

INCARCERATED VAGINAL PESSARY – A REPORT OF TWO CASES

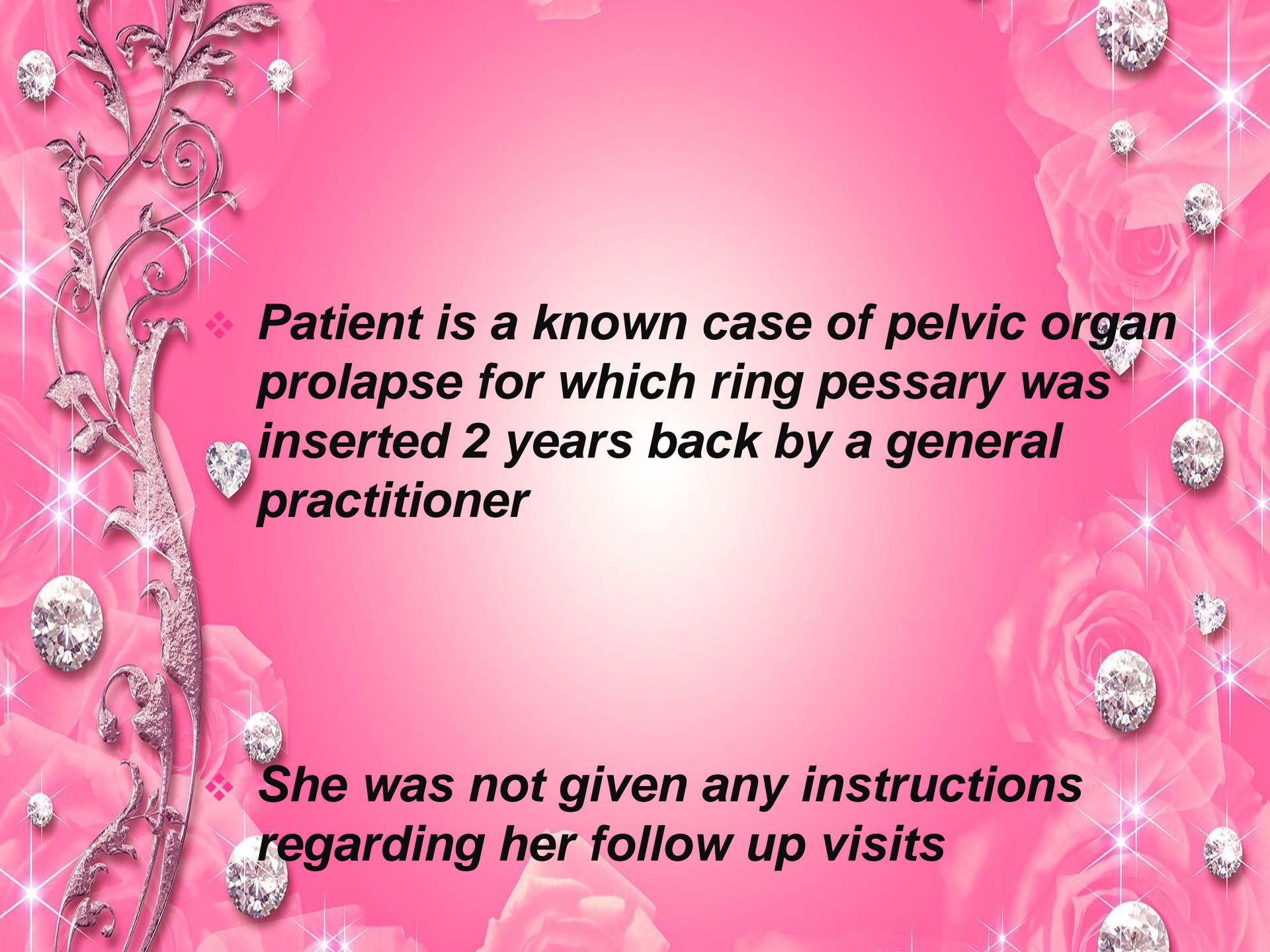


**Dr.k.Sofia Mercy
Sree balaji medical college
Chennai,India**

CASE SUMMARY

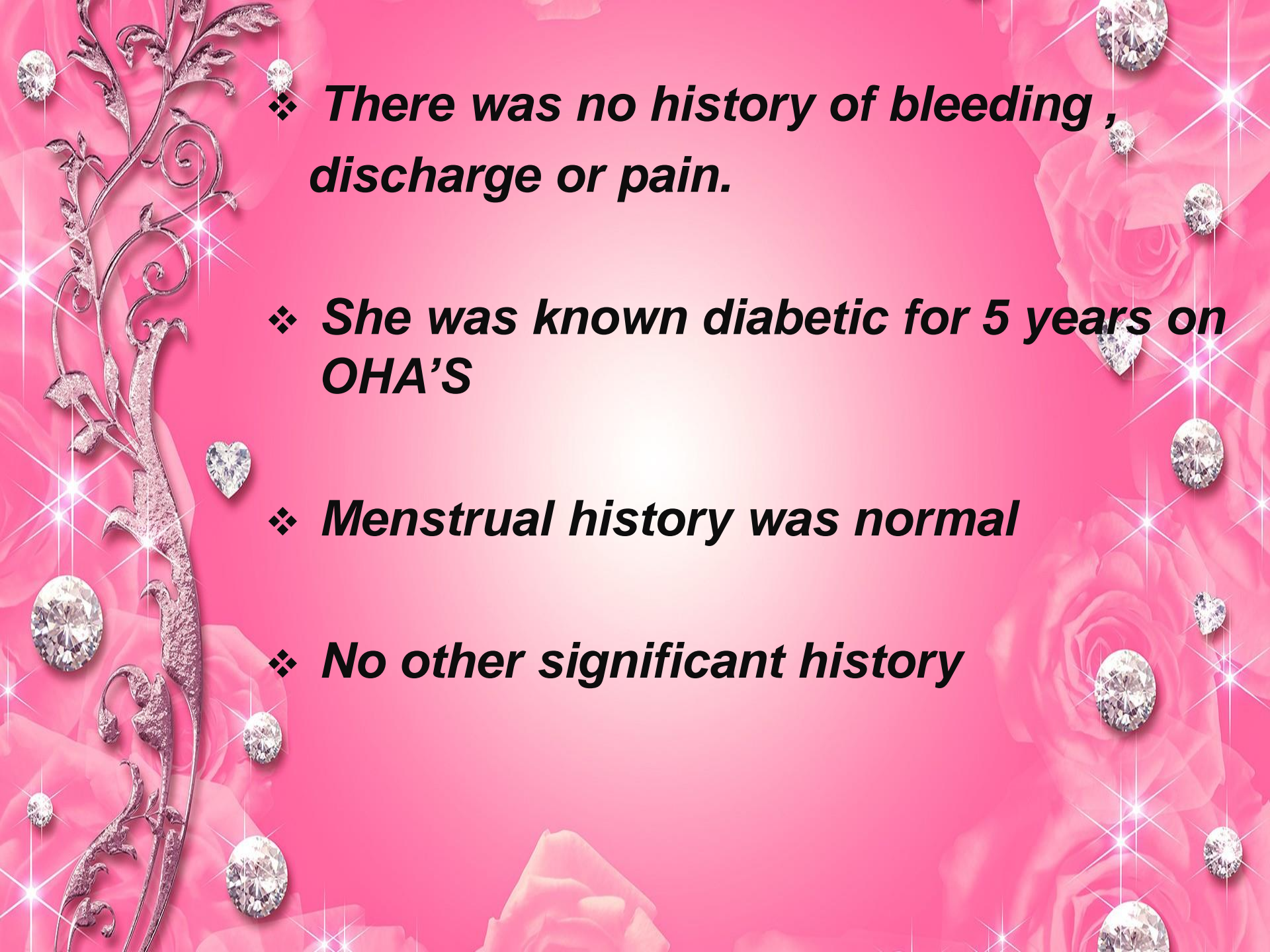
CASE REPORT 1:

- ❖ **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***

A close-up photograph of a doctor wearing a white lab coat over a light blue shirt and a dark tie. The doctor is holding a silver stethoscope in their right hand, with the chest piece resting against their chest. The background is plain white.

