



A rare case of foreign body in vagina presenting as subacute intestinal obstruction

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Abstract

Foreign body in vagina is rare in mentally sound females and seen occasionally in insane females or as a result of sexual assault. We are presenting a case of vaginal body in an adolescent and mentally sound girl who presented to us with sub-acute intestinal obstruction rather than vaginal discharge as the main complaint. Foreign body was diagnosed accidentally on radiographic examination when she was being investigated for sub-acute intestinal obstruction. Primary cause of SAIO was most likely sepsis due to foreign body. Foreign body was removed vaginally. Concurrent diagnostic laparoscopy and proctoscopy were done in order to look for any inadvertent damage to small bowel and rectum. Finally multiple pieces of plastic most probably cover of lip stick were removed. Sub-acute intestinal obstruction was managed conservatively. Patient was discharged home in satisfactory condition.

Keywords: foreign body, sub-acute intestinal obstruction

Introduction

Some objects are designed for use in a woman's vagina. These include tampons, vaginal suppositories, diaphragms, and medications delivered through the vagina. Others are not intended to be inserted but may be placed there accidentally or intentionally and are called "foreign bodies." These foreign bodies may produce symptoms or be asymptomatic for long periods of time. Foreign body in vagina is rare in mentally sound females and seen occasionally in insane females or as a result of sexual assault.

Adults may place foreign objects into the vagina as part of a sexual experience. Less commonly unusual objects may be placed in the vagina as the result of abuse. Adults may also experience forgotten tampons or bits of a condom.

While a variety of symptoms may result from a foreign body in the vagina, the most common symptoms are bleeding or foul-smelling vaginal discharge ^[1]. Long standing presence of a foreign body in vagina may cause vesicovaginal fistula and urinary incontinence ^[2, 3].

Perforation through the vagina into the abdominal cavity may also result in acute abdominal symptoms. Systemic infection can occur, but rarely.

Here we are presenting a case of vaginal body in an adolescent and mentally sound girl who presented to us with sub-acute intestinal obstruction rather than vaginal discharge as the main complaint. Foreign body was diagnosed accidentally on radiographic examination when she was being investigated for sub-acute intestinal obstruction. Primary cause of SAIO was most likely sepsis due to foreign body. Foreign body was removed vaginally. Concurrent diagnostic laparoscopy and proctoscopy were done in order to look for any inadvertent damage to small bowel and rectum. Finally multiple pieces of plastic most probably cover of lip stick were removed. Sub-acute intestinal

obstruction was managed conservatively. Patient was discharged home in satisfactory condition.

Case Report

A 22 year-old unmarried girl came to surgery emergency with complaint of pain abdomen for last 15 days which was associated with vomiting for last two days. Pain in abdomen was diffuse, sudden in onset, intermittent in nature not relieved by taking medication. There was history of vomiting from last two days which was non projectile and bilious. Patient also complained of non-passage of flatus and stools from last two days. There was no history preceding sexual abuse. Her menstrual cycles were regular. There was no history suggestive of tuberculosis or any other chronic illness in past.

The patient's vital signs and general physical examination were within normal limits. On per abdomen examination revealed there was slight lower abdominal tenderness. On local examination hymen had crenated margins. She had all routine investigations done which were normal except raised TLC which was 18000/L.

Ultrasound whole abdomen was done which showed liver, spleen, pancreas, gall bladder and bilateral kidneys to be normal. There was no free fluid in peritoneum. However her bowel loops were collapsed with sluggish peristalsis. Minimal inter bowel fluid was seen in pelvis. Uterus was normal in size and echotexture. There was a thin streak of fluid seen in endometrial cavity. Endometrial thickness was normal. Cervix was not well visualized. Bilateral ovaries were slightly bulky. Mild free fluid was seen in pouch of douglas with inflammatory changes seen in the surrounding mesentery. A linear echogenic structure measuring approximately 4.7 cm with no posterior acoustic shadowing is seen in vagina with mild surrounding fluid most

