

A RARE CASE OF NEGLECTED INTRAVAGINAL FOREIGN BODY USED AS PESSARY PRESENTING WITH VAGINAL DISCHARGE, BLEEDING AND URGE INCONTINENCE

Hypothesis / aims of study

Vaginal foreign bodies may be observed in women of all ages. They may be sometimes used for reduction of pelvic organ prolapse (POP) leading to purulent vaginal discharge, bleeding or even vesicovaginal or rectovaginal fistulas. Our aim is to present a case of neglected foreign body used as a pessary.

Study design, materials and methods

A case of neglected intravaginal foreign body used as a pessary who presented with vaginal discharge, bleeding and urge incontinence is summarized.

Results

A 78-year-old para 6 woman presented with pain, purulent vaginal discharge, bleeding, and urge incontinence. She had a history of POP and insertion of a foreign body for reduction of POP years earlier. Her medical history was remarkable for diabetes, congestive heart failure, and cerebrovascular accident. On gynecologic examination, there was purulent vaginal discharge, the stress test was negative, there was no sign of a fistula, but there was a 2nd degree rectocele. The foreign body or the cervix could not be visualized due to epithelialization of the underlying foreign body. She had no fever, hematocrit was 36.2, WBC was 8300, and C-reactive protein was 63 mg/dl. Cultures from the vaginal secretions were obtained and the patient was hospitalized. Intravaginal estrogens and parenteral ampicillin+ sulbactam and metronizadole were administered. Pelvic computerized tomography revealed a foreign body inside the vagina surrounded by granulation tissue. [Figure] Vaginal cultures revealed E.Coli and Prevotella infection. After 7 days of conservative treatment, the foreign body was removed under general anesthesia. No complications developed during or after the procedure. POP did not recur, but the patient was administered oral fesoterodine for persistent urge incontinence.

Interpretation of results

Long-lasting foreign bodies or neglected pessaries are usually completely epithelialized. Caution should be exerted in order not to injure neighboring structures during removal. Preoperative use of intravaginal estrogens may decrease the risk of complications. Pelvic organ prolapse most likely does not recur after removal due to formation of epithelial tissue around the foreign body or neglected pessary.

Concluding message

Presence of vaginal foreign body or neglected pessary should be suspected in a patient presenting with purulent vaginal discharge, bleeding, and urinary incontinence. In the absence of leukocytosis, fever, endometritis or salpingitis, simple removal of the foreign body is possible. Atrophic vaginal epithelium increases the risk of erosive complications; in these cases preoperative use of intravaginal estrogens may decrease the risk of complications. Pelvic organ prolapse most likely does not recur after removal due to formation of epithelial tissue around the foreign body or neglected pessary.

Figures

Figure 1: In the axial (a) pelvic computerized tomography scan and coronal (b) and sagittal (c) reformat images, a heterogeneous foreign body denser than bone images with a smooth surface (arrow) was observed with surrounding granulation tissue including gaseous images. Inferior to this image intravaginal gaseous images (black arrow in image c) are observed.

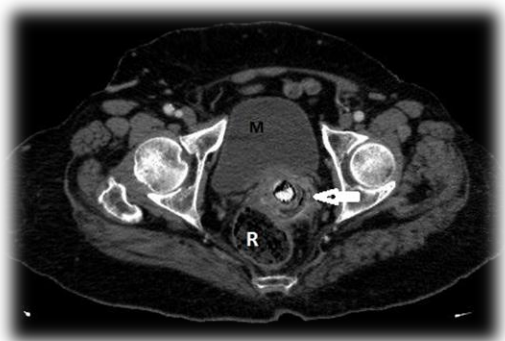


Figure 1(a)



Figure 1 (b)



Figure 1(c)

Figure 2: The foreign body, which is a drug bottle cap extracted from the vagina.



References

1. Andrikopoulou M, Lazarou G. Rare case of neglected pessary presenting with concealed vaginal hemorrhage. *Female Pelvic Med Reconstr Surg* 2015;21: e1-e2
2. Adams E, Thomson A, Maher C, Hagen S. Mechanical devices for pelvic organ prolapse in women. *Cochrane Database Syst Review* 2004; (2): CD004010

Disclosures

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