

Poster Number: **EP 272**

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Title: **An Impacted Vaginal Foreign Body in a 12-year-old girl mistaken for a Fibroepithelial Polyp: Hysteroscopy solved the mystery!**



INTRODUCTION

Filled with inquisitiveness and intense wish to explore orifices and sometimes sexual fantasies, children often land up with foreign bodies in various tracts.

The frequently cited study by Paradise et al¹ used Bayes' theorem to estimate the prevalence of VFBs in girls under age 13 to be 4%.

Usually, the foreign body (Fb) insertion is disclosed to the parent prompting a visit to a healthcare facility for removal. But sometimes they may remain undisclosed and present with complications like vaginal discharge, spotting or even fistulas.²

CASE REPORT

A 12-year-old girl with c/o persistent malodorous vaginal discharge over about eight months presented to Gynaecology OPD. Examination & Lab Tests were normal. The girl was examined under anaesthesia (EUA) with diagnostic vaginoscopy. Hymen was intact but there was foul smelling vaginal discharge and **warty polypoidal growth (A)** was seen filling the vagina and no foreign body was seen in vagina. Swab from discharge was sent for culture and sensitivity and a biopsy from the growth was sent for **histopathology** which was **reported as fibroepithelial polyp** and tissue was also sent for HPV DNA testing which was reported negative. But **ultrasound (B)** and **magnetic resonance imaging (C,D)** reported possibility of foreign body!

With **persistent denial of foreign body insertion by self** or by someone else and initial negative vaginoscopy, this case became a **diagnostic dilemma!**

OPERATING PROCEDURE

As complaints were persistent, she was again posted for EUA with +/- vaginoscopy or hysteroscopy. Again, the polypoidal growth was seen, but amidst the polypoidal growth, an opening was seen through which purulent discharge was found draining. The fibroepithelial tissue was cut around the opening and hiatus was broadened using artery forceps and much more pus started to drain. After drainage of pus, **hysteroscope** was negotiated into that opening and then suddenly **entry into a metallic cavity (E)** was made which was most probably the cavity of the foreign body. The foreign body, a **10 cm long plastic lipstick cap (F)**, retained for over 2 years, resulted in formation of a granulation tissue all around and got embedded deep inside the posterior fornix between posterior surface of uterine body and the vaginal wall, making it invisible on initial examination under sedation. The **Fb was held with allis and artery forceps (G)** and pulled out with immense difficulty.

DISCUSSION

Sex education and parental vigilance is imperative especially when there are growing toddlers and adolescents to avoid insertion of foreign bodies and their adverse sequelae. Girls can inflict foreign body into the vagina accidentally, during the game or for sexual stimulation.³

CONCLUSION

This case highlights that evaluation of persistent symptoms of vaginal discharge in a young girl must include a comprehensive history, thorough physical examination and focused imaging to look for any retained vaginal Fb. With hysteroscopy and vaginoscopy even deep-seated foreign bodies can be extracted safely.

REFERENCES

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3. E. Lehembe-Shiah and V. Gomez-Lobo. Vaginal Foreign Bodies in the Pediatric and Adolescent Age Group: A Review of Current Literature and Discussion of Best Practices in Diagnosis and Management. J Pediatr Adolesc Gynecol 37 (2024) 121-125

