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Dr. Nandini Bhavanam
Resident, Department of Obstetrics and Gynaecology, India

Dr. Sheela SR
Professor, Department of Obstetrics and Gynaecology, India

Dr. Nandini S
Assistant Professor, Department of Obstetrics and Gynaecology, India

Corresponding Author:
Dr. Nandini Bhavanam
Resident, Department of Obstetrics and Gynaecology, India

A case of postmenopausal Nulligravida prolapse with foreign body *in situ*

Dr. Nandini Bhavanam, Dr. Sheela SR and Dr. Nandini S

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Abstract
Prolapse is a highly prevalent condition, although it may not always be symptomatic. A vaginal foreign body is not a common problem seen in today urban health care access, but it is of concern and always to be considered in some of the rural population. We present the diagnosis and treatment management applied to a 72 year old nulligravida who presented with foul smelling vaginal discharge and foreign body insitu.

Keywords: Nulligravid prolapse, foreign body, uterovaginal descent

Introduction
Pelvic organ prolapse (POP) is a common clinical entity that can have a significant impact on a patient's quality of life. Pelvic organ prolapse is defined by the International Urogynecologic Association and International Continence Society joint report on the terminology as "the descent of one or more of the anterior vaginal wall, posterior vaginal wall, or apex of the vagina (uterus/cervix or vaginal cuff scar after hysterectomy) [1]." Prolapse is a highly prevalent condition, although it may not always be symptomatic. Reported risk factors include vaginal deliveries, increasing parity, forceps delivery, advancing age, postmenopausal status, connective tissue disorders, obesity, and chronic constipation. Addressing modifiable risk factors, such as obesity and chronic constipation, may reduce the risk for development or worsening severity of prolapse over time [2]. However, prolapse does occur in nulliparae [3, 4] although it is much less common. It has previously been shown that defects of the rectovaginal septum, that is, diverticula of the rectal ampulla developing into the vagina, are not that uncommon even in young, nulli-gravid [5] and nulliparous pregnant women [6] as well as in older nulliparous women suffering from symptoms of pelvic floor dys-function [7], and rectocele in nulliparae has been recognized for at least two decades.

Case Report
A72 years old nulligravida postmenopausal lady presented to the outpatient department with complaints of white discharge per vagina since 1-year, foul smelling, not associated with itching. History of mass per vagina 5 years back for which the local quack inserted a wood apple. She has attained menopause 15 years back. Past history was unremarkable. She was moderately built and nourished. Systemic examination and per abdomen examination was unremarkable. On per speculum examination, a wooden object (wooden apple) of about mass about 10 cm was seen adherent to the vaginal walls. Yellowish white discharge present inferable from enormous epithelial tissue quagmire. Bimanual examination wood apple felt adherent to vaginal wall. Uterus size could not be assessed. Ultrasound abdomen and pelvis done on 18/4/2022- Foreign body in the region of uterus with bilateral renal parenchyma changes noted. She underwent exploration under general anesthesia and foreign body (wood apple) adherent to vaginal wall noted. Right medio lateral extension done. The foreign body was broken into pieces and removed. Saline irrigation was done. Right mediolateral perineal incision was sutured in layers. Hemostasis achieved. Postoperatively patient started on IV antibiotics and was uneventful. Post-operative ultrasound done shows Post removal of foreign body from vagina, cervix appears hypertrophied and elongated. Uterus: Retroverted atrophic, measures 4.9× 1.7× 2.3 cm ET: 1.9mm. She was stable and discharged following it.

Discussion

Prolonged retention of a vaginal foreign body can exceptionally cause vaginal adhesions [8] that can prevent natural elimination of the foreign body and cause persistent symptoms. The diagnosis of vaginal foreign body is usually established during clinical examination or vaginoscopy, but may be facilitated by ultrasound, CT or MRI in complicated cases.

