INCARCERATED VAGINAL PESSARY – A REPORT OF TWO CASES

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CASE REPORT 1:

- 68 year old female P8L7A1 with previous normal vaginal deliveries with no complications, LCB-25 Yrs back, attained menopause 15 yrs back, presented to OPD With the complaints of supra pubic pain & difficulty in micturition.
Patient is a known case of pelvic organ prolapse for which ring pessary was inserted 2 years back by a general practitioner.

She was not given any instructions regarding her follow up visits.
There was no history of bleeding, discharge or pain.

She was known diabetic for 5 years on OHA’S

Menstrual history was normal

No other significant history
ON EXAMINATION,

General condition fair
Not anemic
PR - 84/min
BP - 130/80 mm Hg
CVS – S1S2 (+)
RS – NVBS
P/A - soft
speculum examination showed a polythene ring vaginal pessary displaced vertically in the anteroposterior axis.

The posterior semicircle of the pessary was embedded in the posterior vaginal wall with a 2 cm band of vaginal epithelium over the pessary.
CASE REPORT 2:

- 75 years old female P4L4 with previous normal vaginal deliveries, LCB – 35 years back and attained menopause 20 years back.
Known case of prolapse for 10 years presented to OPD for her for routine 3 monthly pessary review,

known hypertensive on treatment for 10 years
Menstrual history was normal.

- No other significant history
ON EXAMINATION,

General condition fair
Not anemic
PR - 78/min
BP - 110/80 mm Hg
CVS – S1S2 (+)
RS – NVBS
P/A - soft
speculum examination revealed ring pessary was embedded in the lateral vaginal wall with a 3 cm band of vaginal epithelium over the pessary
speculum examination revealed ring pessary was embedded in the lateral vaginal wall with a 3 cm band of vaginal epithelium over the pessary.
Rectal examination – rectal mucosa was intact

For both the patients pessaries were removed under IV sedation by cutting the ring pessary with a scalpel
The vaginal bed after removal was smooth without any erosion or ulceration.

Re-examination of the rectum showed intact mucosa.
Patient withstood procedure well.

Post-operatively, she was on antibiotics, analgesics and antacids.
Follow up of the patient after 6 weeks showed

Not only a healthy vagina & cervix, but no further descend of cervix
Pessary which is displaced from its original position & becomes embedded in the vaginal or cervical mucosa
If left in situ for years, it may erode into the rectum or bladder causing RECTO-VAGINAL / VESICO VAGINAL FISTULA.
COMPLICATIONS

- foul smelling vaginal discharge
- Infection
- Erosion & ulceration
- Bleeding
- Itching & irritation
- Incarceration
- Displacement with VVF & RVF
- Interruption with Intercourse & contraception
- Vaginal carcinoma
FOLLOW UP

- Patient should return 1 to 2 weeks after initial insertion & then at 3 monthly intervals

Patient should be asked about symptoms like foul smelling vaginal discharge, bleeding, pain & discomfort
FOLLOW UP

- Symptoms of voiding difficulty
- Symptoms of UTI should be elicited
- Look for proper positioning & lack of undue tension on the vaginal wall

- The pessary is then removed & the vaginal & cervical surfaces are carefully inspected for any evidence of erosion & ulceration
 Suspicious lesions should be biopsied

 If the patient is satisfied with her pessary & if the inspection is negative, it can be reinserted
If a new erosion or ulceration is present, but was not present before, it may probably due to pressure effect.

In such cases withholding the pessary for 2-3 weeks & local oestrogen cream can be used.
Once the vaginal & cervical surfaces become normal, the pessary can be reinserted or a different size pessary can be tried.
CONCLUSION

- Selecting a correct sized, non-irritant & pliable material like polythene & silicone & proper instructions to the patients regarding follow-up make the long term use of pessary a safe alternative for surgery in selected cases.
REVIEW OF LITERATURE
CAREFUL INSTRUCTION TO PATIENTS ABOUT FOLLOW UP

Management of Incarcerated Vaginal Pessaries

Abstract

In this article, the management of incarcerated vaginal pessaries, a rare and sometimes challenging condition, is discussed. Incarceration occurs when a pessary becomes trapped within the vaginal walls, leading to pain, discomfort, and potential complications. The article highlights the importance of recognizing the signs of incarceration early, including persistent discomfort, vaginal discharge, and changes in the pessary's position. Treatment options, including surgical interventions, are reviewed, with a focus on their indications and outcomes. Proper follow-up care is emphasized to ensure timely diagnosis and effective management, preventing complications such as infection, tissue damage, and increased pain. The article concludes with recommendations for clinicians to improve patient outcomes through vigilant monitoring and timely interventions.
APPLICATION OF
ESTROGEN CREAM
PROMOTES REMOVAL
OF INCARCERATED
PESSARY
The use of pessaries in vaginal prolapse

Mark E. Vierhout

Abstract

Pessaries are frequently used in cases of vaginal prolapse. Many different type of pessaries have been used in the past and are still in use today. In general it is considered to be a safe and simple form of therapy but little is known on the success rate, the indications and the optimal management. We give an overview of the history, type, indications and complications of pessaries, and give guidelines for daily practice.

Keywords

Pessaries; Vaginal prolapse; Conservative management
Fig. 1. Thick band of granulation tissue causing entrapment of the pessary.
REFERENCES:


Thank you !!!