

An Unusual Vaginal Foreign Body: An Old Practice Still In Vogue

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Abstract

Case Report

We present a case of a neglected vaginal foreign body in a post-menopausal woman presenting with h/o recurrent offensive discharge P/V for the last 1 year. Examination revealed presence of a wood apple inserted into the vagina to reduce uterine prolapse 4 years back. The foreign body was successfully removed.

Key words: Foreign body in the vagina, Wood Apple.

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INTRODUCTION

A foreign body in the vagina is a common cause of vaginal discharge, which may appear purulent or bloody. Intra vaginal foreign bodies retained for long duration are uncommon in present day scenario. Recurrent, foul smelling vaginal discharge in a woman should be suspected for the possibility of a retained vaginal foreign body [1]. In this report we present a case of a woman who had an intravaginal foreign body, a wood apple, inserted as a treatment of uterine prolapse, which was retained for 4 years.

Case Report

A 60 years old woman, who is from rural background presented in gynaecology OPD with h/o recurrent offensive discharge p/v for the last 1 year. She revealed that she developed mass per vagina 4 years ago for which she visited a local quack and something was inserted into the vagina to reduce the mass. There was no history of bleeding p/v, no urinary or bowel symptoms, no abdominal pain, nausea, vomiting, fever, loss of weight and appetite. She attained menopause 10 years back. She was not sexually active. There was no significant past medical and surgical history. She was

para 5, all deliveries were full term spontaneous vaginal deliveries at home conducted by a local untrained dai.

On examination, her general and abdominal examination did not reveal any significant finding. Local examination revealed external genitalia with atrophic changes, foul smelling and dirty discharge was seen at introitus. On per speculum examination, a black round mass, resembling a fetal head was noted in the vagina. Routine blood investigations were within normal limit. USG of the pelvis showed uterus of 6x7x2 cm with endometrial thickness 4 mm and well defined hyperechoic focus noted within vagina with an impression of foreign body. After 48 hrs of antibiotics cover, pt was taken to OT for removal of foreign body under anesthesia. Above mentioned foreign body was removed by use of tenaculum forceps. During removal it was found to be a spherical black, stony hard wood apple. Vagina was explored thoroughly. A circumoral erosion was found over cervix. On bimanual examination uterus was found to be small in size, fornices were free. After removing the foreign body there was no decent of uterus and cervix even with traction. Vagina was irrigated with povidone iodine. The post-operative period was uneventful. The pt was continued on antibiotics for 5 days in post-operative period and was discharged on 6th post op day.



Fig-1: Foreign body seen in vagina

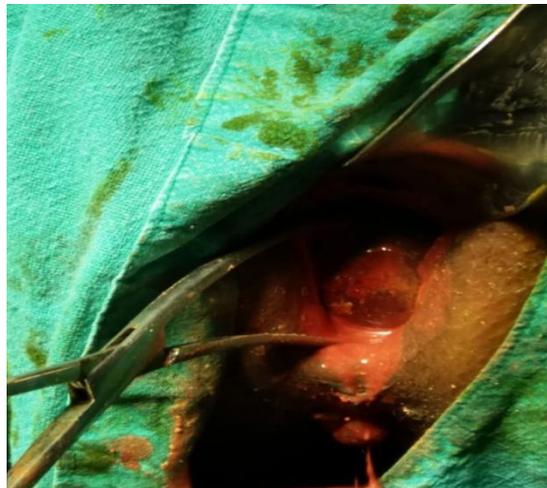


Fig-2: Foreign body extracted with tenaculum forceps



Fig-3: Extracted foreign body in the tray

DISCUSSION

Foreign bodies may reach vagina accidentally or inserted deliberately due to many reasons. Prolonged presence of a foreign body in the vagina can lead to many complications like bleeding, foul smelling vaginal discharge, pain, urinary discomfort, vesicovaginal fistula, perforation, urinary incontinence and impaction due to scarring and fibrosis [2]. Therapeutic devices like tampons, vaginal suppositories, medications and contraceptive devices are designed for use in a woman's vagina [3, 4].

Brig. S Chopra *et al.* reported removal of a plastic foreign body with the help of a Zeppellin forceps [1]. Padmalata *et al.* removed a wood apple inserted 10 years back to reduce uterine prolapse by obstetric forceps [5]. Poojari V.G. *et al.* removed a cylindrical plastic foreign body by digital manipulation [6]. Chaurasia *et al.* reported removal of a piece of paper from a 6 year child's vagina by an artery forceps [7]. Pelosi MA *et al.* extracted vaginal foreign body by obstetric soft vacuum cup [8]. In our case a wood apple was inserted to reduce the prolapse. The wood apple would have caused fibrosis to prevent the further development of prolapse of uterus after the removal of the object. When such foreign bodies are found they

should be removed. In our case we used tenaculum forceps for removal of wood's apple. The practice of inserting wood apple to reduce uterine prolapse is now a days obsolete but still we find cases in society treated by quacks by this method.

CONCLUSION

Vaginal foreign body can present with diverse symptoms. Recurrent, foul smelling vaginal discharge in a woman should alert the clinician to the possibility of a retained vaginal foreign body. It needs immediate removal.

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