

A rare case of chemical burns to the vagina – a case report

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Objective:

Although self-harm is quite common, this was an unusual case whereby the patient sustained extensive burns following insertion of batteries to the vagina. This case report highlights the complexity of patients such as these, and outlines management and consequences.

Case study:

This 47-year-old lady was known to have a longstanding history of self-harm. Previously this manifested as insertion of razor blades into the vagina, but on this instance she had chosen to use batteries. She presented to the emergency department where an abdominal x-ray was performed which showed one cylindrical battery and four button batteries. By the time of referral to gynaecology, the batteries had been in situ for twelve hours. Vaginal examination and speculum were used to retrieve the batteries. The batteries had become very corroded, and the vagina was washed out using one litre of normal saline via a giving set. This lady had a previous hysterectomy, and the vaginal vault was burned with necrotic slough noted.



Four button batteries and one cylindrical battery found on pelvic X-ray

Examination was difficult due to pain but due to a joint care plan with psychiatry and theatres, general anaesthetic was avoided due to the sheer number of previous anaesthetics. Instead, entonox and oramorph were used.

The patient had been in touch with the crisis team and was not thought to be a danger to herself or others, so was discharged to emergency gynaecology to follow up a few

days later. The local specialist burns team were contacted who advised regular debridement and monitoring. Surgical excision of affected tissue was not recommended at this point as the margins of dead tissue can take time to declare. Until this process is complete, the thickness of the injury cannot be fully assessed.

Readmission with heavy vaginal bleeding followed a week after presentation, thought to be due to ulcerated, friable tissue. She continues to be managed conservatively with regular review, antibiotics, and burns team support.

Discussion:

This was a very emotive case, because it was impossible not to sympathise with the patient. It was not something the burns team were familiar with and knowledge had to be extrapolated.

Conclusion:

Management of these cases requires multi-disciplinary team working including gynaecology, psychiatry, plastics, and tissue viability. Recovery is prolonged and surgical management is best done as a cold case.