A retained Pessary in a 65 year old woman: Case Report

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Abstract

Introduction: Vaginal pessaries are being used as a treatment of uterovaginal prolapse since a long time but forgotten pessaries may cause many complications. They are being used in cases of uterovaginal prolapse if patients are not fit for surgery or refuses for surgery. Case report: Our patient was a 65 year old woman who had pessary insertion 30 years back but luckily she didn’t have any serious complication. Instead her presentation was very unusual. Her pessary was covered on lateral sides by the vaginal epithelium like a loop, which was cut by cautery and the pessary was removed and patient finally underwent vaginal hysterectomy for third degree prolapse. Discussion: Vaginal pessary is a very simple and easy mode of treatment of pelvic organ prolapse and patients are satisfied of their symptoms by it but it can lead to severe complications if not changed in time or forgotten for long time. Before insertion of pessary, patient should be educated about its cleanliness and frequency of changing and should always be called for routine check-up.

KeyWords: Vaginal pessaries, Pessaries, Pelvic Organ Prolapse.
Discussion

Vaginal pessaries are devices of varying composition (rubber, clear plastic, silicone, or soft plastic with internal mouldable steel reinforcement) that serve to reposition and support prolapse genitourinary organs. Now-a-days ring pessary made of inert plastic or silicone is the most commonly used pessary. Two broad categories of pessary exist: support and space-filling pessaries. The supportive pessaries were defined as those derived by a spring mechanism (ring, Gehrgung, lever-type pessaries) that rests in the posterior fornix and against the posterior aspect of the symphysis pubis.

Space filling pessaries were defined as supported by the creation of suction between the pessary and the vaginal walls (eg, Cube) or by providing a diameter larger than the genital hiatus (Donut, Inflatoball, Shaatz) or by both mechanism (Gellhorn)

Although surgery is the definitive treatment for severe uterine prolapse, pessaries can give satisfactory results in women who wish or need to avoid surgery. Various complications have been reported due to forgotten pessaries. Most commonly a discharge and odor develop with continued wearing of a vaginal pessary. In a study by Ainaif and Drutz bacterial vaginosis was found four times more commonly in pessary users. Mucosal abrasions and erosions of the vagina and/or cervix are more common with cube and Gellhorn pessaries. They are also more likely in patients who do not remove and reinsert their own pessary, as well as women with untreated vaginal atrophy. Many serious complications like vesicovaginal fistula, rectovaginal fistula, Intestinal obstruction, small bowel prolapse and incarceration, hydronephrosis and urosepsis and vaginal cancer have been reported but are rare and have been noticed in cases of neglected or forgotten pessaries.
References

1. Schorge JO, Schaffer JI, Halvorson LM, Hoffman BL, Bradshaw KD, Cunningham FG. Pelvic Organ Prolapse. Williams Gynecology 2008:545-547

2. Padubidri VG, Daftry SN: Genital Prolapse Howkin’s & Bourne Shaw’s Textbook of Gynecology, 14th edition: 304

3. Kumar P., Malhotra N.: Pelvic Organ Prolapse. Jeffcoate’s Principles of Gynaecology, 7th international edition 2008:286

4. John AR, Howard WI. The Nonsurgical Management of Pelvic Organ Prolapse: The use of vaginal pessaries. Telinde’s Operative Gynecology, 10th edition: 936-941

5. Roberge J, Keller C, Garfinkel M. Vaginal pessary-induced mechanical bowel obstruction. J Emerg Med 2001;20: 367-70

6. Zeitlin MP, Lebher TB. Pessaries in the geriatric patient. J Am Geriatr Soc 1992;40: 635-9.

7. Alnaif B. Drutz HP. Bacterial vaginosis increases in pessary users. Int Urogynecol J 2000;11:219

8. Arias BE, Ridgeway B, Barber MD. Complications of neglected vaginal pessaries: case presentation and literature review Int Urogynecol J Pelvic Floor Dysfunct. 2008 Aug;19(8):1173-8

9. Powers K, Grigorescu B, Lazarou G, Greston WM, Weber T. Neglected pessary causing a rectovaginal fistula: a case report J Reprod Med. 2008 Mar;53(3):235-7

10. Lukowski L. Rare case of mechanical obstruction, occlusion of the intestine due to pessary. Pol Tyg Lek 1971; 26: 1202–3.

11. Ott R, Richter H, Behr J, Scheele J. Small bowel prolapse and incarceration caused by a vaginal ring pessary. Br J Surg 1993; 80: 1157.

12. Meinhardt W, Schnitemaker NEW, Smeets MJ, Verema PL. Bilateral hydronephrosis and urosepsis due to neglected pessary. Scand J Urol Nephrol 1993; 27: 419–20

13. Roberge RJ, McCandlish MM, Dorfsman ML. Urosepsis associated with vaginal pessary use. Ann Emerg Med 1999; 33: 581–3.

14. Jain A, Majoko F, Freites O. How innocent is the vaginal pessary? Two cases of vaginal cancer associated with pessary use J Obstet Gynaecol. 2006 Nov; 26(8): 829-30

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