

Forgotten vaginal pessary retrieved after forty-five years of insertion

G Dangal

Citation

G Dangal. *Forgotten vaginal pessary retrieved after forty-five years of insertion*. The Internet Journal of Gynecology and Obstetrics. 2007 Volume 9 Number 2.

Abstract

Vaginal foreign body is quite common in young children but it is a rare finding in adults. This article is a report of a case of a long forgotten vaginal foreign body (ring pessary) accidentally found more than 45 years after its insertion in an 87-year-old lady. The lady presented with foul smelly discharge from vagina and occasional bloody discharge. She was found to be having an impacted ring pessary and it was removed with great difficulty under sedation. A review of the relevant literature was undertaken and complications associated with vaginal pessaries are reviewed.

INTRODUCTION

Pessaries have been used for centuries in the management of uterine prolapse. Vaginal pessaries still have a role in the management of uterine prolapse, particularly in elderly patients. However, they are known to cause serious complications if proper care is not taken. Although surgery is the definitive treatment for severe uterine prolapse, pessaries can give satisfactory results in women who wish or need to avoid surgery.

Vaginal foreign body is a rare entity, particularly when detected 45 years after its insertion. The associated erosion and granulation over the vagina make its detection difficult. A high index of suspicion can help arrive in a diagnosis of such foreign bodies in women's body who present with foul smelling bloody discharge.

CASE

An 87-year-old postmenopausal woman presented with foul smelly vaginal discharge and occasional blood-stained discharge per vaginum. She was primarily brought to the hospital for general ill-health and impaired eating. She is para 9 with 6 child deaths. Her eldest offspring is a son of 62 and the last childbirth was 48 years ago. All were home deliveries without medical assistance.

On further enquiries, she reported that few years after the last child birth she had uterine prolapse and a doctor in a rural health camp treated her. She did not remember much and at present she was suffering from dementia, hypertension and mitral regurgitation, tricuspid

regurgitation, aortic regurgitation, left ventricular hypertrophy and polyneuropathies.

Per speculum examination revealed an atrophic shortened vagina with a rim of granulation in the mid vagina, mucopurulent and blood stained discharge was seen. There was erosion and granulation in the vagina, which made it difficult to retrieve the ring pessary even under sedation.

On per vaginal examination, an irregular rim of hard structure was felt in the mid vagina. The examining finger could be negotiated through the rim upto the cervix that appeared normal. An ultrasonographic evaluation showed a ring shaped object in the vaginal area without any other abnormality.

Examination under sedation revealed a black-coloured ring pessary under the granulation tissue impacted in the vagina. It was dislodged and removed with difficulty and there was little oozing from the vagina. Vagina was irrigated with povidine-iodine and vagina was packed with a pack soaked in povidine-iodine. The pack was removed after twelve hours and there was no bleeding from the vagina. As she had vaginitis and trauma during removal she was given a course of antibiotics for five days.

Figure 1

Figure 1: A photograph showing the extracted vaginal pessary covered with granulation tissue, pus and blood.



DISCUSSION

Vaginal pessaries are devices of varying composition (rubber, clear plastic, silicone, or soft plastic with internal mouldable steel reinforcement) that serve to reposition and support prolapsed genitourinary organs ².

Although forgotten foreign bodies in vagina in adults are rare, there have been several cases of forgotten foreign bodies in vagina in adults ^{3,4,5,6} and majority of cases of foreign body are found in children ^{7,8}. Toys, metallic glasses, screws, hair sprays, plastic covers and drinking glass etc. have been found to be into the vagina. Serious complications like fistula formation ⁵, and bowel obstruction ⁶ have been reported with retained foreign body in vagina. There are reported cases of rectovaginal fistula, developing secondary to a forgotten vaginal pessary ^{9, 10, 11}.

Russell ¹² reported seeing patients with complications such as a rectovaginal fistula, vaginal cancer or chronic vaginitis. Other complications are incarceration, ulceration and metaplasia ¹³, intestinal obstruction ^{14,15,16}, urosepsis and hydronephrosis ^{17,18,19}. Jain et al reported two cases of vaginal cancer associated with pessary use ²⁰.

Removal of the foreign bodies which may be impacted in the vagina and associated with erosion and granulation tissue can be difficult and traumatic. It can be removed only under sedation and vaginal trauma and bleeding can be immediate problems associated with the forceful removal of the foreign bodies from the vagina. Irrigation with an antiseptic solution and packing with a pad can be a solution to these problems. These cases have to be differentiated from local conditions such as carcinoma cervix, vaginal cancers, etc.

