and many epithelial cells, Culture of urine showed proteus sensitive to Gram Gentamycin. I.V.P. was essentially negative. Cystogram was negative for V.V.F.

Examination under anaesthesia revealed that whole of the urethra from the bladder neck

(Internal Sphincter) to the urethral opening was sloughed out. Only a small tag of urethra is found attached to the urethral opening (Fig. 2).

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See Figs. on Art Paper IV