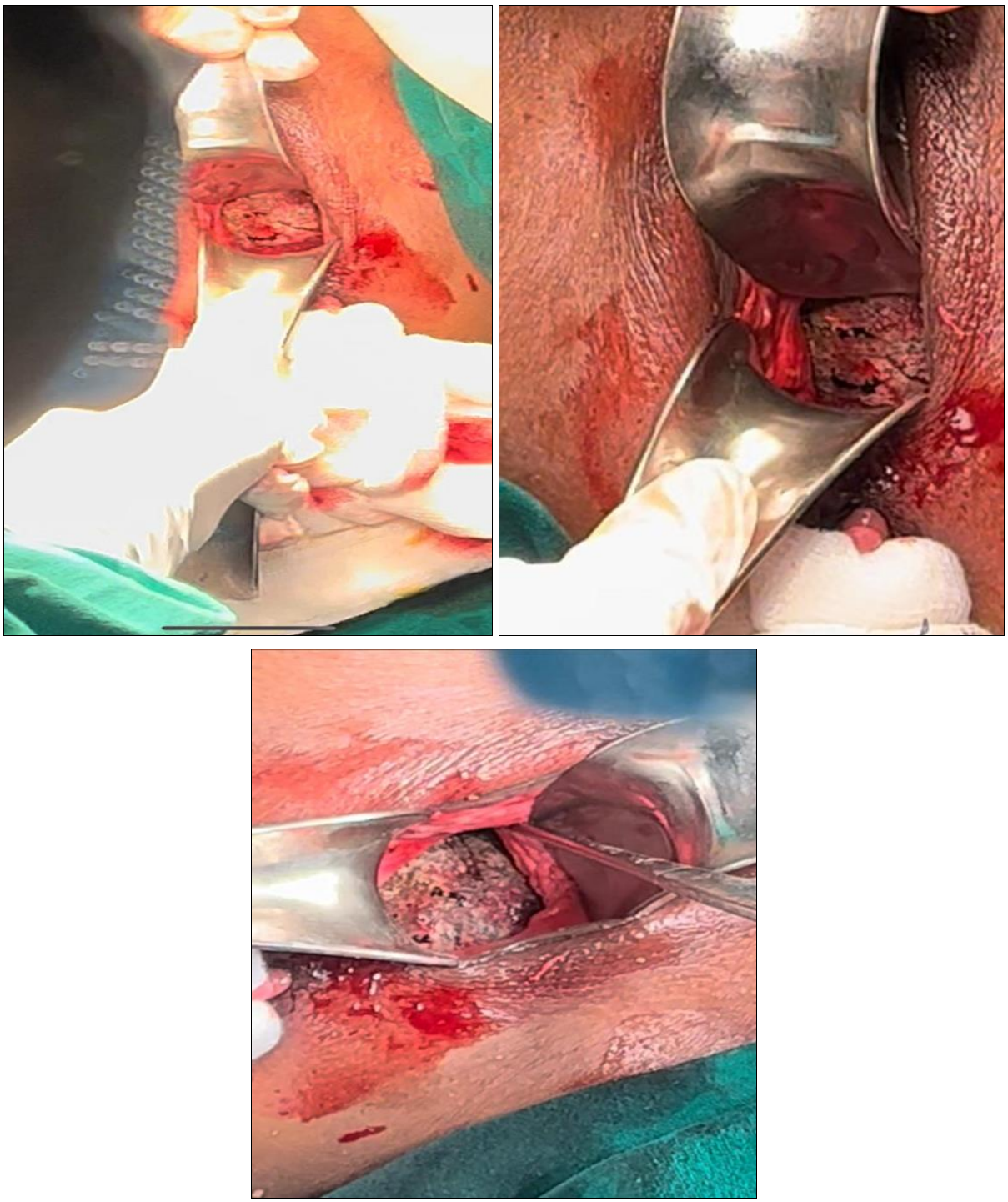

Fig 1: Wooden apple in the vagina

Conclusion

Pre-operative clinical evaluation, radiological imaging, and proper intra-operative delineation of pelvic anatomy can help in their fruitful management. One should be aware of the although rare, possible complications related to long-retained foreign body such as pelvic abscess and fistula should be concerned and evaluated before removal, which possibly been identified with radio imaging before the operative procedure for a clear delineation and better prognosis.

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