This unusual case draws attention to the fact that foul-smelling vaginal discharge in elderly women should arouse suspicion of a foreign body. If somebody gives history of uterine prolapse and foul smelly discharge for long, a suspicion of forgotten ring pessary should be a priority. As these women remain unaware of the presence of a foreign body in the vagina or have forgotten about the insertion of a ring in the vagina, they do not usually seek any medical attention.

CORRESPONDENCE TO

Dr Ganesh Dangal, MBBS, MD (OBS/GYN) Consultant
Obstetrician and Gynecologist Department of Obstetrics and
Gynaecology Kathmandu Model Hospital PO Box 12887
Kathmandu Nepal E-mail gareshma@hotmail.com Phone:
00977-1-5555802

References

1. Zeitlin MP, Lebher TB. Pessaries in the geriatric patient. *J Am Geriatr Soc* 1992;40: 635-39.
2. Roberge J, Keller C, Garfinkel M. Vaginal pessary-induced mechanical bowel obstruction. *J Emerg Med* 2001;20: 367-70.
3. Malatyalioglu E, Alper T, Kokoo. An intravaginal foreign body of over 25 years' duration. *Acta Obstet Gynecol Scand* 1999; 78; 616-17.
4. Nwosu EC, Rao S, Igweike C, Hamed H. Foreign objects of long duration in the adult vagina. *J Obstet Gynaecol* 2005 ;25(7):737-39.
5. Biswas A, Das HS. An unusual foreign body in the vagina producing vesicovaginal fistula. *J Indian Med Assoc* 2002 ;100(4):257-59.
6. Puneet, Khanna A, Khanna AK. Intravaginal foreign body--a rare cause of large bowel obstruction. *J Indian Med Assoc* 2002; 100(11):671.
7. Stricker T, Navratil F, Sennhauser FH. Vaginal foreign bodies. *J Paediatr Child Health* 2004;40(4):205-7.
8. Dahiya P, Agarwal U, Sangwan K, Chauhan M. Long retained intravaginal foreign body: a case report. *Arch Gynecol Obstet* 2003; 268(4): 323-24.
9. Hanavadi S, Durham- Hall A, Oke T, Aston N. Forgotten vaginal pessary eroding into rectum. *Ann R Coll Surg Engl* 2004; 86 (6): 18-19.
10. Ray A, Esen U, Nwabinele J. Iatrogenic vesico-vaginal fistula caused by shelf pessary. *J Obstet Gynaecol* 2006; 26 (3) : 275-76.
11. Kankam OK, Geraghty R. An erosive pessary. *J R Soc Med* 2002; 95(10): 507.
12. Russell JK. The dangerous vaginal pessary. *BMJ* 1961;ii: 1595-97.
13. Poma PA. Non surgical management of genital prolapse-a review and recommendation for clinical practice. *J Reprod Med* 2000;45: 789-97.
14. Lukowski I. A rare case of mechanical obstruction, occlusion of the intestine due to pessary. *Pol Tyg Lek* 1971;26: 1202-3.
15. Ott R, Richter H, Behr J, Scheele J. Small bowel prolapse and incarceration caused by vaginal ring. *Br J Surg* 1993;80: 1157.
16. Roberge RJ, Keller C, Garfinkel M. Vaginal pessary-induced mechanical bowel obstruction. *J Emerg Med*

2001;20(4):367-70.

17. Meinhardt W, Schnitemaker NW, Smeets MJ, Venema PL. Bilateral hydronephrosis with urosepsis due to neglected pessary. *Scand J Urol Nephrol* 1993;27: 419-20.

18. Dasgupta P, Booth CM. Uremia due to ureteric obstruction of a solitary kidney by a vaginal pessary. *Scand J Urol Nephrol* 1996;30: 493-94.

19. Duncan LE, Foltzer M, O'Hearn M, et al. Unilateral

hydronephrosis, pyelonephritis, and bacteremia caused by a neglected vaginal ring pessary. *J Am Geriatr Soc* 1997;45: 1413-14.

20. Jain A, Majoko F, Freites O. How innocent is the vaginal pessary? Two cases of vaginal cancer associated with pessary use. *J Obstet Gynaecol* 2006; 26 (8): 829-30.

Author Information

Ganesh Dangal, MBBS, MD

Consultant Obstetrician and Gynecologist, Obstetrics & Gynecology, Kathmandu Model Hospital