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Case Report

Vaginal Foreign Body in Children

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Abstract
The authors report a case of a retained foreign body in a vagina for an uncertain period of time. The child presented with vaginal discharge but no other symptoms. The foreign body was removed under general anaesthesia with no complications.

Key words: Vaginal Discharge; Foreign Body

Introduction
Vaginal discharge is a relatively common symptom in children and may result from a variety of causes. The predisposing factors for development of vaginal discharge in children include a lack of an acidic pH and lack of the protective effects of oestrogen on vaginal mucosa [1]. Retained foreign bodies although uncommon but can result in vaginal discharge and other symptoms such as pain and vaginal bleeding [2,3,4]. If a vaginal foreign body retained for a long time, it can lead to significant long term sequelae such as ulceration, bleeding, and fistula formation [5]. Sexual abuse should be considered as a cause for foreign bodies, especially in children. We report a case of sharp foreign vaginal body presenting as vaginal discharge in a young girl.

Case Presentation
A 4 years old girl was brought by her mother to the emergency department with a complaint of vaginal discharge for a certain period of time. There was no history of urinary symptoms, vaginal bleeding or any abdominal pains. The mother denied any possibility of sexual abuse. The girl was fit and healthy and her medical history was unremarkable. Physical examination revealed normal female external genitalia. The hymen was intact without any scar or rupture. Vaginal swabs were taken through vaginal introitus and cultured according to standard methods of microbiology and a broad spectrum antibiotic was commenced. In view of her persistent vaginal discharge and difficulty in asserting the true incidence and difficulty in establishing proper history from the child, the possibility of retained foreign body arose. Plain pelvo-abdominal x ray showed the presence of a radio-opaque foreign body resembling a key (Figure 1).

The situation was explained to the mother and the decision for removal of foreign body under general examination was made. Vaginoscopy under general anaesthesia revealed the foreign body attached to the right side of the upper part of vagina.

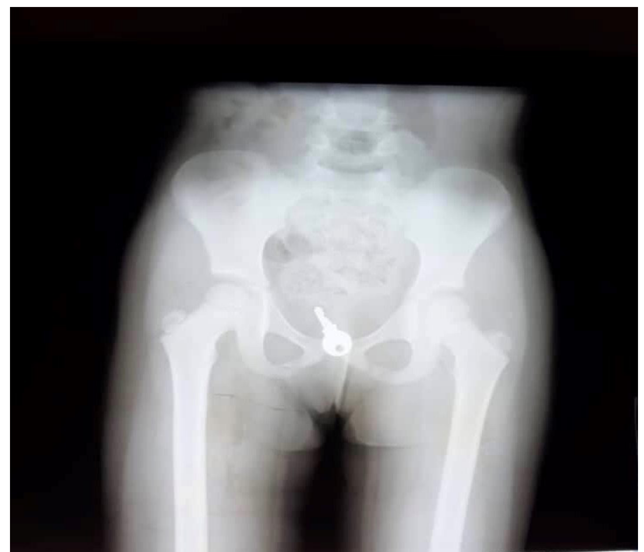

Figure 1: X-ray showing a retained foreign body in the vagina.

The vagina was irrigated with normal 20 ml of normal saline. Simultaneously rectal examination was performed to dislodge the foreign body. The foreign body then was grasped by Allis forceps and removed from vagina. The postoperative recovery was unremarkable and the child was discharged home same day in good condition

Discussion
Retained intravaginal foreign body is uncommon because of vaginal discharge in children. Around 4% of gynae paediatric outpatient visits are because of foreign bodies in the vagina [6]. Vaginal foreign bodies can be inserted by children as they try to explore their orifices out of curiosity or might be a result of underlying behavioural disorders [7]. Furthermore, while an event may appear accidental the possibility of the event being a result of sexual abuse should be investigated [8].
Intravaginal foreign bodies could be asymptomatic or might

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result on various symptoms. Foul-smelling vaginal discharge is the most common symptoms of retained foreign body [9]. Other less common symptoms include pain, and discomfort. Rarely, retained intravaginal foreign body causes perforation, resulting in bleeding, infection and septicaemia. Long standing foreign body can lead to vesicovaginal fistula, urinary incontinence [10,11].

Vaginal foreign body can mostly be identified by performing vaginal examination. Imaging such as pelvic scan, x-ray or MRI might be indicated if there is a suspicion of retained vaginal foreign body and gentle genital examination failed to identified the retained object [12,13]. Intra vaginal foreign body in most of the cases is removed successfully by forceps under general anaesthesia. Very rarely, major surgical repair procedures are indicated if there vaginal wall perforation [14]. In our case the metallic foreign body has been in place for uncertain period of time without a significant complication but only with vaginal discharge, which was distressing to the child and her mother. Plain x-ray identified the retained foreign body, which was removed successfully under general anesthesia with no complications. The challenge for our team in this case was the child's background and later development. The mother feared that the metallic objects removal and the surgery itself would damage the girl's hymen requiring more surgery and affect her future in a closed society with the notions of virginity. There were also fears that the surgery may cause psychological trauma associated with her reproductive system. A child with vaginal foreign body should be assessed psychologically for their long term development and safety.

Conclusion

Foreign body is uncommon cause of vaginitis in children. The possibility of retained intravaginal foreign body should be considered in cases of persistent and or recurrent vaginal discharge.

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