Neglected intra-cervical bizarre foreign object

Hassan S. Abduljabbar, MD, FRCS, *Majd A. Sbenati,* MBBCH, ABOG.

ABSTRACT

يؤدي بقاء الأجسام الغريبة في الجهاز التناسلي لفترة طويلة من الوقت إلى العديد من المشاكل السريرية المستمرة والمتكررة التي يمكن أن تكون سبب لحدوث إفرازات مهبلية وعدم القدرة على الإنجاب. نستعرض في هذا المقال حالة مريضة تبلغ من العمر 24 عاماً، وقد زارتنا في العيادة الخارجية لإمراض النساء تشكي من عدم القدرة على الإنجاب لمدة 3 سنوات، كما كانت تعاني من إفرازات مهبلية متكررة لمدة 11 عاماً. لقد تم صرف العديد من المضادات الحيوية لحل مشكلة المريضة ولكن من غير أي حل جذري للأعراض. كما ورفضت العائلة قبول عمل أي من الفحوص الجسدية للمريضة قبل الزواج خوفاً عليها من فض غشاء البكارة الذي له أهمية اجتماعية في المملكة العربية السعودية. وبعد الزواج عانت المريضة من عدم القدرة على الإنجاب مع استمرار الإفرازات المهبلية. وبعد الفحص والأشعة فوق صوتية ومنظار الرحم عُثر على جسم غريب مهمل في المهبل لمدة 13 عاماً. لقد كان غشاء البكارة هو السبب في إهمال إزالة الجسم الغريب الذي أدى إلى حدوث إفرازات مهبلية مزمنة وعقم.

Foreign objects in the female genital tract neglected for a long period of time may lead to many clinical problems including recurrent vaginal discharge and infertility. We present a case of 3-year long infertility, and 11-year long recurrent vaginal discharge in a 24-year-old female. She was treated empirically with several courses of antibiotics, which did not resolve her symptoms. Before her marriage, the family declined initial attempts to perform a physical examination due to fear of tearing the hymen, which has many social implications in the Kingdom of Saudi Arabia. After her marriage, she suffered from infertility and continued to have the vaginal discharge. On vaginal examination, she was found to have a foreign body in the uterine cervix. It was inserted 13 years ago, and lead to chronic vaginal discharge and infertility.

Saudi Med J 2012; Vol. 33 (12): 1343-1345

From the Department of Obstetrics & Gynecology (Abduljabbar), Medical College, King Abdulaziz University, and the Department of Obstetrics & Gynecology (Sbenati), United Doctors Hospital, Jeddah, Kingdom of Saudi Arabia.

Received 22nd June 2012. Accepted 29th September 2012.

Address correspondence and reprint request to: Prof. Hassan S. Abduljabbar, Consultant, Department of Obstetrics & Gynecology, Medical College, King Abdulaziz University, PO Box 80215, Jeddah 21452, Kingdom of Saudi Arabia. Tel. +966 (2) 6533333 Ext. 1336. Fax. +966 (2) 6526381. E-mail: profaj17@yahoo.com

Vaginal discharge is a common gynecological complaint with many different etiologies. One of the rare causes is the presence of a foreign body in the genital tract.[1] A foreign body located in the genital tract can lead to various clinical problems including purulent vaginal discharge, scarring in the vagina, fistula formation, recurrent urinary tract infections, and infertility.[2-5] The diagnosis requires detailed history and physical examination of the genital tract. In Saudi society, clinicians are reluctant to perform physical examination on females, particularly in unmarried ones, due to the cultural importance of an intact hymen. We present a case of a 24-year-old female who presented with primary infertility for 3 years and recurrent vaginal discharge for 11 years to emphasize the importance of establishing a diagnosis of foreign body in the genital tract in suspected cases.

Case Report. A 24-year-old female presented with symptoms of 3-year-long infertility, and an 11 year long recurrent vaginal discharge. At the age of 13, she started to complain of vaginal discharge, and was treated empirically with antibiotics. The discharge continued despite multiple courses of antibiotics. No further management was carried out because the family did not consent for internal genital examination due to fear of compromising the patient's virginity, and tearing the hymen. Three years ago, she married and wanted to get pregnant. She had no other medical or surgical illnesses. On physical examination, the external genitalia looked normal. On speculum examination, the vaginal walls were normal. The cervix could not be visualized. A structure resembling a transverse vaginal septum with a small hole in the middle of it was visualized. A vaginal swab was obtained for culture and sensitivity, and a smear was sent for cytological evaluation. A pelvic

ultrasound showed an elongated cervix with a high echogenic lesion in the mid-cervical region (**Figure 1**). She was subsequently booked for examination under anesthesia to properly evaluate the lesion. An examination under anesthesia revealed a small sinus tract in the vagina, which was thought to be a narrowed cervix. It was dilated using Hegar dilators up to number 8. Hysteroscopy was subsequently performed, and it revealed a small bizarre foreign object with metal components embedded in the cervical canal (**Figure 2**). The uterine cavity was observed to be entirely normal. The foreign object was removed from the cervix using gentle traction with a sponge forceps (**Figure 3**). After removal, it was visually examined outside the body. It was found to be the metal part of an eraser attachment on pencils. The removal of that foreign object resolved the patient's vaginal discharge. She was able to conceive 4 months after removal, and carried to term.

