

An Unusual Foreign Body Incarcerated in the Uterus

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Abstract

Retention of a foreign body for long duration may lead to serious morbidity in the form of infection, pelvic inflammatory disease (PID) and chronic pelvic pain.

We report a rare case of a 26 year old unmarried girl who presented with chronic pelvic pain and an offensive vaginal discharge for the past ten years. A radio-opaque shadow was seen on abdominal X-ray in the pelvis. Hysteroscopy confirmed a metallic foreign body in the uterus. A tubelight starter was retrieved from the uterus with difficulty. In a patient with recurrent, unremitting foul smelling discharge with pelvic pain, possibility of a retained foreign body should always be kept in mind. Although imaging modalities are useful, vaginoscopy or hysteroscopy can clinch the diagnosis.

Keywords: hysteroscopy, intrauterine foreign body, ultrasound

Özet

Uterusta Alışılmadık Yabancı Bir Cisim

Uterusta yabancı bir cismin uzun süre kalması enfeksiyon, pelvik enflamatuvar hastalık (PID: pelvic inflammatory disease) ve kronik pelvik ağrı şeklinde ciddi morbiditeye yol açabilir.

Kronik pelvik ağrı ve son 10 yıldır süren rahatsız edici vajinal akıntı şikâyetleriyle başvuran 26 yaşında bekâr bir kadında direkt karın grafisinde pelviste radyo-opak bir gölge saptandı. Histeroskopi sonucunda uterusta yabancı metal bir nesne olduğu doğrulandı. Bir el feneri düğmesi uterustan zorlukla çıkarıldı.

Pelvik ağrıyla birlikte tekrarlayan, sürekli ve kötü kokulu akıntısı olan bir hastada genital organlarda yabancı bir cisim bulunabileceği olasılığı göz ardı edilmemelidir. Görüntüleme yöntemleri faydalı olsa da, vajinoskopi veya histeroskopi tanı koydurucudur.

Anahtar sözcükler: histeroskopi, intrauterin yabancı nesne, ultrasonografi

Introduction

A persistent or recurrent foul smelling vaginal discharge in childhood or adolescence may be due to a variety of causes including vulvar skin disease, primary vaginitis, intravaginal or intrauterine foreign body or a neoplasm. Several case reports in literature confirm that intrauterine foreign body detection can be a diagnostic dilemma. Retention of a foreign body for long duration may lead to serious morbidity in the form of infection, pelvic inflammatory disease (PID) and chronic pelvic pain.

Case

We present a case of a 26-year-old unmarried girl who suffered from a malodorous, foul smelling discharge, dysmenorrhoea and persistent pelvic pain for over ten years with intermittent worsening of chronic pelvic pain. She denied any sexual activity. She first consulted a doctor 4 years before who prescribed treatment for pelvic inflammatory disease, but her symptoms were not relieved. Subsequently, she was seen by a number of physicians and received multiple courses of antibacterial, antifungal and antiviral antibiotics. She also underwent biopsy from the hypertrophic cervix and vagina which was reported as acute vaginitis and cervicitis. Following this, she was referred to our institute. No abnormality was detected on general physical and systemic examination. The external genitalia looked normal. Transabdominal pelvic ultrasound done at a private clinic showed an enlarged cervix, a normal ute-

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rus, right adnexal calcified mass measuring 5x4 cm. A repeat ultrasound with increased and irregular endometrial thickness at our institute created a suspicion of intrauterine foreign body (Figure 1). Uterus measured 6.5x4.6x2.2 cm. She was posted for an examination under anaesthesia with hysteroscopy due to a clinical suspicion of a foreign body. On *per speculum* examination, there was scarring of the vagina, the cervix was hypertrophied and warty, and pus like discharge was seen through the os. The hymen was torn. On pelvic examination, uterus was of normal size, mobile with no adnexal mass. On diagnostic hysteroscopy, an intrauterine metallic foreign body was seen deeply embedded in the right lateral uterine wall. There were no intrauterine adhesions. The foreign body was dislodged with great difficulty and extracted with a help of a curved Kelly's clamp. It was removed in 3 pieces. Complete removal was confirmed by a repeat hysteroscopy. To our surprise, it was the metallic starter of a tubelight (Figure 1) found to be trenched with pus. She was given broad spectrum antibiotics for five days although cultures for trichomoniasis, gonorrhoea and other bacteria from the pus were negative. Her symptoms resolved completely and a follow up ultrasound after two weeks revealed a normal uterine cavity and bilateral adnexa with no free fluid in the pouch of Douglas.

On questioning after the procedure, the patient revealed that her mother had died when she was 4-years old and she had suffered psychological problems in childhood. She gave no history of sexual intercourse or termination of pregnancy but she confessed to abnormal sexual practices inserting the foreign body herself, although did not exactly remember its time of insertion.

Discussion

Various foreign bodies are known to be inserted in to the vagina or rectum for sexual stimulation, by women or their partners. These include liquor glasses, drinking cap of vacuum flask, bottles, atomizer caps, bottle caps retrieved from young girls, reproductive age and postmenopausal women (1). Roy et al. reported removal of an intrauterine wooden stick retained for 12 years from the uterine fundus, under ultrasound guidance (2). Yazicioglu et al. removed the tip of number 6 Karman's cannula hysteroscopically from the subvesical space (3). Wu et al. emphasized the role of vaginography as an alternative diagnostic tool for the detection of intravaginal foreign body (4). Young children may unknowingly insert objects into the vagina, but it is not possible to insert a foreign body into the uterus. The sequelae of insertion of foreign body in the vagina or uterus include trauma to the vagina, rectum, urethra or bladder that may result in bleeding, infection, stenosis and genitourinary fistulae. Late onset complications include pelvic inflammatory disease, intrauterine synechiae, pelvic adhesions and infertility. In adults, presence of vaginal or intrauterine foreign body is usually associated with masturbation, sexual intercourse, sexual abuse or a coexisting



Figure 1. Transabdominal ultrasound showing a foreign body.

psychiatric disturbance. In contrast, a small child often cannot tell how or when the foreign body was inserted and as a result, it can be retained for a longer period of time. Toilet paper is the most common foreign body to be found in a child's vagina (5). Such foreign bodies deeply placed in the vagina or uterus may not be seen at the introitus, or palpated on rectal examination as in our case, and become densely adherent due to formation of granulation tissue. Scarring and stenosis of vagina in our case was secondary to chronic inflammation and could not be differentiated initially from a congenital malformation. A plain X-ray or pelvic ultrasound are helpful but may not identify radio-lucent objects; such objects are well visualized on MRI. We however failed to find an explanation as to how such a



Figure 2. Starter of a tubelight removed from the uterine cavity.

large foreign body could negotiate a multiparous os and enter the uterus without any external intervention.

Conclusion

In a patient with recurrent, unremitting foul smelling discharge with pelvic pain, possibility of a retained foreign body should always be kept in mind. Although imaging modalities are useful, vaginotomy or hysteroscopy can clinch the diagnosis.

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