

LATE HUSBAND'S GIFT, AN UNFORGETTABLE MENACE [UNKNOWN FOREIGN BODY CAUSING PELVIC PAIN]

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INTRODUCTION

Foreign body in uterine cavity is the presence of a foreign object in the cavity or wall of the uterus. Various foreign bodies are known to have been inserted into the genital tract. Most of which are intentionally placed either by a medical practitioner or by the patient associated with masturbation, sexual intercourse, sexual abuse or psychiatric disturbance. They can present in any age group. Retention of foreign body for long duration may lead to serious morbidity and mortality.

OBJECTIVE

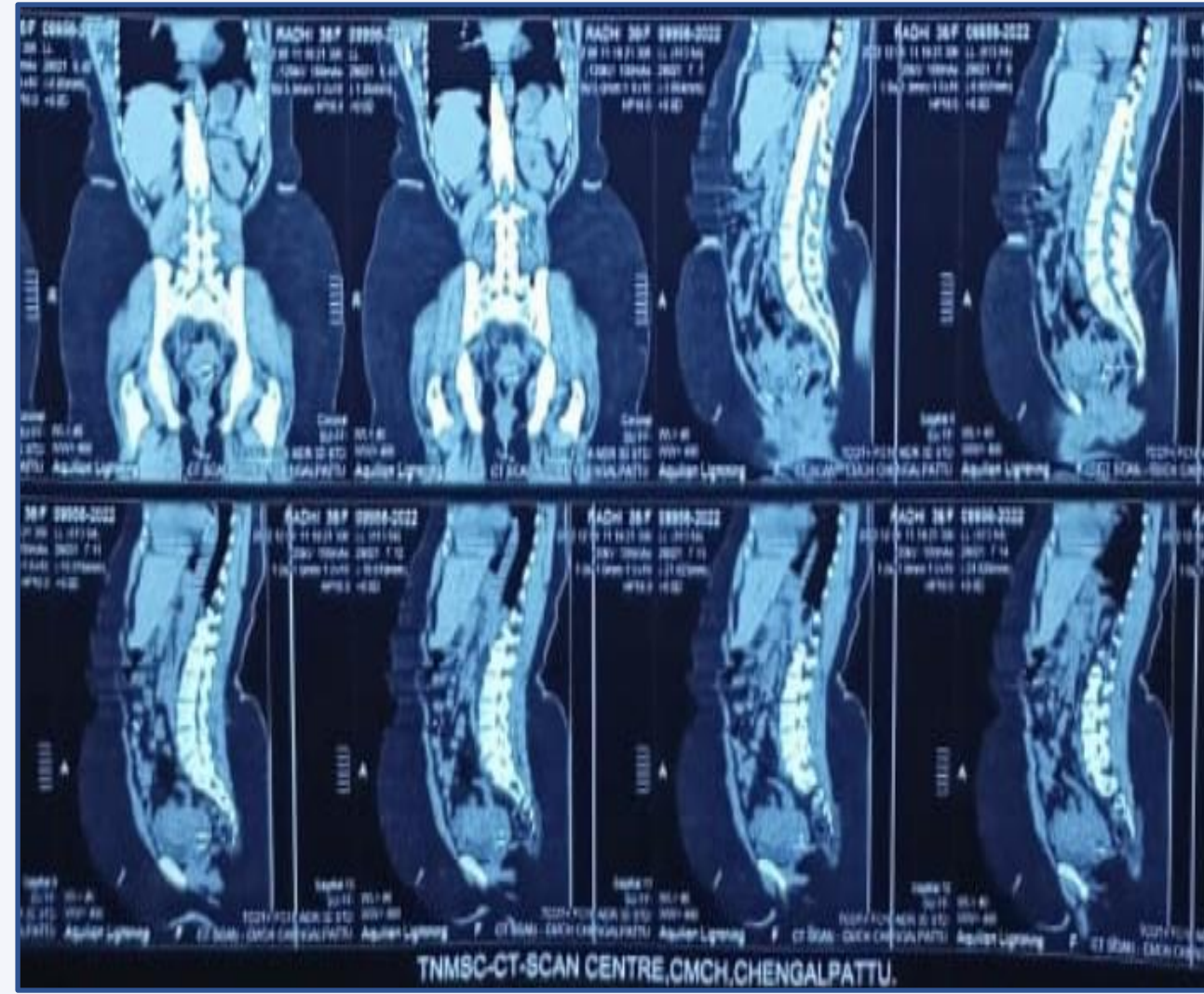
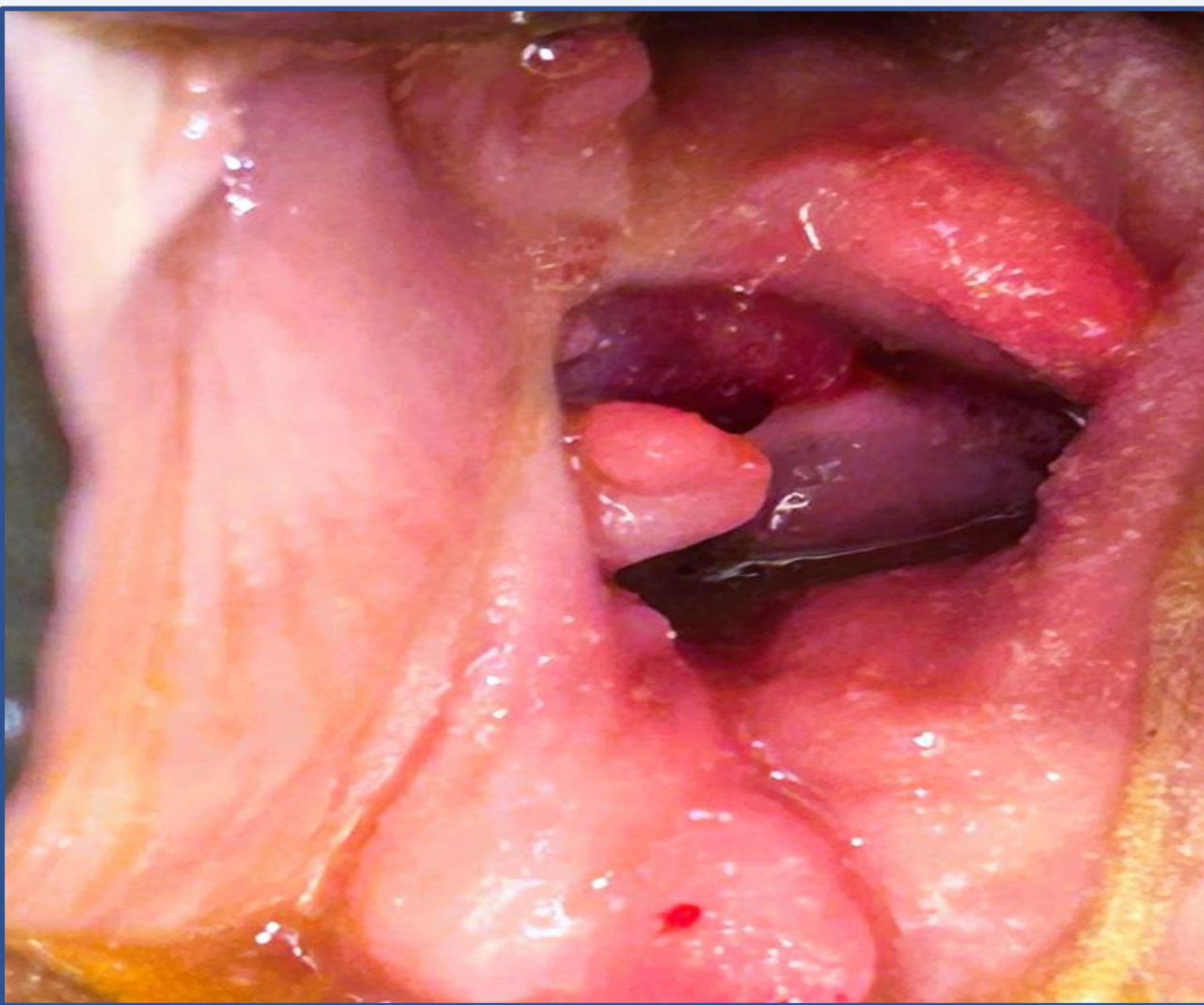
Indwelling foreign bodies for a prolonged duration are clinically significant as they are a nidus for infection and may also result in ulceration, bleeding, and fistula formation. Very few cases of foreign body retention in uterus have been reported. Here we report a case of **CLOTH PEG** inside the uterus.

