

Post Menopausal Bleeding due to Forgotten Vaginal Pessary- A Case Report

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ABSTRACT

Introduction: When a young child reports with vaginal bleeding foreign body flashes instantly in our mind but it is quite unusual cause in adults.

Case report: Following is a case report of a long forgotten vaginal foreign body (ring pessary) found more than 20 years after its insertion. A 60 years old post-menopausal lady complaining of foul smelling blood tinged discharge due to impacted pessary which required surgical removal under anesthesia.

Conclusion: Foreign bodies in vagina needs high index of suspicion and correct diagnosis in case of elderly women.

Keywords: Pessary, post- menopausal bleeding, pelvic organ prolapse, impaction

INTRODUCTION

Vaginal pessary are mechanical devices being used for correction of prolapse of pelvic organs since centuries.¹

There are various types of pessaries available Gellhorn, doughnut, Hodge and Smith are few types. In the past rubber pessary were used which are now replaced by medical grade plastic and silicon rings which are pre-sterilize and less irritant.² Pessary are used as non- surgical approach for treatment of prolapse. They are used when symptoms of prolapse are mild or when child bearing is not complete or surgery can't be done due to medical problems or for temporary relief of prolapse while waiting for surgery and in early pregnancy till uterus grows out of pelvis. Pessaries do not cure prolapse but gives symptomatic relief and slows progression. But if forgotten may lead to complications like VVF, RVF, fecal impaction, urinary retention, cervical and vaginal carcinoma.² Vaginal foreign bodies are common in children but a high index of suspicion is needed in an elderly lady to arrive at the diagnosis.

CASE REPORT

A 60 years old lady presented in our hospital with foul smelling discharge and bleeding per vaginum of one year duration. She had burning and frequency of micturation also. She reported no other significant medical or surgical history. Her family history was also non- significant with no history of any cancer in 1st degree relatives. She had 6 full term normal vaginal home delivery and her last childbirth was 20 years back. On general examination she had mild pallor cardiovascular and respiratory system normal. Speculum application was difficult. On digital examination there was bleeding on touch and a firm ring like structure felt which was immobile and was partly embedded in a fibrous band in left mid vagina. On it's opposite right vaginal wall was oedematous and inflamed due to chronic irritation and it was bleeding

on touch. Cervix was apparently healthy large cystocele and rectocele also present. Pappincolou smear was collected. On inquiry she recollected that a pessary was inserted by a midwife after her last delivery for reduction of prolapse. As she was very apprehensive of malignancy she requested for hysterectomy.

After thorough investigation and complete pre -operative preparation vaginal hysterectomy and wide excision of unhealthy looking vaginal wall done. Histopathology confirmed chronic vaginitis and cervicitis.

DISCUSSION

Supporting pessaries are mechanical devices made of rubber silicon or plastic used for correcting and controlling displacement of uterus and vagina. It acts by distending the upper vagina to make it so wide that it can't fall through the lower vagina and introitus. Pessaries need to be renewed every 4-6 months.² Sometimes patient can be taught how to clean and change the pessary at regular interval. If the pessary is forgotten it may become impacted. After menopause as senile contracture may develop below the ring.² Sometimes vaginal wall ulcerates and then heals to form a bridge within the rim of the pessary leading to impaction as happened in our patient. Attempted forceful removal may lead to vaginal



Figure-1: Incarcerated vaginal ring pessary

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Figure-2: Attempted removal of ring pessary under anesthesia



Figure-3: Difficulty in removing vaginal ring pessary which was cut

trauma and bleeding. Other complication of neglected pessary are VVF, RVF vaginal and cervical carcinoma.² So such old incarcerated pessary must be removed under anesthesia and associated problems must be managed as per requirement. There are several case reports describing long forgotten pessaries³⁻⁷ and associated complications as mentioned before. There is a similar case study describing encapsulation of the pessary.⁶⁻⁷

CONCLUSION

Pessary is applied patient must be educated regarding its care and regular follow up. Proper and timely intervention will avoid most of the complication.

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