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Obstetrics and Gynecology

Young female with chronic vaginal discharge

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1 | CASE PRESENTATION

A 12-year-old female presented to the emergency department with 6 months of intermittent, daily pelvic pain, and increased vaginal discharge. The pain felt like her period cramps, however, were present throughout her cycle. Pelvic ultrasound showed a 6.0 × 4.9 × 5.7 cm complex right adnexal lesion, "cystic with solid components and a linear echogenic and curvilinear high echogenic material with acoustic shadowing." The patient denied that she or anyone else had placed anything in her vagina and denied other symptoms, including fever, chills, vaginal itching, diarrhea, and dysuria.

A pelvic examination revealed a palpable embedded object at the cervix, which was not able to be fully visualized (Figure 1). An exploration in the operating room was necessary, thus a Computed Tomography Abdomen Pelvis (CTAP) scan was obtained to evaluate location, anatomy, and associated complications.

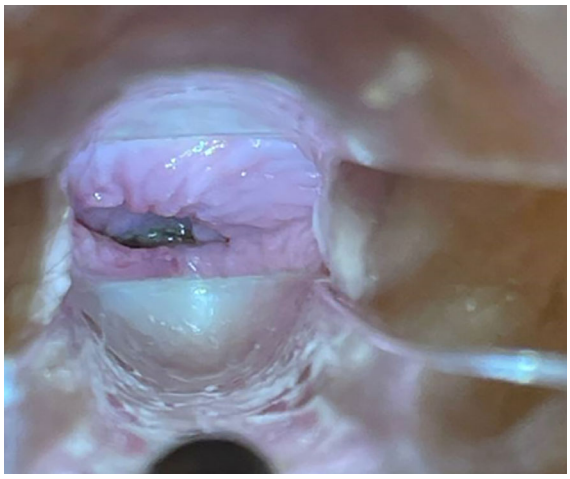

FIGURE 1 Pelvic examination showing a foreign body (arrow) embedded at the cervix, which was also atrophied.

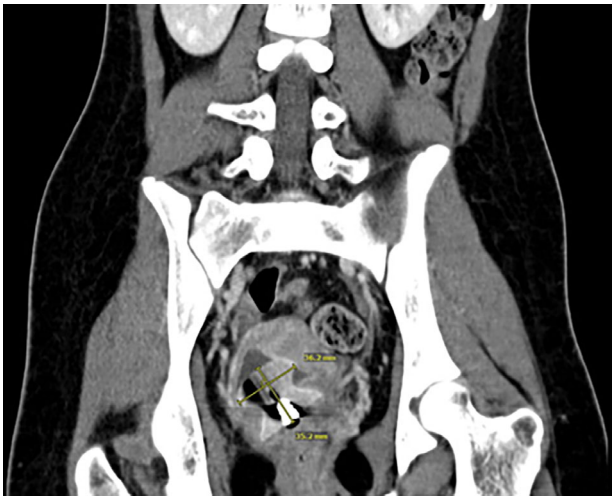

FIGURE 2 The coronal section of the computed tomography of the abdomen pelvis revealed the size (measured) and exact location of the foreign body in the vagina.

2 | DIAGNOSIS: RECTAL FOREIGN BODY WITH COMPLEX RECTOVAGINAL FISTULA

CTAP revealed an obstructing foreign body in the vagina and a mildly distended bladder with a moderate amount of air (Figure 2).

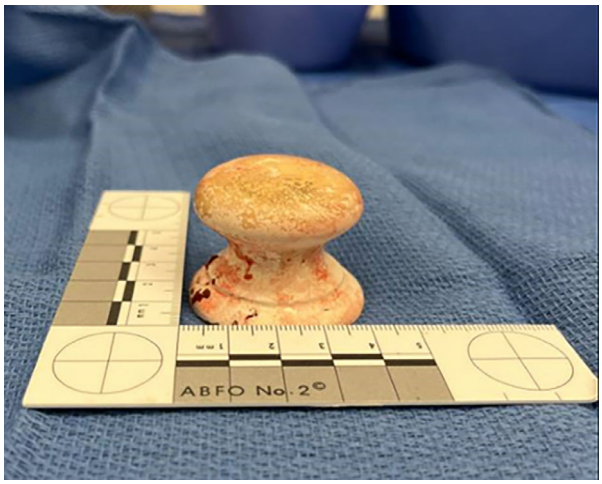

FIGURE 3 The removed foreign body (cabinet doorknob).

A digital vaginal and rectal examination under anesthesia confirmed a firmly lodged foreign body in the rectum, obliterating the vaginal canal. A complex rectovaginal fistula was discovered intraoperatively; a colostomy was performed, and the foreign body (Figure 3) was extracted. The patient needed a staged repair with colostomy revision and reconstruction.

Patients often will not provide a history of foreign body placement, so pelvic examinations for young patients with chronic vaginal or rectal discharge or bleeding are necessary.[1] Further, high suspicion for erosion or necrosis with chronically retained foreign bodies is needed. Early identification and removal can prevent perforations, stenosis, and infertility.[2]

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