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Case Report
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Foreign Body Causing Recurrent: A Case Report

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ABSTRACT

Vaginal discharge in children and adolescent girls is acommon gynaecological complaint. In a recurrent or unresponsive case of vaginal discharge, an evaluation to rule out a foreign body is recommended. A seven years old girl presented with malodorous vaginal discharge for one month with history of suspicious forign body (drug ampule) inserted in the vagina by the girl herself. On per/rectum examination (P/R), the patient was found to have a longitudinal hard mass in the vagina, which was confirmed by x-ray of the pelvis. Examination under anaesthesia and vaginoscopy revealed the presence of the ampule. The ampule was removed from vagina without hymen rupture.

Keywords - Gynaecological complaint*; Vaginal discharge.*

INTRODUCTION

Vaginal discharge is the most common gynaecological symptom in prepubertal girls.[1] Recurrent discharge was due to vulvovaginitis in 82% of cases (Reports of incidence in literature vary from 17-50%), 5% were due to suspected or confirmed sexual abuse, 3% due to foreign bodies, 3% due to labial adhesions and 2% due to vaginal agenesis.[1,2] In a recurrent or unresponsive case of vaginal discharge, an evaluation to rule out a foreign body is recommended.

CASE REPORT

A 7 years old girl presented to the Zawia Teaching Hospital with a history of recurrent malodorous, purulent vaginal discharge for the last month. The discharge resolved following antibiotic therapy but recurred when drug stopped. The girl was complaining of soreness, itching, and dysuria.

Full medical and social history was obtained, and the possibility of child sexual abuse was considered, there was a suspicion of forign body inserted in the vagina by the girl herself (? drug ampule). The girl looked psychologically unstable, her mother was concerned about the cause of discharge and the integrity of the hymen which is socially important. A full medical examination was done, a midstream specimen of urine, and two swabs from the vaginal introitus and the vestibule were obtained.

On local examination no apparent injuries were seen in vulval area, and the hymen was still intact. Ultrasound examination was done for evaluation, which did not show any vaginal foreign body. On perrectum examination, the patient was found to have a longitudinal hard mass in the vagina that was confirmed by x-ray of the pelvis in the form of longitudinal shadow of drug ampule.

The patient was taken to the operation theatre for examination under anaesthesia and vaginoscopy, preoperative preparation was done, during examination by vaginoscopyan ampule of drug was seen in lower part of the vagina. A trial for removing the ampule by grasping it using forceps was failed. The ampule was removed from vagina gently by putting the index finger in the rectum and pushing the foreign body by sliding it out of the vagina against the symphysis pubis with the attempt to avoid any injury to the hymen. A gush of copious vaginal discharge followed the procedure andthe hymen was luckily intact. Treatment of vaginal infectionwas given according to the culture and sensitivity.

Psychological assessment of the girl was undertaken, in order to illuminate the potential of an underlying emotional and behavioural problem, which revealed the existence of sychological disturbances mostly affecting social competence and adaptiveness.

DISCUSSION

Vaginal discharge in children and adolescent girls is a common gynaecological complaint (about 4%).[1,2] Poor hygiene in young girls may predispose to infection with recurrent vaginal discharge. Soreness and itching leads to rubbing or scratching so adding to the risk of infection in already compromised skin.[3]

In majority of cases of premenarchal vulvovaginitis, no infectious cause can be identified.[4] The possibility of sexual abuse should be considered when a child presents with similar genital symptoms, rubbing or fingering the area by an adult might be expected tocause such problems but increased vascularity and erythema were found to be less in sexually abused children than in a symptomatic non abused group.[5] However, it is difficult to distinguish

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between vulvovaginitis due to sexual abuse and that due to other causes by physical findings alone, these cases need further bacteriological study to identify sexually transmitted organism.

In addition, if the discharge orvulvitis is persistent or recurrent in spite of adequate treatment the possibility of foreign body must be seriously considered[6] and carful history from patient or family and full examination to reveal foreign body should be conducted.

Radiological evaluationis helpful in hardand radio opaque object as in our patient, however, ultrasound examination is not helpful in soft tissue foreign body but MRI can give good results in certain situation.[7] For better results examination under anaesthesia and vaginoscopy allow the identification of foreign bodies, and it facilitate the diagnosis of other unusual conditions.[8] Forign body in vagina may cause infection or other abnormalities such as band or adhesion if present for prolonged period of time.[9]

Carfull psychological assessment of the patient should be carried out in order to illuminate the potential of an underlying emotional and behavioural problems, which may revealthe existence of sychological disturbances mostly affecting social competence and adaptiveness.

CONCLUSION

In recurrent vaginal discharge an understanding of aetiological factors will help in clinical management. The suspicion of forign body must be considered in recurrent or unresponsive vaginal discharge, especially in pscychologically unstable child.

Unfortunately, in many girls with recurrent vulvovaginitis no clear cause can be identified, and treatment remains empirical.

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