❖ ***ON EXAMINATION,***

General condition fair

Not anemic

PR - 84/min

BP - 130/80 mm Hg

CVS – S1S2 (+)

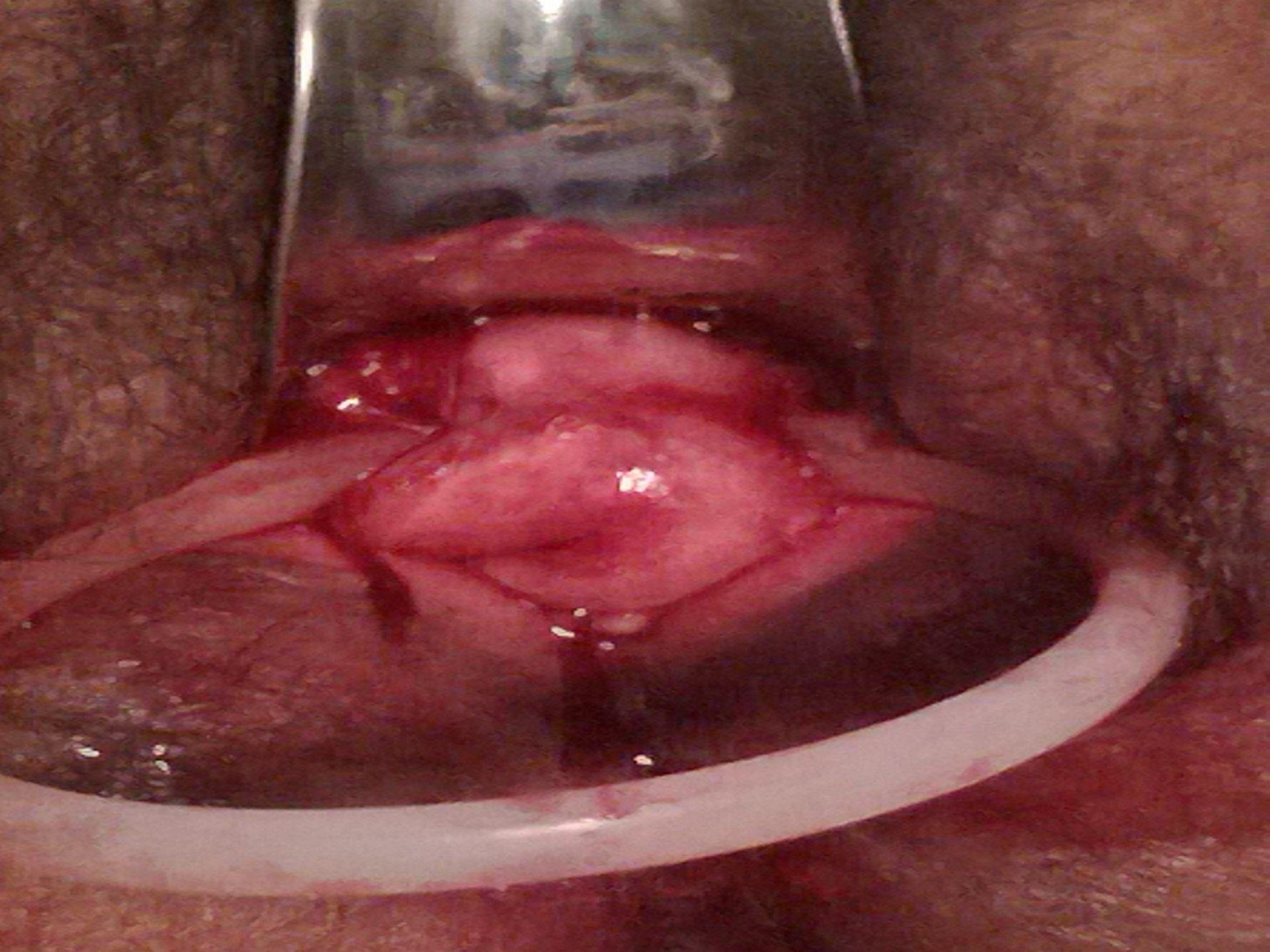
RS – NVBS

