

INTRAVAGINAL FOREIGN BODIES PLACED IN THE VAGINA TO TREAT UTERINE PROLAPSE RETAINED FOR 35 YEARS

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Vaginal foreign bodies can cause long-term, foul-smelling vaginal discharge and bleeding, and are usually seen in female children while investigating vaginitis and urinary tract infections [1]. Foreign bodies are more frequently seen in children than in adults [2]. Reasons for the insertion of foreign bodies include treatment purposes, contraception, induced abortion, and sexual stimulation. Postmenopausal women rarely present with vaginal foreign bodies, even though foreign bodies may have been placed in the vagina for various reasons and subsequently forgotten. Various gynecologic techniques, including ultrasound and magnetic resonance imaging, can be used to detect foreign objects. Here, we report a case of insertion of a foreign body after menopause for contraception and to treat uterine prolapse.

An 82-year-old woman with a history of seven normal vaginal deliveries who had undergone menopause 35 years earlier was admitted to our clinic, complaining of a foul-smelling vaginal discharge and bleeding of about 3 months' duration. A gynecologic examination revealed a foul-smelling greenish discharge, but the cervix could not be visualized. A mass was observed where the cervix was expected, at a depth of about 5–6 cm within the vagina. The results of laboratory tests included a white blood cell count of 14,500/ μ L (normal, 4,000–10,000/ μ L), hemoglobin 11.6 g/dL (normal, 12.1–17.2 g/dL), and C-reactive protein 35 mg/L (normal, 0–3 mg/L). Liver and renal function tests were normal. Prophylactic antibiotic treatment was started because of signs of infection in the clinical and laboratory findings. Abdominal ultrasonography and computerized tomography revealed two masses of about 6 \times 7 cm and 5 \times 7 cm behind the urinary bladder.

The uterus was atrophic, and no adnexal pathology was seen. Surgery was planned. A vaginal valve was placed in the vagina under spinal anesthesia and using the lithotomy position. A greenish mass was seen about 6 cm within the vagina (Figure A). The mass was removed using forceps and was found to be a 6 \times 8 cm foul-smelling plastic ball with a spongy texture (Figure B). Many erosions and adhesions were seen in the vaginal wall because of the effects of the foreign body. A second mass was seen deeper than the first one (Figure C). This second mass was extracted using forceps and found to be another plastic ball of about 6 \times 7 cm, with an empty centre. The two plastic balls are shown in Figure D. The cervix was atrophic and adherent to the vaginal wall. Erosion of the vaginal walls by the foreign bodies was thought to be the reason for the patient's complaint. Surgery was completed. The balls were shown to the patient who stated that she had inserted them 35 years earlier for contraception and because of uterine prolapse. The patient was discharged without problem on the third postoperative day. She was followed up for 6 months after the operation. No uterine prolapse was detected because of the dense adhesions between the cervix and the vaginal wall.

We searched PubMed and MEDLINE for case reports of vaginal foreign bodies. We found 20 case reports of vaginal foreign bodies, which are summarized in the Table. Eight of the patients were postmenopausal, as in our case.

Fernando et al [3] reported two cases of neglected vaginal pessaries left *in situ* for prolonged periods; the first case had used a ring pessary for pelvic organ prolapse for 12 years, but had not had it replaced for the last 4 years, while the second case had a vaginal pessary inserted 32 years ago for pelvic organ prolapse. The authors concluded that the fibrosis caused by the retained pessaries could cure the prolapse. In our case, no uterine prolapse occurred after removal of the foreign bodies because of the dense adhesions between the cervix and the vaginal wall.