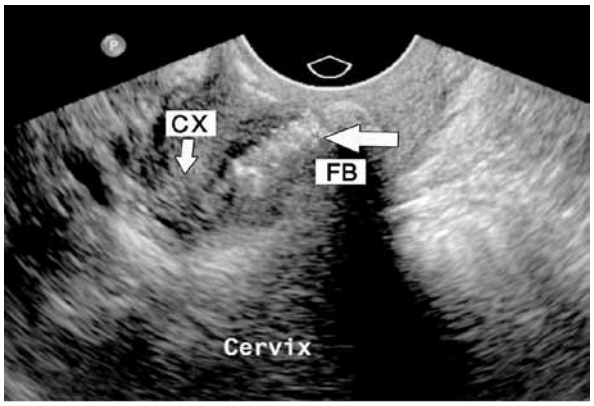

Figure 1 - Pelvic ultrasound image showing the cervix (cx) with an echogenic lesion in the mid-cervical region. The echogenic lesion represents the neglected foreign body (FB; large arrow).

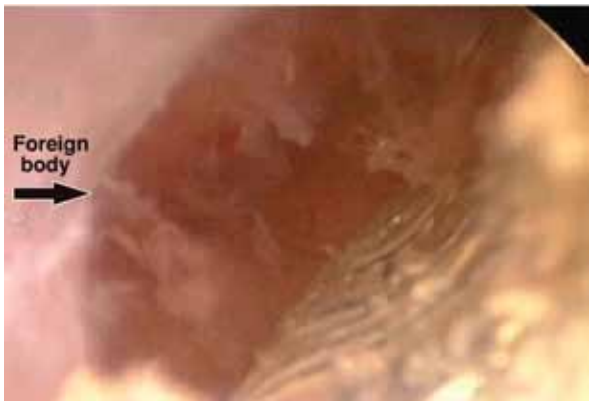

Figure 2 - Hysteroscopy image showing a small foreign body (FB; arrow) consistent of metal and non-metal fragments in the cervical canal.

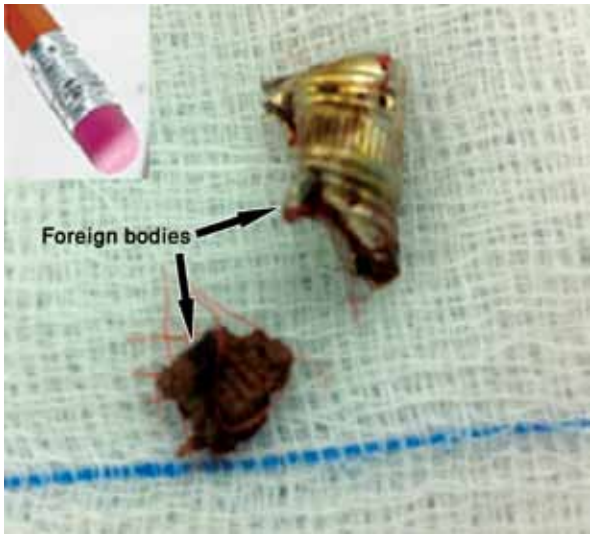

Figure 3 - Image of a small foreign body (ferrule with an eraser of a pencil) obtained from the genital tract of the female patient.

Discussion. A foreign object in the female genital tract is one of the causes of vaginal discharge, particularly in pre-pubertal females. Clinicians should have high clinical suspicion, if the symptoms do not resolve after empirical treatment with antibiotics. Stricker et al[3] reviewed records of 35 girls with the diagnosis of a vaginal foreign body. A carefully obtained medical history and physical examination could easily suggest the diagnosis. The most common symptoms were vaginal bleeding, and bloodstained or foul-smelling vaginal discharge. Management was the removal of the foreign object, and simple irrigation with an antiseptic solution. No additional treatments were necessary.[5]

In our case, the patient was not examined despite the unresponsiveness to multiple courses of antibiotics. The clinical course should alert the health care provider to the presence of a foreign body. The family refused to give consent for an internal examination due to fear of tearing the hymen, which carries many social implications in Saudi Arabia. One of the ways to overcome the resistance is to inform the family regarding the consequences of the clinical entity. In addition, most of the examinations may be performed without a trauma to the hymen.

Neulander et al[6] reported that recurrent urinary tract infections could be the presenting symptom for the presence of a vaginal foreign body in children. High level of suspicion and strict basic diagnostic protocols were the most important steps for a timely diagnosis. Smith et al[7] reported that in children with foreign bodies as a cause of persistent vaginal discharge, vaginal irrigation was feasible. However, irrigation should be delayed until the foreign body was seen prior to the procedure.[7] Foreign bodies in the genital tract

may be a cause for infertility. The exact mechanism is unknown but altered endometrial receptivity might be implemented. Another plausible explanation is sub-acute endometritis. A third cause might be that the foreign body can act as a mechanical barrier for implantation.

Çepni et al[8] reported a case of fetal bones neglected in the uterus for 8 years after the termination of a pregnancy. The patient presented with a history of infertility and persistent vaginal discharge. Transvaginal ultrasound detected an intrauterine foreign body. It was found to be fetal bones left inside the uterus after dilatation and curettage.[8]

In conclusion, the suspicion of a foreign body in the female genital tract may arise after a medical history and physical examination. Resistance to empirical antibiotic therapy should lead the physicians to more extensive investigation and management options. A detailed discussion of the situation with the family may aid in obtaining the consent. The family and the patient should be informed regarding the possible complications, including recurrent vaginal discharge, fistula formation, and infertility.

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