P/A - soft



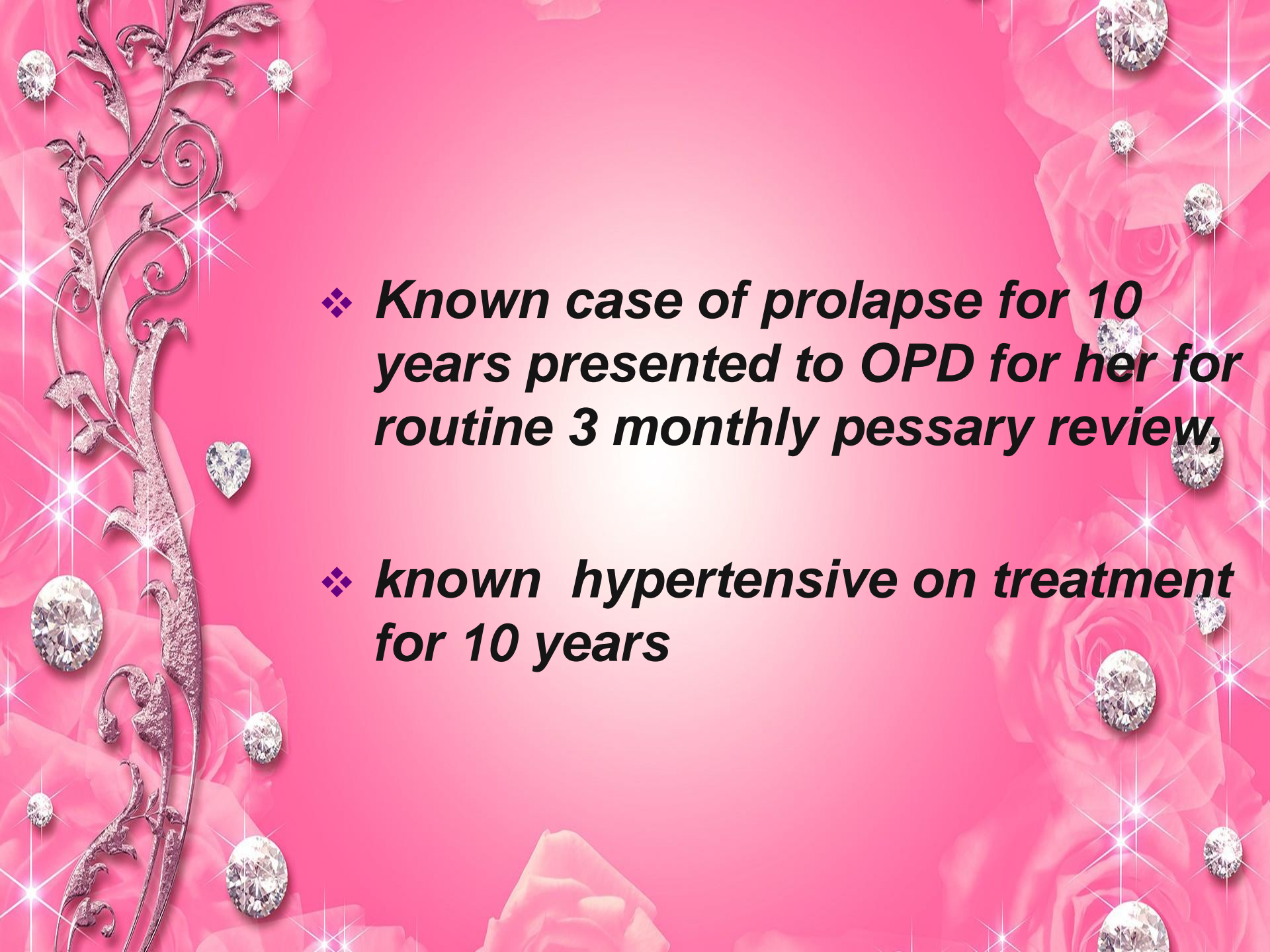
❖ ***speculum examination showed a polythene ring vaginal pessary displaced vertically in the anteroposterior axis.***

