

An unusual foreign body in the vagina producing vesicovaginal fistula.

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Abstract: Intravaginal foreign bodies of long duration are a rare entity but many patients are too embarrassed and will wait and try to remove them themselves rather than seek medical advice. Vaginal foreign bodies of long duration may be complicated by fistulas. This article is a report of a case of a vaginal foreign body (plastic cap) found in a 14 yr old girl. The girl presented with complaint of soiling of undergarments with urine from vagina. On examination there was an impacted plastic cap in vagina and it was removed under GA by combined abdominal and vaginal approach and repair of fistulous tract done by repairing anterior vaginal wall. A review of the relevant literature was undertaken.

Keywords- Vesicovaginal fistula, radioopaque shadow, vagina, foreign body

I. Introduction

VVF is an abnormal communication between the bladder and vagina that allows urine to continuously escape through vagina.¹ VVF chiefly result from obstetric injury, during total abdominal or vaginal hysterectomy and extension of carcinoma of cervix and radiation therapy for treating the disease. Unusual causes of VVF includes cone biopsy, bladder stone, trauma with pelvic bones fracture, symphysiotomy and prolonged pessary use.

A study of 303 women with genitourinary fistula found that the defect was related to gynecologic surgery in 82% of cases, obstetric events in 8%, radiation therapy in 6%, and trauma or fulguration in 4%.² Rare causes of VVF include lymphogranuloma venereum, tuberculosis, syphilis, bladder stones, and a retained foreign body in the vagina. In rare instances, spontaneous vesicouterine fistulae were reported following uncomplicated vaginal birth after cesarean section.³

Gynecologic surgery may lead to VVF due to extensive dissection between the bladder and the uterus, unrecognized bladder laceration, inappropriate stitch placement, and/or devascularization injury to the tissue planes. Concurrent ureteric involvement has been reported in as many as 10% to 15% of vesicovaginal fistula cases.

In developing countries, vesicovaginal fistulae are far more common and generally related to obstetric factors such as obstructed labor (due to unattended deliveries), small pelvic dimensions, malpresentation, poor uterine contractions, and introital stenosis.

II. Case Study

A 14 yr old girl presented to our hospital with complaint of urinary incontinence. The urinary leak was continuous and significant. She was giving history of fever 2 months back thereafter she had noticed soiling of undergarments with urine. In spite of continuous leakage she was able to pass urine in between. On per vaginal examination there was stony hard foreign felt. It was impacted and any forcible movement was painful.

USG shows a ? calculi in urinary bladder, as due to fistula it was not possible to withhold urine to make bladder full for ultrasonography.

Under GA by transvaginal approach we revealed a red-coloured plastic cap under the granulation tissue impacted in the vagina. It was found dislodged and extending in bladder, it was difficult to remove pervaginally and abdomen opened for transvesical approach. It was at the level of trigone. After removal of plastic cap, anterior vaginal wall repaired and posterior wall of bladder repaired and omentum placed in between. Bladder anterior wall closed by putting mallecot. Foley catheter placed in situ. Vagina was irrigated with povidine-iodine and packed with a pack soaked in povidine-iodine. The pack was removed after twelve hours and there was no oozing from the vagina. Daily vaginal douching done with povidine-iodine and 7 days iv antibiotics were given. Mallecot removed after 2 days and foley after 2 weeks. Child was all right thereafter.

III. Figures

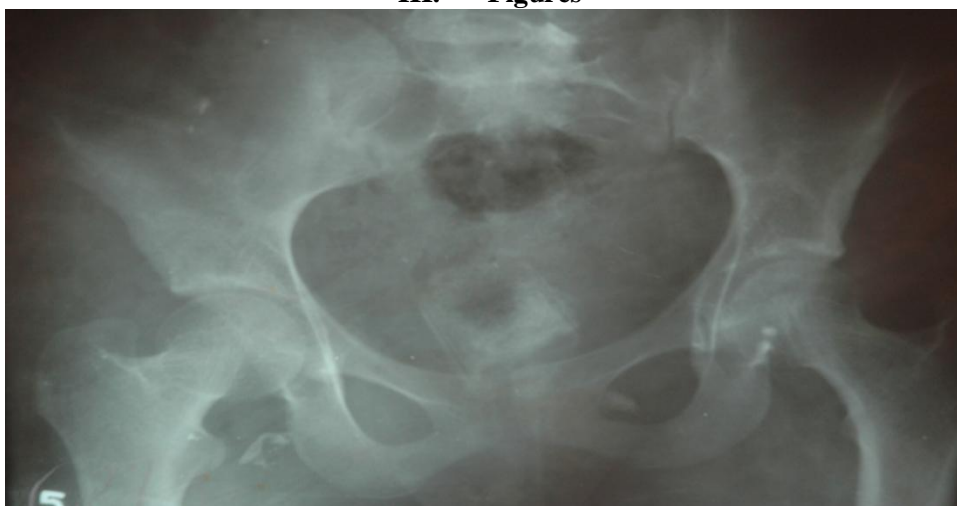


FIG.1 X-Rav KUB Shows a radioopaque shadow in bladder region

IV. Discussion & Conclusion

Although forgotten foreign bodies in vagina in adults are rare, there have been several cases of forgotten foreign bodies in vagina in adults^{4,5,6,7} and majority of cases of foreign body are found in children^{8,9}. Toys, metallic glasses, screws, hair sprays, plastic covers and drinking glass etc. have been found to be into the vagina. Serious complications like fistula formation⁶, and bowel obstruction⁷ have been reported with retained foreign body in vagina. There are reported cases of rectovaginal fistula, developing secondary to a forgotten vaginal pessary^{10,11,12}.

This unusual case draws attention to the fact that urine leakage from vaginal opening in adolescent female should arouse suspicion of a foreign body. As these children do not usually seek any medical attention due to hesitancy.

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