

Case Report

A CASE OF INTRA VAGINAL FOREIGN BODY

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ABSTRACT

This is a case of rare foreign body presented as leucorrhoea to gynecology outpatient department. The patient has not given any history of introducing foreign body in to vagina. The proper clinical examination and examination under anesthesia helped in diagnosis and confirmation. Removal of such deeply impacted foreign bodies through fornices sometimes end up in opening of peritoneum. Severe infection may ascend up and may cause pelvic peritonitis, fallopian tubal block or Salpingitis ultimately leading to infertility. In this particular case diagnosis was made and foreign body was removed skillfully without any immediate and late complications. This was proved by her quick recovery and conception.

Keywords: Foreign Body, Foul smelling discharge, Vagina.

INTRODUCTION

Vaginal discharge in women of all age groups may be due to variety of causes. Intra vaginal foreign body retained for long duration can be a diagnostic dilemma. This report presents the case of a lady who had an intra vaginal foreign body for unknown duration. Recurrent, unremitting, foul-smelling, bloody vaginal discharge in a woman should alert the clinician to that of a retained vaginal foreign body. A case of intra vaginal foreign body is reported for the diagnostic dilemma it can present, especially with different cases of vaginal infections or cervical growths, polyps especially with carcinoma cervix in elderly women unless patient reveals. This type of Foreign (cover of perfume bottle) is rare. We wondered how she could introduce.

CASE REPORT

Mrs. B. Kumari aged 24 years came to gynecology OPD of Anil Neerukonda general hospital on 25/06/12 with a complaint of excessive foul smelling mucopurulent discharge of 3 months duration. Married life 2 years. Her menstrual history was irregular 3-4 days flow once in 2-3 months, painful. She was having dysperunia and avoiding family life. Last menstrual period was on 4/06/12.. No significant past history suggesting medical ailments, but relatives gave history of emotional instability. General examination Patient is conscious, coherent, moderately built, temp-100f, blood pressure 110/80 mm of hg, pulse 72/min., P/A abdomen soft, P/S Cervix irregularly torn looking like a growth, Tube like structure firm in consistency white in colour seen jetting in right fornix Fig-1. Foul smelling purulent discharge present. Per vaginal examination revealed cervix is irregular, firm tube like structure felt through right fornix. Diagnosis of Foreign body in vagina is made. Local irrigation with saline H₂O₂ and Betadine was done and systemic Antibiotic INJ. Taxim 1 Gm x Bid started, Investigated. HB- 11gms% Total WBC

10,000, D.C Polymorphs 84%Lymphocytes16%. ESR70mm of Hg. After 48 hours of antibiotic cover, patient was taken up for examination under anaesthesia and removal of foreign body. On examination under anaesthesia (EUA), it was found that the foreign body was deeply impacted. Patient posted for surgery under general anaesthesia. Patient kept in lithotomy position. On examination cervix is irregularly torn, whitish small tube is seen jetting out from right fornix. Fig-2 Same held with Kocher's forceps and removed. Further examination revealed black cap like structure lodged in fornix Fig-3. Same held with Kocher's forceps and dislodged with steady gentle traction. 3" deep cavity felt in right fornix where the F.B is lodged No bleeding per vagina. Cavity irrigated with H₂O₂. Vaginal pack kept in situ. The base of the tunnel was explored for any intraperitoneal connection and liberal vaginal irrigation with Povidone iodine was done. It was a plastic foreign body with an aluminum rim, hexagonal in shape. Post operative recovery was good. Patient agreed that she inserted a foreign body into vagina 3 years ago after persuasion and removing foreign body. Treated with antibiotic for five days and discharged on 2/07/12. At the time of discharge marital counseling done. She conceived and came with 24 wks pregnancy after 1yr.



PERFUME BOTTLE COVER—
FOREIGN BODY IN VAGINA



Figure 1.

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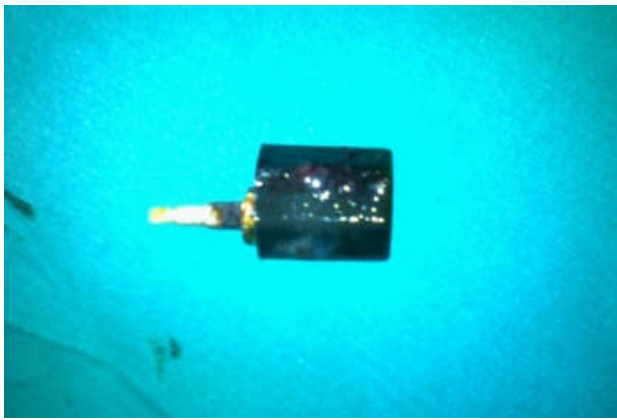
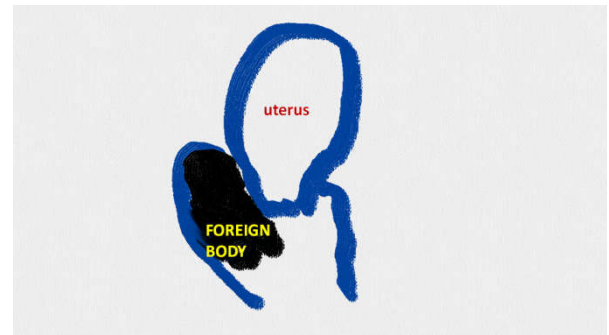


Figure 2. Foreign body after removal...Perfume bottle cap.



SCHEMATIC REPRESENTATION

Figure 3.

It may be complicated by vaginal stenosis or near complete obstruction. Metallic objects, except aluminum, are radio-opaque. Most animal bones and all glass bodies are opaque. Most plastic and wooden bodies and most fish bones may not be opaque.

DISCUSSION

Some objects like tampons, vaginal suppositories, medications and contraceptive devices are designed for use in a woman's vagina. Others are not intended to be inserted and may be placed there accidentally or intentionally. These are referred to as "Foreign bodies". These foreign bodies may produce symptoms or be asymptomatic for long periods of time. Small objects inserted into the vagina do not generally cause pain. Unusual objects which are larger than the customary vaginal diameter or size of the introitus may cause distension and pain. Other objects may cause pain due to sharp and irregular edges and because of associated infections, which might superimpose. Long standing presence of a foreign body in vagina may cause vesico vaginal fistula and urinary incontinence.

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