CASE PRESENTATION

A 36-year-old, nulliparous, widow, known case of diabetes, hypertension and recently diagnosed mixed anxiety disorder with depression presented to our OPD with profuse foul-smelling discharge, dysmenorrhea and persistent pelvic pain for 3 years. She also complained of urinary retention. No history of menstrual irregularities. Initially the patient gave history of being unmarried and on local examination revealed profuse foul-smelling discharge. On further questioning, the patient revealed that she was sexually assaulted 3 years back by her husband, a substance abuser, one week into the marriage, after which he passed away. At the time she wasn't aware that something had been inserted vaginally. Due to fear of scrutiny, no lawful complaint was made, or medical examination was done.

On per speculum examination, vaginal mucosa was normal, cervix was irregular and a foreign body visible through os. The same findings were confirmed on per vaginal examination along with profuse foul-smelling discharge.

CT PELVIS: revealed a foreign body in the cervix.



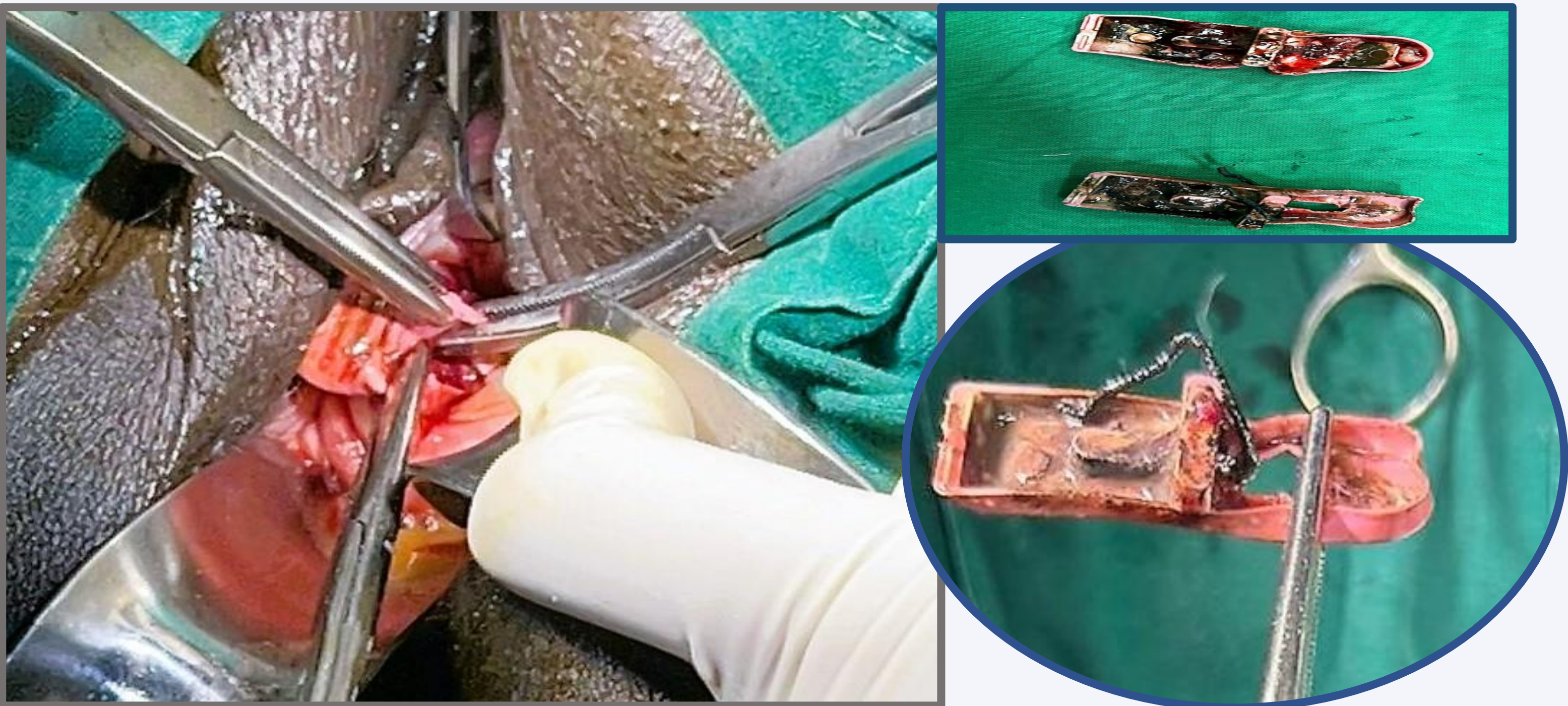
COURSE IN THE HOSPITAL

Patient was admitted and all routine investigations done. Following which, under SA, the foreign body was dislodged with great difficulty and extracted. The the object (one half of the cloth peg) was found embedded in the cervix and profuse pus drained and was sent for pus culture and sensitivity.

Hence under ultrasound guidance, second half of object was found near the fundus and removed with long straight artery forceps.

The object in toto was identified as a **CLOTH-PEG** of size 5 x 5 cm which was covered in pus.

Her symptoms resolved completely after a course of antibiotics. Patient was advised to follow up after 2 weeks.



DISCUSSION

Various foreign bodies are known to have been inserted into the genital tract (most commonly in vagina).Foreign body in uterine cavity can manifest themselves by bleeding, chronic endometritis, pyometra, pain syndrome, secondary infertility.

Inside the uterus, fetal bones (most reported), tip of curette, Laminaria tent, non-absorbable suture material, CuT, and Lippes loop have been reported.

Sometimes the patient is aware of its presence and unable to remove it, or at times they are unaware or have forgotten about the object. A plain x-ray or ultrasound may not identify radiolucent objects unlike MRI.

Foreign objects lying in the uterine cavity can also be precisely extracted through the hysteroscope channel with endoscopic instruments. It is not recommended to remove foreign bodies of the uterus blindly, since such attempts can lead to fragmentation and deformation of foreign objects, as well as injury to the uterine wall. A proper history and clinical examination and diagnosis can help in time management and avoidance of life-threatening complications.

CONCLUSION

The possibility of foreign body should be kept in mind, in a patient with recurrent, unremitting foul-smelling discharge with pelvic pain, as it can lead to life threatening complications if undiagnosed early.

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