Removal of Foreign Body from Vagina

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Ms. R. aged 31 years, unmarried came to the OPD on 9.7.97 with complaints of intermittent lower abdominal pain and foul smelling vaginal discharge since 6 years. The discharge was blood stained since one month. She also had intermittent low grade fever since 5 years. She had regular menstrual cycle. She had no other significant medical or surgical history.

On examination, she was found to be of subnormal intelligence. Her vital data were normal.

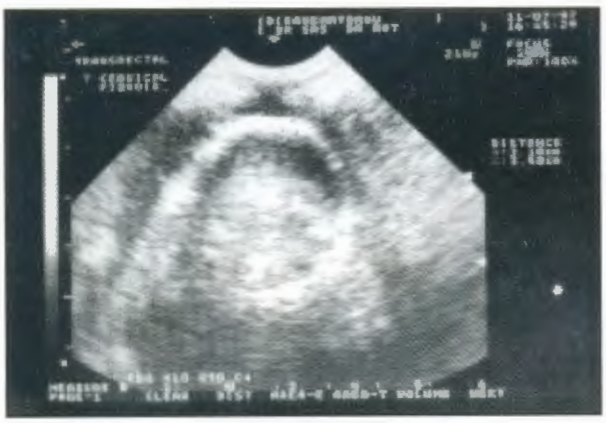

Fig : 1

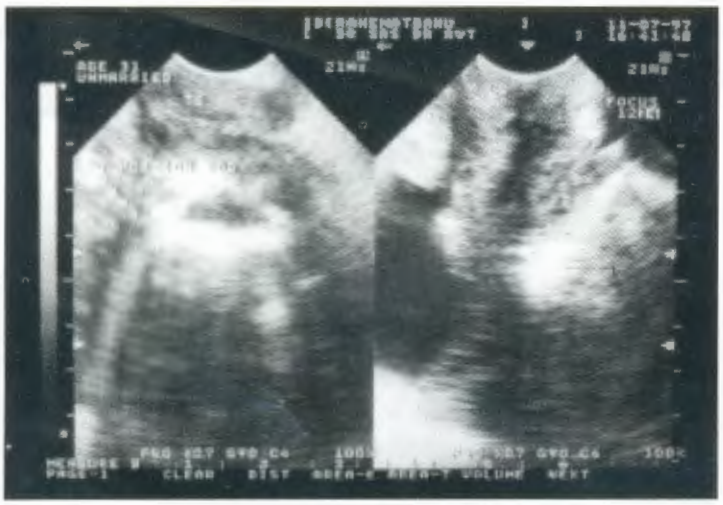

Fig : 2

P A Exam : NAD

P S Exam : Hymen was not intact. Moderate amount of foul smelling, blood stained vaginal discharge was seen. Vagina was narrowed and of approximately 1.5 cms length. Cervix could not be visualised. Anterior and posterior wall of vagina were fused together, vaginal cytology was taken.

PV Exam : Uterus could not be properly palpated. A fixed nontender, hard mass of 5 cms. size was felt behind the posterior vaginal wall.

PR Exam : A hard mass was felt, anterior to the rectum which was free from the anterior rectal wall.

The patient was admitted and all routine investigations were carried out. Transabdominal, transvaginal and transrectal USG were performed; which showed a round hyperechoic shadow of 3.18 x 3.58 cms in the cervical region on transverse section; oblong shadow was seen and tentative diagnosis of calcified fibroid or a foreign body was made. An X-Ray abdomen pelvis was taken which revealed a radioopaque cylindrical object measuring 7.x4.5 cms in the pelvis.

The patient then on repeated questioning gave history of insersion of a metalic tobacco container before 8 years in the vagina to commit sucide, after a broken love affair. After performing routine investigations for a major surgery, patient

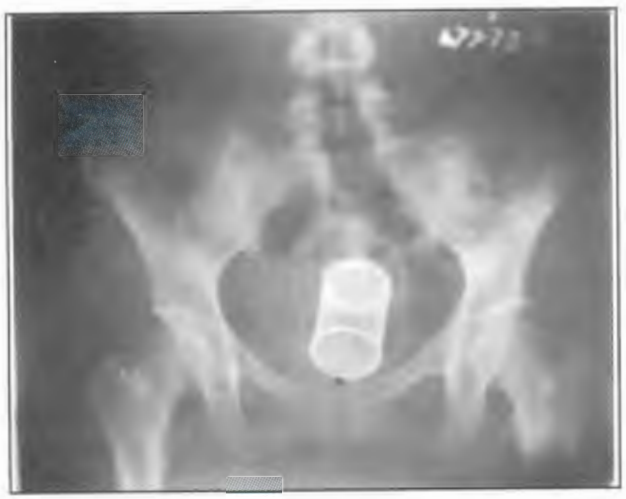

Fig 3

was taken for exploration of vagina. Under spinal anaesthesia, in Lithotomy position, a small midline incision was made to widen the introitus. Anterior and posterior vaginal walls were caught with allies forcep's and a transverse incision was given at the apex of it. Profuse foul smelling, brownish discharge was drained. Dilators were introduced and the opening was made large. A metallic object was felt which then was separated from the surrounding tissue. It was then grasped with vollsellum and downward traction was given and it was removed.

Fig 4

There was no active bleeding. Postoperative period was uneventful. Postoperative USG was normal. Follow up examination of cervix is awaited.