A Neglected Foreign Body Impacted in the Vagina after Self Management of Pelvic Organ Prolapse in an Elderly Woman

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BRIEF HISTORY

An 81-year-old woman was brought to our outpatient department by her caregiver because of vaginal bleeding and a foul smelling vaginal discharge for at least 2 weeks. She had had eight normal spontaneous vaginal deliveries during her reproductive years. Cognitive impairment was noted after a cerebral vascular accident a few years previously. Ambulation was possible with the help of her caregiver. On pelvic examination, a ring-like foreign body was impacted between the anterior and posterior vagina wall, about 3 cm above the introitus. With gentle rotation and traction, the foreign body was removed successfully from the vagina. It was a jade bracelet, 7 cm in diameter with marked discoloration, and it was coated with bloody mucus (Fig. 1). After the removal of the jade bracelet, pelvic relaxation was noted with stage II uterovaginal prolapse according to the pelvic organ prolapse quantification (POP-Q) ordinal staging system. No urinary leakage was noted when the patient was asked to cough three to four times and the rectovaginal examination was also unremarkable. The patient denied that she had inserted the foreign body into her vagina and the exact duration of retention of the jade bracelet was unknown.

DISCUSSION

Vaginal pessary placement for the management of genital prolapse is a practice that has been described since the time of the ancient Greeks. Hippocrates described the use of pomegranates soaked in vinegar as vaginal pessaries. Reported materials used as vaginal pessaries included fruits, bronze, cotton, wool and linen. Most of these materials were in ball, oval or ring form [1]. Rubber was discovered in the 18th century, and was found to be more suitable for vaginal placement. In the middle of the 20th century, rubber was replaced by plastic. More recently, silicon has replaced other materials for vaginal pessaries and approximately 20 types of either supportive or space filling pessaries are used worldwide [2].

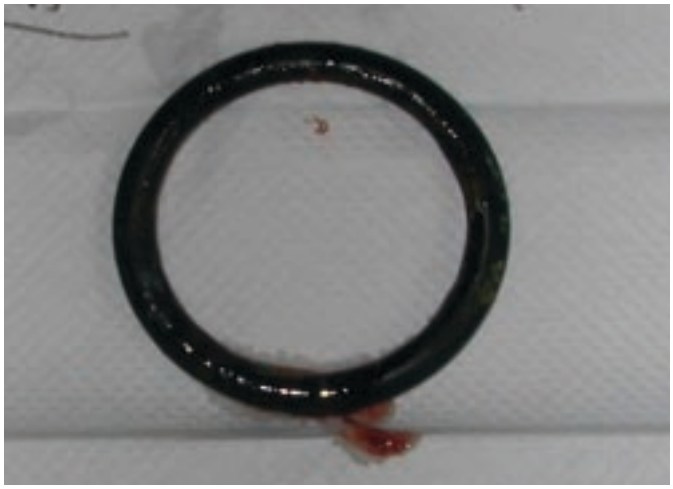

Fig. 1. Jade bracelet inserted into the vagina of an elderly woman with uterovaginal prolpase.

In developing countries, pelvic organ prolapse is a very common cause of reproductive morbidity among women. Most women do not seek medical attention due to shyness, lack of family support or poverty. In a resettlement colony in northern India, 7.6% (n=227) of the women reported symptoms of uterine prolapse, but only 21% of these women consulted a doctor. The treatment used by a small number of women included the use of a ring pessary or an alcohol-soaked swab pressure technique [3]. In Bhaktapur, Nepal, 25% of women with genital prolapse used a pessary, but only a few followed medical advices about changing the ring. There are a few cases of impacted rings in-situ for years [4]. Rahman et al [5] reported on a device used by 3 elderly women with prolapse in eastern Turkey. The device was made from pomegranate branches 0.5 cm in width, forming a ring 10 cm in diameter. The device was stabilized and thickened by pure cotton fiber coverage and placed in melted beeswax until it thickened to 1-1.5 cm. These women used these pessaries for more than 15 years without complications.

Possible complications associated with the use of pessaries are vaginal erosion, incarceration, fistula formation, infection, obstruction (hydronephrosis, bowel obstruction), allergic reaction, sexual dysfunction and neoplastic formation [2,6]. A neglected pessary may cause serious complications including vesicovaginal and rectovaginal fistulas in elderly women [7,8]. Patient education, instruction about how to remove and reinsert a pessary as needed, and regular follow-ups may prevent these complications. Hanson et al reported a 78% success rate with vaginal pessaries in managing women with POP and urinary incontinence in groups who were on both systemic and local hormone replacement therapy [9]. Whether or not systemic or local estrogen treatment reduces or prevents the complications caused by vaginal pessaries needs further study.

Vaginal pessaries are not routinely used on a long-term basis in developed countries because of the success and advances in of the surgical treatment of POP. A recent study revealed that 62.5% of women with advanced POP continued to use a pessary and avoided surgery after a successful pessary fitting [10]. In women who are poor surgical candidates or refuse surgical repair for symptomatic POP, a vaginal pessary is an acceptable first-line option. More information about the use of vaginal pessaries should be provided for patients or their caregivers, so that they can make informed decisions about treatment.

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