likely foreign body. On X ray pelvis there was a well-defined rectangular radio opaque shadow seen in presacral region most likely to be a foreign body (figure 1). On CECT Whole abdomen small gut loops were distended showing air fluid levels. A well-defined hyperdense structure measuring approximately 6 cm long was seen in vagina most likely foreign body. She was managed conservatively by surgery department and was referred to our side in view of foreign body in vagina. She was kept nil per orally for five days. The girl was not aware of foreign body in vagina. Her history was reviewed again and she told about insertion of some medication in vagina by dai three years back for her complaint of vaginal discharge. But she was not aware of any object being pushed up in vagina. After insertion of some medication she had occasional discharge per vagina on and off for three years but she didn't consult any gynaecologist. After a course of antibiotic cover of five days and her symptoms of sub-acute intestinal obstruction were relieved, her vaginoscopy under general anaesthesia was planned which revealed the foreign body attached to the posterior wall of vagina at multiple places deeply embedded in vaginal wall. A nick was given over posterior vaginal wall. Foreign body was removed piecemeal by gentle traction using allis forceps and sent for histopathology (figure 2). It was probably a cap of lipstick cover. Pus was aspirated around the foreign body and sent for culture sensitivity. Simultaneously laparoscopy was performed in order to look for any damage to rectum and to find out cause of intestinal obstruction. On laparoscopy upper part of uterus was congested. There were dense adhesions present between anterior abdominal wall and peritoneum. Fallopian tubes and ovaries were deeply buried in adhesions and could not be visualized. No dilated gut loops were seen. At the end of the procedure integrity of rectum was checked by doing dye test which was normal. Proctoscopy was done along with which was normal. Post operatively she was kept nil per orally for 48 hours following which she was allowed liquids and semi solids accordingly.



Fig 1: Radiographic evidence of features of pseudo obstruction and foreign body



Fig 2: Foreign body after retrieval

The girl was discharged home in satisfactory condition. In the follow up visits 2 and 6 weeks later the girl and she reported cessation of the foul smelling discharge and itching. A trans-abdominal sonography and plain radiography confirmed the absence of any remaining part of the foreign body.

Discussion

An extraordinary variety of foreign bodies may be found in the vagina, including safety pins, hair grips, pencils, small jam jars and toilet tissues, especially in the mentally retarded or a young child [4]. Children insert toys, sweets and hairpins into the vagina mainly out of curiosity. Small pieces of toilet paper that find their way into the vagina are most common [5].

Foreign bodies may be also inserted for various reasons, for instance as articles of toilet and hygiene, by accident, as therapeutic agents to induce abortion or torn pieces of condom.

Regarding vaginal foreign body, vaginitis could result in ulceration of the vaginal walls, which may involve neighboring structures causing urinary and fecal fistulae [6]. Ascending infection may lead to salpingitis and peritonitis.

The predominant symptom is usually an offensive blood-stained discharge. The foreign body must be removed, which may be easy, although in young children a narrow illuminated endoscope may be needed. The vaginal wall heals by itself after removal, as was also observed in the current report. The presence of vaginal foreign body may be an indication of sexual abuse. Although this is not always the case, the possibility should be kept in mind while examining any child with vulvovaginal symptoms [7].

Methods to rule out a vaginal foreign body include a careful history taking and genital examination, bimanual recto-abdominal palpation, pelvic ultrasound, plain pelvic radiography, vaginography and MRI. MRI is supposed to be the best technique for evaluating vaginal foreign bodies in young children [8]. The use of MRI has increased the localization of nonmetallic objects missed by ultrasonographic and radiologic studies [9, 10]. MRI however, is not always available or necessarily conclusive.

There are still social malpractices going on in our country. Despite of opening up of so many hospitals in rural and urban

areas, people don't hesitate to go to dais for their treatment. The girl in our case came with the symptoms of sub-acute intestinal obstruction. Primary cause of which was sepsis most likely induced by foreign body inserted by dai three years back. Fortunately life long and serious complications like rectovaginal fistulas etc. were not there.

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