❖ ***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

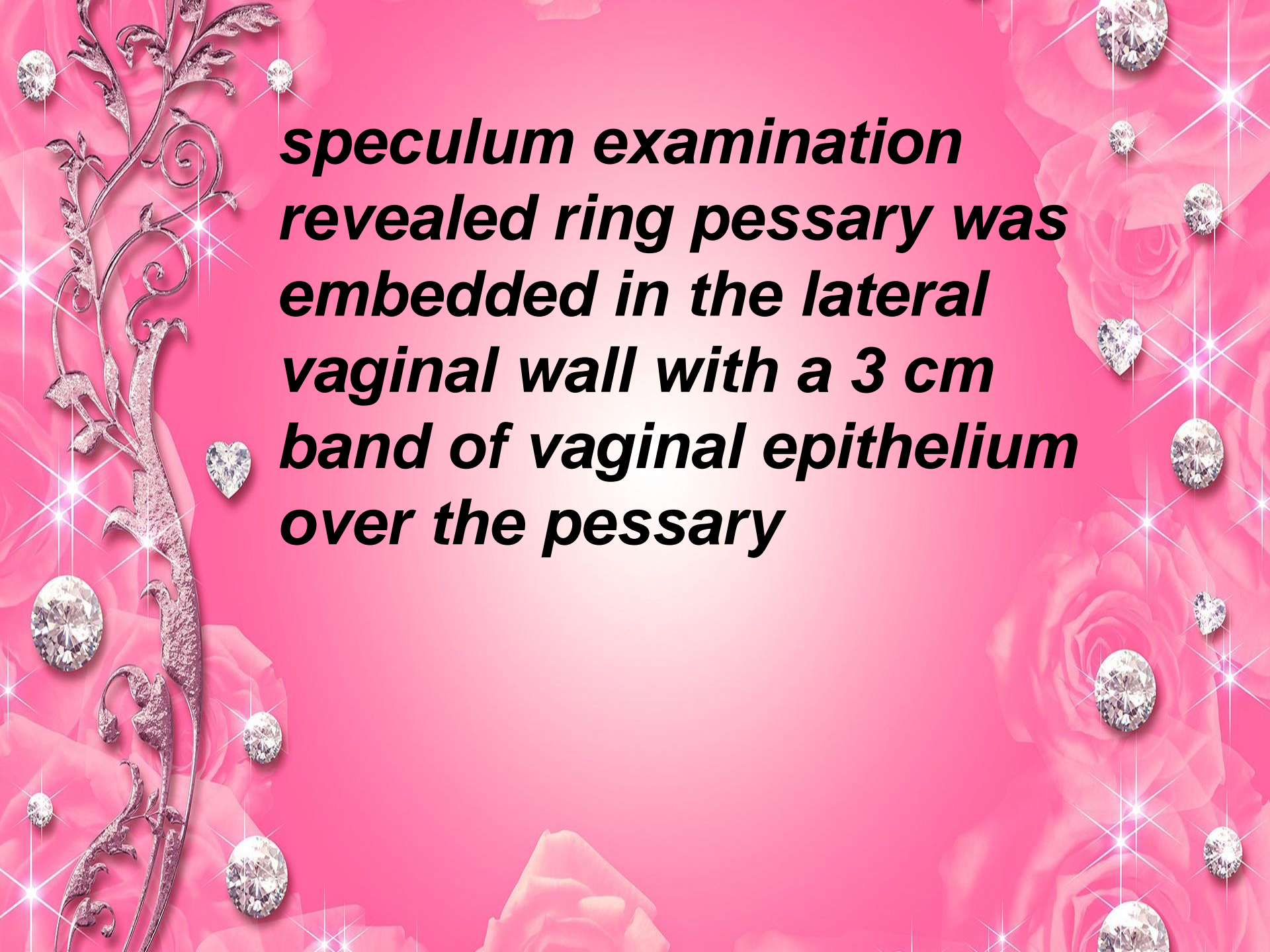
BP - 110/80 mm Hg

CVS – S1S2 (+)

