ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

# " SELF-REPORTED FOREIGN BODY IN VAGINA; ACTUALLY, FOUND TO BE INTRAVESICAL - A RARE CASE REPORT."

**KEY WORDS:** Foreign body, Bladder, Intact hymen

**Dr K. Sai Janapriya*** 2 nd year Post graduate, Department of Obstetrics and gynaecology ,Kurnool Medical College *Corresponding Author

**Dr. K. Sitaramaiah** M.S., Mch, Professor & HOD, Department of Urology, Kurnool Medical College

**Dr K. Sreelatha** M.D., Associate Professor, Department of Obstetrics and gynaecology, Kurnool Medical College

**ABSTRACT**

**Background:** Insertion of foreign objects into one or more bodily orifice, otherwise known as polyembolokoilamania, occurs as a result of a variety of psychosocial and psychiatric states. Such behaviour exposes the affected individual to the complications of object insertion, surgical removal and its adverse sequelae such as a colovesical fistula. Foreign body insertion into the vagina mainly involves children and can be associated with premenarchal vaginal discharge or sexual abuse.Foreign bodies are occasionally reported in the bladder. In the majority of cases, a carefully obtained history and physical examination will render the diagnosis, although imaging modalities may be required to locate the misplaced objects. **Case Presentation:** Here, we present 15-year-old girl who presented to emergency OPD of gynecology with complaint of accidental slippage of pencil into vagina. As hymen was intact, she was subjected to radiological evaluation. The pencil was found to be lying in urinary bladder and she was planned for transurethral cystolitholapaxy to remove the same. But it got expelled transurethrally during micturition. Psychiatry consultation was put up for this patient and was found to be unremarkable.

## INTRODUCTION

Vaginal foreign bodies present in female patients of all ages and a wide range of healthcare settings, including the emergency department, gynecology OPD, and urology OPD. Toys, tissue paper, and household objects are the most common in pediatrics. Patients may self-report a foreign body or may present with an array of symptoms, including pelvic pain, vaginal discharge, and vaginal bleeding. When evaluating a patient who suspects a vaginal foreign body, history should focus on the details surrounding the initial event; this includes timing, the suspected object, and symptoms of the abdomen, pelvis, and genitalia. History taking is imperative in all patient populations. It is essential to consider sexual abuse as a cause for foreign bodies, especially in the pediatric population. Intravesical or intraurethral foreign bodies usually result from iatrogenic injuries, self-insertion, sexual abuse, assault, and migration from adjacent sites, although migration from adjacent sites is rare [1]. A wide range of foreign bodies has been reported in the urinary bladder, including electrical wires, chicken bones, wooden sticks, thermometers, bullets, intrauterine contraceptive devices (IUCDs), encrusted sutures, surgical staples with stones, needles, pencils, household batteries, gauze, screws, pessaries, ribbon gauze, parts of Foley catheters, broken parts of endoscopic instruments, and knotted suprapubic catheters [2-14] Presentation may be late in many patients because they fear embarrassment. Urinary tract infection, pain, and hematuria are the usual chief complaints [15,16]. The physical examination is usually unremarkable, and routine urine microscopy shows only pus cells and red blood cells. X-ray imaging detects radiopaque foreign bodies, while other foreign bodies are usually detected through ultrasonography. The primary treatment includes careful removal of the foreign body.

### Case Presentation

A 13-year-old girl was brought to emergency OPD of gynecology by her mother, with history of self-insertion of pencil in vagina by the girl at home. She revealed this to the mother after twenty-four hours of insertion as she had painful micturition. The girl had attained menarche few months ago. She attempted insertion of pencil into vagina as she thought that it would stop the white discharge. According to her, this is the first time that she attempted to do this, and the pencil slipped into vagina completely and could not be retrieved. Out of embarrassment, she remained silent; but had to attend emergency OPD due to urinary complaint. There was no history of sexual abuse. Upon examination, she was thin built, no abdominal tenderness, no external injuries. Hymen was intact and there were no signs of inflammation at the introitus. Vaginal foreign body could not be felt on per rectal examination. Hence, she was subjected to pelvic ultrasound examination and a pencil was found floating in urinary bladder. MRI of pelvis also revealed about 8cm long pencil in bladder. She was planned for cystolitholapaxy. Meanwhile, the pencil got expelled transurethrally during micturition. It was confirmed once again by pelvic ultrasonography and diagnostic cystoscopy which revealed empty bladder with mucosal congestion. The girl was discharged on oral antibiotic course to treat cystitis.

## DISCUSSION

The self-insertion of foreign bodies into the urethra for sexual gratification is more common in females, because the urethra is short . [1,15,18,19]. In such cases, the patient often presents late due to feeling embarrassed or humiliated [15,18]. Other cases of self-insertion may be associated with psychiatric disorders such as schizoid personality disorder or borderline personality disorder, intoxication, mental confusion, or sexual curiosity [1,5-21]. Some individuals may insert foreign bodies

in order to relieve urinary retention or itching in the urethra [12].Patients who feel embarrassed may attempt to remove these foreign bodies by themselves. However, this often leads to further migration of the object and injury to the genitourinary tract. Patients may remain asymptomatic or have acute cystitis due to irritation of the lower genitourinary tract, which leads to symptoms such as dysuria, frequency, lower abdominal pain, microscopic or gross haematuria, acute urinary retention, urethral discharge, strangury, and fever [15,16]. Patients often present with anxiety and pain. Suspicion should be high if the patient becomes overly anxious when the sexual history is taken or during the urogenital examination [16]. Surgeons can easily make a diagnosis via a thorough clinical history and a meticulous physical examination. Catheterisation or an attempt to remove the foreign bodies should be carried out only when the exact nature, shape, and location of the object has been determined [18]. Confirmation can be made using a kidney-ureter-bladder radiograph in cases of radiopaque foreign bodies and by ultrasound imaging in cases of radiolucent objects [1,15,16,20,22]. Computed tomography is rarely needed [20]. Urethrocystoscopy is the most accurate method for diagnosing foreign bodies in the urinary bladder.

Treatment should be aimed at removing the foreign object, avoiding complications. Removal can be attempted under either regional or general anesthesia to minimize patient discomfort and movement during the manipulation and retrieval process. If the surgeon thinks that the object can be removed without urethral damage, endoscopic methods should be attempted first [18]. This can be either involve cystoscopy-guided removal using grasping forceps or transurethral cystolitholapaxy using a stone punch. Smaller objects can easily be removed intact, but larger objects require fragmentation. In cases where endoscopic management is not possible, suprapubic cystostomy for intravesical foreign bodies [24,25]. As foreign bodies in the female bladder can be accessed easily via the urethra, they are usually removed endoscopically [10]. However, sharp or large objects may require suprapubic cystostomy.

## CONCLUSION

When a self-reported case of vaginal foreign body has intact vagina and urinary complaints, possibility of it being placed in the bladder should be excluded by radiological evaluation. The method of choice for removing foreign objects in bladder depends upon the nature and location of the foreign body, the patient's condition and age, and the surgical skills of the operating surgeon. A large number of foreign bodies can be retrieved using minimally invasive endoscopic techniques. Open surgical removal is usually performed in cases where minimally invasive techniques are unsuitable or have failed. Routine psychiatric evaluation is recommended in patients with foreign bodies in the urethra due to the high incidence of psychiatric disease, mental retardation, and dementia in such patients.

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