

Case Report

A Rare Finding of Foreign Bodies (Iron Nails) in the Vagina: Case Report and Review of Literature

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Abstract: Foreign objects in the genital tract are commonly encountered by clinicians in all age groups. Detailed history and clinical examination are central to diagnosis although imaging modalities may be required for misplaced objects. Proper management can prevent morbidity and mortality resulting from complications [1]. Our patient presented with a history of severe genital pain and mild per vaginal bleeding. A Cusco's bivalve speculum was inserted and four 3-inches-long iron nails were removed from the vagina. The patient had complete recovery.

Keywords: Foreign body (Iron Nails), genital pain, per vaginal bleeding.

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INTRODUCTION

Foreign objects in the genital tract may be placed accidentally or on purpose. Common 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 [1, 2, 3, 4]. This article highlights the importance of early diagnosis and proper management in preventing complications. We report a case in which iron nails were retrieved from the vagina. The history was not pointing to the diagnosis, but careful handling of the patient averted harm to the patient and the clinician.

CASE REPORT

History

A 26-year old Para 2+0 presented with history of pain in her genitals and mild per vaginal (PV) bleeding for two days. The day prior to visiting our hospital, she had visited a private clinic in Nairobi where a speculum was done and a 5-shilling coin removed. Later that night she had vaginal pain, PV bleeding and was feeling something cutting in the vagina. The husband reportedly removed 2 iron nails from the vagina.

Before leaving for work in the morning, the husband instructed her not to undergo any physical examination in hospital without his presence. She had severe lower abdominal and genital pain at rest that worsened on standing or sitting. This necessitated her coming to hospital. The patient denied any history of accidental or intentional insertion of any foreign body in vagina.

Three months prior to the current admission, she had a spontaneous vertex delivery and the infant was well. She was a housewife and the husband was a casual laborer. None had history of drug abuse and the couple was living together. The husband was haunted by people calling through his mobile phone at night. He was worried since they had spent all their resources. He previously had a fiancée from a different tribe who the couple "believed was playing witchcraft on them".

Physical Examination/ Intervention

After making several unsuccessful calls to the husband, the clinician examined the patient. She was in obvious pain, had no pallor and vital signs were normal. Speculum examination was done and four 3-inches-long iron nails were retrieved from the vagina using sponge forceps. The cervix was normal. Subsequent bimanual palpation revealed a normal uterus and no adnexal tenderness. The iron nails are shown in figure 1.

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Figure 1: Four 3-inches-long iron nails that were removed from the vagina

Subsequently, a pelvic ultrasound done was normal. She was empirically put on metronidazole and diclofenac tablets.

A Catholic Priest was involved in the management. He offered counseling and spiritual guidance to the couple. The patient healed well and came for a follow-up visit after one month. The hospital sponsored a repeat pelvic ultrasound, whose findings were normal.

DISCUSSION

Foreign bodies removed from the vagina could justly fill a museum of curios. Occasionally, the foreign body is of such unusual nature that the case merits reporting. Foreign bodies in the vagina are usually self-inserted for purposes of contraception, correction of a prolapse or an act of masturbation. Some enter the vagina accidentally. Mentally deficient persons are more prone to insert haphazardly any object. Occasionally foreign bodies are forced into the vagina as punitive actions by an irate husband or lover. Some drug traffickers may use the vagina to hide illicit substances. In post-partum patients, surgical gauze may be retained [3, 5].

Adults may also present to the emergency department with vaginal foreign bodies which may have been placed there intentionally as part of a sexual encounter or placed as part of an episode of abuse or to induce abortion illegally [6]. The case presented appeared to have been of sexual abuse, though it wasn't clear who was doing it.

The acute complications of foreign body in vagina include perforation of vagina and injury to the surrounding organs [6, 7]. Infections like endometritis, salpingitis and peritonitis have been reported. Chronic complications include fistula formation, scarring, chronic per vaginal discharge and obstruction (hydronephrosis, bowel obstruction) [8, 9, 10]

Although vaginal examination generally reveals the presence of a foreign body; some imaging techniques may also be helpful. Methods to rule out a vaginal foreign body include pelvic ultrasonography,

plain pelvic radiography, vaginography and magnetic resonance imaging (MRI) [3, 6, 11].

Management depends on the object identified and any residual pathology at removal. The ideal management of an uncomplicated foreign body is its removal. This is generally the only treatment necessary. Proper visualization of the foreign body using a speculum and removal with forceps may be the most efficient treatment.

Whereas certain objects are removed easily without anesthesia, sharp and potentially hazardous substances require adequate anaesthesia and careful removal. Instruments like obstetric forceps and ventouse has been used to remove certain objects while laparotomy has been necessary for others. The vagina usually heals well following the removal of the object, provided there are no complications such as fistulous formation [6, 12]. In the case presented, visualization of the foreign body using a speculum and removal with a forceps was done. Subsequent clinical examination and pelvic ultrasonography revealed no other pathology.

CONCLUSION

Foreign objects in the genital tract are commonly encountered. A strong suspicion of foreign body should be therefore maintained while dealing with cases of acute genital pain and bleeding. Early diagnosis enables timely intervention.

CONSENT

Written Consent was obtained from The Patient and Administration of St Francis Community Hospital, Nairobi, Kenya.

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