

A Rare Case of Foreign Body in the Uterus

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ABSTRACT

Foreign objects in the uterus are commonly encountered in all age groups. Usually presenting as offensive vaginal discharge, pain abdomen. Sometimes misplacement of these foreign bodies may result in dangerous complications. Detailed history and clinical examination are very much essential for diagnosis and to be confirmed by imaging modalities. Proper management can prevent morbidity and mortality resulting from complications. We had rare case safety pins inside the uterus.

Key words: Foreign bodies, offensive vaginal discharge, postcoital bleeding, vaginal discharge

INTRODUCTION

Foreign objects in the genital tract may be placed accidentally or iatrogenic. Commonly foreign bodies retrieved from the vagina include tampons, pins, buttons, seeds, toy parts, objects used in foreplay, and pessaries forgotten in the vagina or even illicit drugs for trafficking and sometimes sticks used for abortion and misplaced contraceptive device. Inside the uterus, fetal bones, tip of curette, Laminaria tent, non-absorbable suture material, CuT, and Lippes loop have been reported. We report rare case safety pins inside the uterus.

CASE REPORTS

26 years P1L1 referred from taluk hospital was admitted with complaints of purulent discharge per vaginum for 3 months. No history of fever, abdominal pain, back ache, and without bowel or bladder disturbances. Menstrual History-5/ 30 -35 days, regular cycles, moderate flow. Her obstetric history included one full-term lower segment caesarean section, delivered an alive term female baby one and half years back. Intra-caesarean copper T kept immediately after removal of placenta. She wanted to remove her copper T 3 months back and removed in a Taluk hospital. Since then, patients had

pain abdomen and foul smelling discharge per vaginum and treated for pelvic inflammatory disease. She continued to have pain abdomen and foul smelling discharge per vaginum in spite of treatment for pelvic inflammatory disease. A pelvic ultrasound (USG) was done at taluk hospital, and it showed a foreign body in the uterine cavity. On general examination, she was afebrile and had stable vitals with good general condition. Multiple fine scars all over the body present, Figure 1.

- P/A: Soft, suprapubic transverse scar present, no tenderness, no mass palpable, and no organomegaly.
- Examination of external genitalia: Normal.
- Speculum examination: Vaginal mucosa normal, cervix healthy, and purulent discharge were coming out from the external os.
- Pervaginal examination
 - Cervix pointing posteriorly
 - Uterus anteverted, normal size, mobile, and not tender
 - Fornices free and no tenderness
 - Movement of the cervix was not painful, Figure 1.
- Per-rectal examination - Rectal mucosa free.
 - Investigations - complete blood count, RFT, and - liver function tests within normal limits.
- Since USG pelvis showed the foreign body, we have decided to do X-ray pelvis with uterine sound and computed tomography (CT) pelvis.

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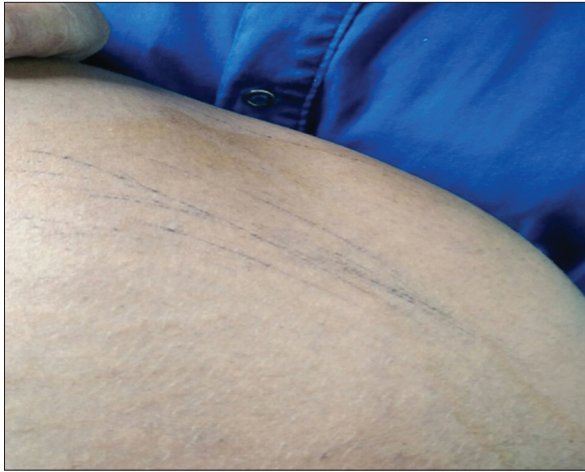


Figure 1: Multiple fine scars all over the body present (? Self inflicted)



Figure 4: Patient in lithotomy position



Figure 2: X ray abdomen & pelvis with uterine sound *in situ* showing the foreign body

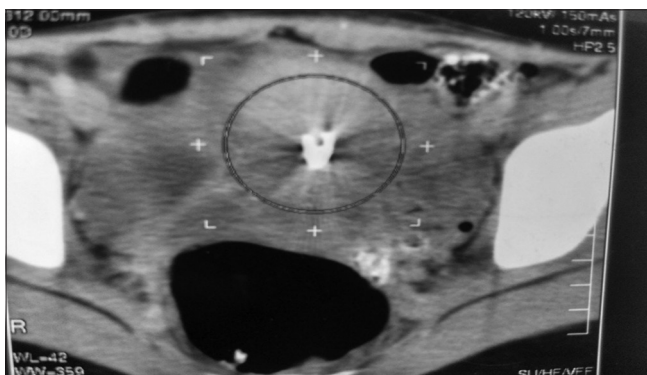


Figure 3: CT pelvis showing the metallic foreign body

- X-ray pelvis with uterine sound showed safety pin inside the uterus in the vertical direction. Moreover, the same confirmed with CT pelvis.

Under Spinal anaesthesia with USG guidance, putting the patient in lithotomy position, straight artery forceps inserted



Figure 5: 3 Safety pins in closed position in a tray after removal

via the cervical canal and 3 Safety pins in closed position were removed. Since she had purulent discharge per vagina hysteroscopy was deferred.

Post procedure

Psychiatry Opinion - since this condition is very rare psychiatrist opinion obtained for both husband and wife. Both of them denied the history of sexual perversion.

- Check USG: Before discharging the patient, a check USG was done and found to be normal.

DISCUSSION

Foreign objects in the genital tract are commonly reported in all age groups. From vagina of young girls who may insert these while exploring their body. Often these include pen caps, toys, and toilet paper.^[1,2] At times, the object may be placed deep inside and may be missed on local examination or even a rectal examination.^[3] Vaginal foreign bodies reported in cases of sexual abuse.^[4] Therefore, one should always exclude the possibility of abuse in such cases when dealing with children who present with vaginal discharge.

Among adults, commonly recovered foreign objects from the genital tract include pessaries, contraceptive devices, tampons, seeds, surgical instruments (often forgotten), and sexual aids retained inadvertently.^[5]

Retained objects in the vagina and uterus cause infection and purulent malodorous discharge. Persistence of the foreign body causes granulation tissue formation eventually leading to adhesions, fibrosis. Diagnosis is based on detailed history, clinical and gynaecological examination aided by ultrasound examination [6], X ray and other radiological assessment. In some patients with deeply impacted foreign bodies not amenable to diagnosis by other modalities, 3D multiplanar CT [7] scans may be necessary to help clinch the diagnosis

CONCLUSION

Foreign objects in the genital tract are a common occurrence and if long duration may result in vaginal discharge or even lead to life-threatening complications. A proper history and clinical examination and diagnosis can help in time management and avoidance of life-threatening complications. Patients with intrauterine contraceptives should be advised to come for regular follow-up.

ACKNOWLEDGMENTS

I gratefully acknowledge and express my sincere thanks to our Dean, government KAPV Medical College and MGM Government Hospital, Trichy, Tamil Nadu, India, for allowing

me to submit this case report. A special thanks to the patient who willingly co-operated and participated in Submitting this case report. I would like to thank all my colleagues and friends who have been a constant source of encouragement to me.

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How to cite this article: Poovathi PM. A Rare Case of Foreign Body in the Uterus. *Clin Res Obstetrics Gynecol* 2018;1(2):1-3.