

Foreign Body in Vagina an Uncommon Case of Vaginitis in Prepubertal Girl

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Abstract

The foreign body in the vagina presents in women of all ages but is considered the commonest cause of recurrent vulvovaginitis in young females. Here we report 3 years and 7 months old young girl with a history of recurrent vulvovaginitis, on examination, there was no sign of sexual abuse. Vulva and perineum were normal and hymen was intact, on rectal examination a hard object was felt along the entire length of the vagina. It was removed from the vagina with small artery forceps after retracting the labia in vagina with a small nasal speculum.

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Introduction

Vaginal discharge secondary to a foreign body in the vagina is responsible for 4% of childhood gynaecology outpatient visits.¹ The most common symptom of a foreign body in the vagina is foul-smelling vaginal discharge with or without bleeding. Vaginal foreign bodies are present in the woman of all age groups although objects found are different among different age groups. In children, common objects found are toys, parts of toys, household objects.

In prepubertal girls, the main presentations are purulent foul-smelling discharge which is recurrent & resistant to antibiotics, less common symptoms are lower abdominal pain & urinary symptoms like dysuria, frequency & burning sensation.²

Here we present a case of 3 years & 7 months old girl who had a whistle lodged into the vagina.

Case Report

A 3 years & 7 months old girl living with her mother, father working abroad was presented to us in our OPD with a one-year history of repeated ill-smelling vaginal discharge. As reported by the mother of a young girl there is no associated hematuria or dysuria or history of sexual abuse. Her mother took her to many private clinics in the last year where she was treated by several courses of antibiotics & vaginal Creams without any improvement. Past medical & surgical histories were not significant.

On physical examination, the young girl was vitally stable, but she was an apprehensive child. On abdominal examination, she was mildly tender on deep palpation. On genital examination vulva, the vagina was normal, hymen was intact on inspection & no signs of sexual abuse were there. Although yellowish discharge was observed. As she was irritable at the time of examination so high vaginal swab was not taken. Her EUA was planned. She was admitted, in her blood complete picture TLC was 11,000 cells/ul, Urine RE was clear and ultrasound showed some hyperechoic linear shadow in the vagina. A day before EUA injection ceftriaxone was started.



Figure 1: A 4cm Plastic whistle coated with blood and vaginal discharge removed from posterior fornix of Vagina

The next day EUA was done, on inspection external genitalia was normal, hymen was intact, HVS was taken followed by rectal examination, a linear object was felt along the entire length of the posterior vaginal wall. Labia was parted with a nasal speculum, the object was pushed anteriorly by finger in the rectum and removed from the vagina with small artery forceps at the end vagina was washed with povidone and normal saline solution. She was kept on i/v antibiotics for 24 hours and on oral antibiotics for the next 7 days. Two weeks after EUA she was seen in the outpatient department and was symptom-free.

Discussion

Foreign bodies can be found in different orifices (ear, nose, vaginal) in young children.³ They are usually reported by parents or relatives. A variety of foreign bodies may be found in the vagina like pieces of toys, pencils, hair or safety pins toilet paper mainly in retarded young girls.⁴ Sometimes they insert things in the vagina out of curiosity.

Regarding foreign body in the vagina recurrent vulvovaginitis causes ulceration of the vaginal wall & could lead to fistula formation.⁵

The commonest symptoms associated with the vaginal foreign body are foul-smelling vaginal discharge as noted in our case report.

The foreign body should be removed; the vaginal wall heals by itself as noted in our case. The presence of a foreign body can be because of sexual abuse, so the possibility of sexual abuse & UTI must be kept in mind while examining a child with vulvovaginitis.⁶

At this age hymen is thin, delicate & translucent it might have allowed small object entry.

Chia-woei wang & colleagues⁷ have noted that foreign body removal from the vagina can be done by continuous flow vaginoscopy, which is successfully removed by hysteroscopy.

Vaginal examination & EUA reveals the presence of a foreign body in vagina, some imaging technique can also be used as helping tool. MRI is considered the best technique.⁸

Conclusion

Young females of prepubertal age group with persistent or recurrent vulvovaginitis, foreign body in the vagina should be kept in mind.

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