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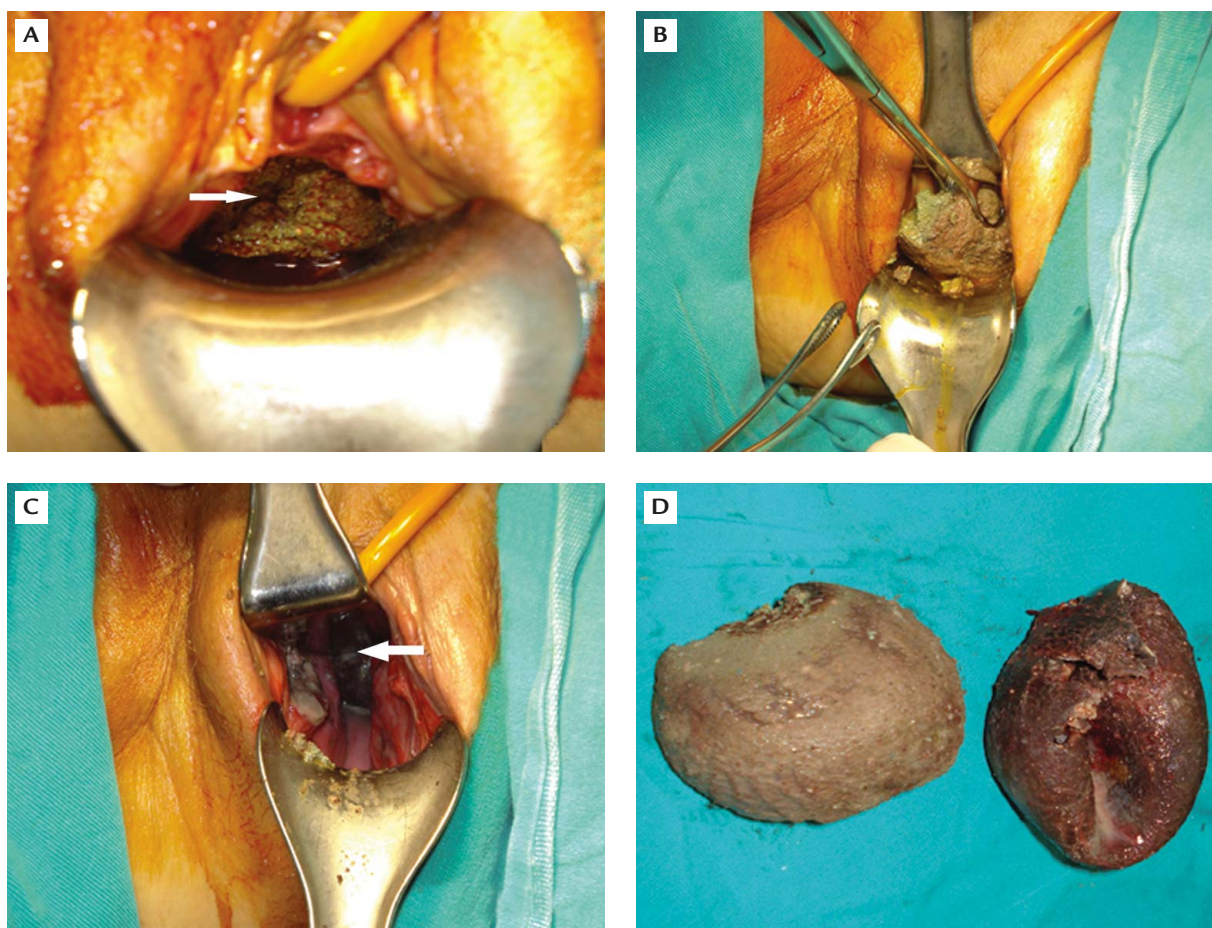


Figure. (A) The appearance of the first plastic ball in the vagina (arrow). (B) The first plastic ball was taken out of the vagina. (C) The appearance of the second plastic ball in the vagina (arrow). (D) The appearance of the two plastic balls after removal from vagina.

Rogenhofer et al [4] presented a 56-year-old patient with a foul-smelling vaginal discharge and postmenopausal bleeding. An aerosol cap was extracted from the vagina. The patient did not remember why she placed it in her vagina 2 years earlier.

Jaluvka et al [5] reported three postmenopausal women (81, 73 and 69 years old) who had placed foreign bodies in their vaginas. All of them initially denied remembering the reasons for inserting the foreign bodies, but later admitted that they had been inserted for sexual stimulation.

In cases of vaginal foreign bodies, patients usually hide their history and do not consult a doctor unless they are symptomatic. They usually present with vaginal discharge, vesicovaginal or rectovaginal fistulas, and vaginal bleeding. If retained for a long time, vaginal foreign bodies can lead to significant long-term morbidity and serious sequelae. Hanai et al [6] presented an 18-year-old patient who had frequent micturition and urinary incontinence. She had placed a hairspray can in her vagina and subsequently developed a vesicovaginal

fistula because she forgot its cover, which was left inside. No fistula was detected in our case.

Malatyalioglu et al [7] reported a 75-year-old woman who presented with a malodorous vaginal discharge and pelvic pain. A rubber ball covered with granulation tissue was removed from her vagina. This intravaginal ball had probably been inserted for pelvic relaxation during her early postmenopausal years, approximately 25 years earlier. In our case, the patient had placed two plastic balls in her vagina to reduce a uterine prolapse and for contraception purposes 35 years previously. We believe this to be the first reported case where two plastic balls were placed in the vagina to reduce uterine prolapse and for contraception purposes, and which were subsequently retained for a period of 35 years.

In conclusion, the possibility of intravaginal foreign bodies should be kept in mind in cases of postmenopausal bleeding and/or foul-smelling vaginal discharge. Rarely, postmenopausal women with uterine prolapse may place foreign bodies in their vaginas.

Table. Summary of similar clinical conditions in previous reports

Author	Patient age (yr)	Foreign body	Duration
Deligeoroglou et al [1]	5	Piece of sponge	> 2 yr
Fernando et al [3]	76	Neglected vaginal pessary	4 yr
	77	Neglected vaginal pessary	32 yr
Rogenhofer et al [4]	56	Aerosol cap	2 yr
Jaluvka and Novak [5]	81	Plastic bottle	1 d
	73	Glass bottle	Several weeks
	69	Liquor glass	7 yr
	18	Hairspray can	7 mo
Hanai et al [6]	75	Rubber ball	25 yr
Malatyalioglu et al [7]	23	Metal cap	20 yr
Caldwell [8]	11	Flashlight bulb	9 yr
McAllister and Gusdon [9]	22	Plastic cup-like structure	?
Wittich and Murray [10]	50	Plastic aerosol cap	?
Meniru et al [11]	8	Plastic tube and cap	4 yr
Wu et al [12]	9	Painting brush	> 4 yr
Dahiya et al [13]	44	Battery	2 mo
	34	Deodorant stick	7 d
Nwosu et al [14]	36	Plastic perfume spray canister	?
Ogbonmwan et al [15]	24	Dice and small toys	A few months
Melamed et al [16]	20	Keys	11 d

? = the patient did not remember.

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