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Case Report

Incarcerated vaginal ring pessary in short duration: an uncommon complication

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ABSTRACT

In pelvic organ prolapse (POP), vaginal pessaries are considered as most effective, safe and highly acceptable management. This is a case report of 78-year, multiparous postmenopausal women who had vaginal pessary insertion for POP and lost follow up came to hospital after 3 months. On speculum examination it revealed a right-side vaginal wall focal ulceration of size 0.5×0.5 cm noted which bled on touch, displaced left lateral part of pessary with a 1.5cm band of tissue overgrowing it. It was managed by surgical removal under general anaesthesia and local oestrogen cream application. It is concluded that to avoid this type of complication patient education and good compliance plays a major role.

Keywords: Pelvic organ prolapse, Incarcerated vaginal pessary, Patient education, Compliance

INTRODUCTION

Pelvic organ prolapse (POP) is a common gynaecological condition that affects 50% of parous women and causes poor quality of life of affected women.[1] The most common method of treatment for POP in postmenopausal women is considered to be surgery but pessary insertion along with pelvic floor muscle training is considered to be an effective, safe, and highly acceptable mode of management. Though it has high success rate and patient satisfaction it has its own pros and cons. Irregular follow up and forgotten pessaries can lead to complications like incarceration, vesicovaginal and recto vaginal fistula.[2]This is case of incarcerated pessary in vaginal wall presented within short duration of insertion.

CASE REPORT

A 78-year-old, multiparous, post-menopausal lady who is a known case of systemic hypertension and second-degree POP with pessary *in situ* for 3 months came with complaints of low back ache for 1 month and excessive white discharge, not foul smelling for past 1 month. After pessary insertion patient came for review after 2 weeks, vaginal examination was done-pessary position re-ensured, vagina appeared healthy.

Patient was asked to come for review after fifteen days but patient lost follow up and came after three months for review and speculum examination was done which showed right side vaginal wall focal ulceration of size 0.5×0.5 cm noted which bled on touch, displaced left lateral part of pessary with a 1.5 cm band of tissue overgrowing it. Digital examination, revealed a ring pessary stuck to the vagina and embedded in the left-lateral vaginal wall.

A thick band of tissue of width (1.5 cm) over a part of the pessary was felt, causing it to be incarcerated-a diagnosis of incarcerated pessary was made. Per rectal examination was normal.

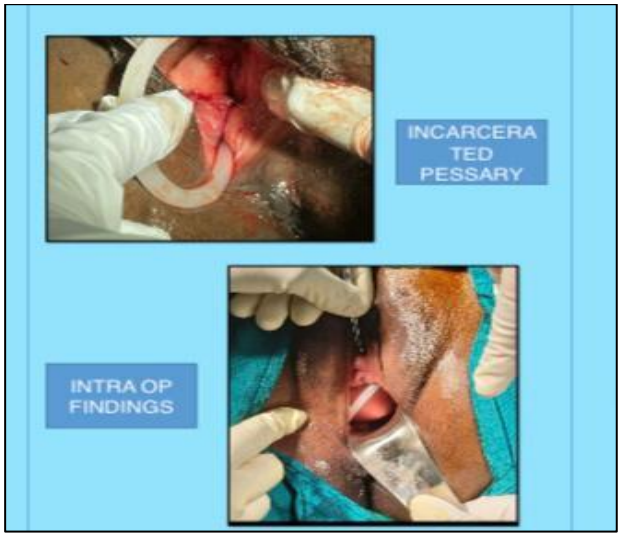

Figure 1: Findings.

Management

She underwent removal of pessary under short GA after obtaining informed consent. Examination under anaesthesia confirmed the findings of incarcerated pessary.

Intraoperative findings

Ring pessary incarcerated in the left forniceal region and pessary held by tunnel of vaginal epithelium in upper left lateral wall. Ring pessary cut with scalpel and removed in toto. Site of incarceration seen as ulceration of 0.75 cm in left fornix. Post procedure no bleeding noticed. Vaginal ulceration treated with vaginal estrogen cream. On POD 3 three swab test done to rule out vesicovaginal fistula. On two weeks review vaginal ulcer found to be healed.

DISCUSSION

Pelvic organ prolapse is caused by various reason which mainly includes trauma during child birth, oestrogen deficiency. Though surgical management is considered as definitive treatment for pelvic organ prolapse, the use of vaginal pessary has been proven to be an effective treatment for women who are not fit for surgery or who are not willing to do so.[3]

Ideally the pessary should be removed and reinserted every night or at least 2 weeks once.[4] In case of irregular follow up or neglected pessaries it can lead to several complications like vaginal itching, erosions, white discharge, difficulty in micturition and rarely incarceration, vesicovaginal and rectovaginal fistula.[5] Usually incarceration, vesicovaginal and rectovaginal fistula are rare and late complication of neglected pessary but in this case the pessary was left in situ without proper follow up for 3 month and resulted in incarceration in short duration.

A similar case of incarcerated vaginal pessary was published by Patel et al but they reported pessary complication after 1 year of insertion.[1] A detailed examination is necessary to confirm the presence of foreign bodies but also to exclude other pathologies with similar presentation such as genital tract malignancies. In our case, this rare occurrence of incarceration happened over short time of three months warranting the need for frequent follow up. And ensuring appropriate pessary fitting, local oestrogen application and self-care can aid in both good comfort for the patient as well as prevention of complications.[4] Initial follow up to be done after 2 weeks, then regular follow up should continue 6 to 12 months interval. Offer woman using pessaries an appointment in a pessary clinic every 6 months. It should be inert and compact with a design that allows easy removal and insertion.

CONCLUSION

The incarcerated vaginal pessary in short period of time is a major complication though uncommon, are usually associated with neglect of the device following prolonged use. To prevent such complications, patient education and compliance regarding proper training on its insertion, regular removal, cleaning. and follow-up are advocated.

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