

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.

Introduction

Pessaries are the standard nonsurgical treatment for Pelvic Organ Prolapse¹. Throughout history various vaginal devices and materials for prolapse have been described including cloth, wood, wax, metal, ivory, bone, sponge and cork¹. Now pessaries are usually made of silicone or inert plastic and they are safe and simple to manage¹. Pessary is indicated in a woman who is unfit for surgery or is a high risk for surgery on account of some medical disorders². It is indicated in a young woman planning a pregnancy, during early pregnancy, puerperium and temporary use while clearing infection and decubitus ulcer². A pessary does not cure prolapse, it merely holds up the tissues³. Survey demonstrates that 87% to 98% of gynaecologists and/or urogynecologists prescribe pessaries in their practice⁴. Of all the pessaries the two most commonly used and studied devices are the ring and Gellhorn pessaries¹. A patient must be an active participant in the treatment decision to use a pessary. Its success will depend upon her ability to care for the pessary either alone or with the assistance of a caretaker and her willingness and availability to come for subsequent evaluations¹. Serious complications such as erosions into adjacent organs are rare with proper use and usually result only after years of neglect¹.

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Case report

A 65 year old woman came to our OPD with history of something inserted for uterine prolapse 30 years ago and willing for the definitive treatment now. She didn't had any complaint of foul smelling discharge or blood stained discharge or any difficulty in urination and defecation. She was Para 7 and all deliveries were conducted at home by dais. Her last childbirth was 35 years back. She didn't have any medical disorder.

There was history of tubectomy around 35 years back. On examination patient was fairly built and there was no pallor. On per speculum examination a white colour pessary was seen which on both lateral sides was covered by vaginal epithelium. On examining further a loop like structure was formed by the vaginal epithelium over the lateral ends of pessary. After due fitness, patient was taken under short general anaesthesia for removal of the pessary.

The vaginal outgrowths were cut by cautery on either side and the pessary was easily removed. There was raw area left but no active bleeding. Patient was sent home with antibiotics for 5 days and called after 15 days for vaginal hysterectomy. On examination there was very small raw area left and the rest healed. Patient underwent Vaginal hysterectomy with Pelvic floor repair and was discharged on postoperative day 7.



Fig 1: Pessary is visible during examination



Fig 2: Cauterization to remove epithelial lining

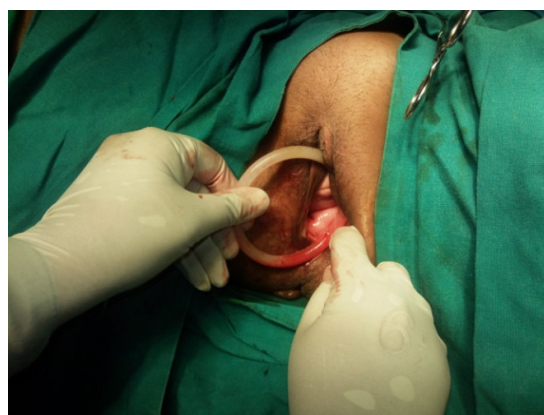


Fig 3: After cutting vaginal band pessary was removed

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 organs⁵.

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, Gehrung, 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)⁴

Although surgery is the definitive treatment for severe uterine prolapse, pessaries can give satisfactory results in women who wish or need to avoid surgery⁶. Various complications have been reported due to forgotten pessaries. Most commonly a discharge and odor develop with continued wearing of a vaginal pessary⁴. In a study by Ainaif and Drutz⁷ 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 pessaries⁴. 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 fistula⁸, rectovaginal fistula⁹, Intestinal obstruction¹⁰, small bowel prolapse and incarceration¹¹, hydronephrosis and urosepsis^{12,13} and vaginal cancer¹⁴ have been reported but are rare and have been noticed in cases of neglected or forgotten pessaries.

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