RS – NVBS

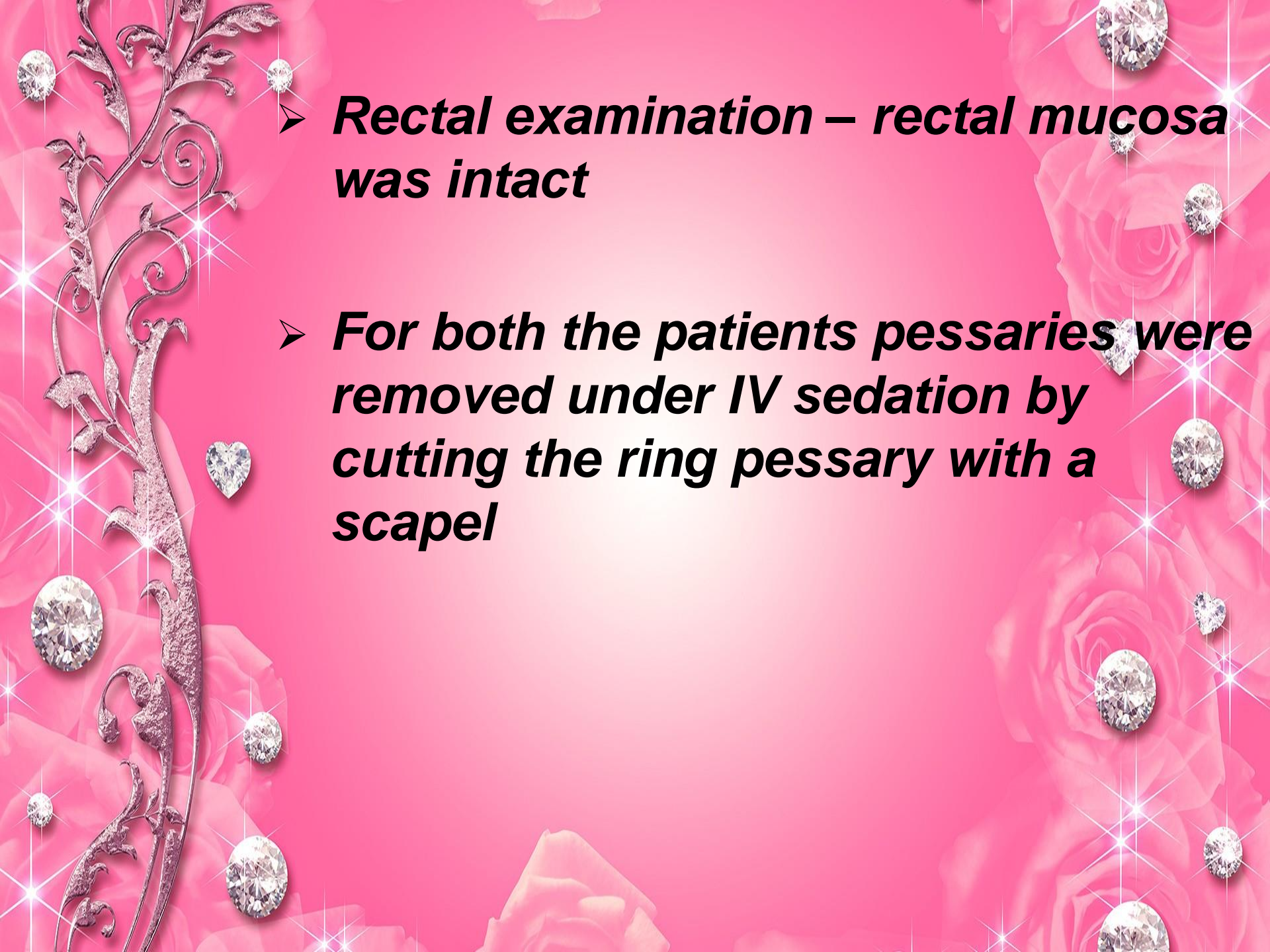
P/A - soft



The background is a vibrant pink with a pattern of soft, light-colored roses. Scattered throughout are several sparkling diamonds of various sizes and shapes, including round brilliant cuts and heart shapes. On the left side, there is a vertical, ornate silver vine with intricate scrollwork and leaves. The text is centered in a bold, black, italicized font.

***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 scapel***



➤ ***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***

INCARCERATED VAGINAL PESSARY

- ❖ ***Pessary which is displaced from its original position & becomes embedded in the vaginal or cervical mucosa***

INCARCERATED VAGINAL PESSARY

- ❖ ***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***

The background is a vibrant pink with a pattern of soft, light-colored roses. Scattered throughout are several large, brilliant-cut diamonds of various shapes (round, oval, heart) and smaller studs. A vertical silver vine with intricate scrollwork and leaves runs down the left side of the image.

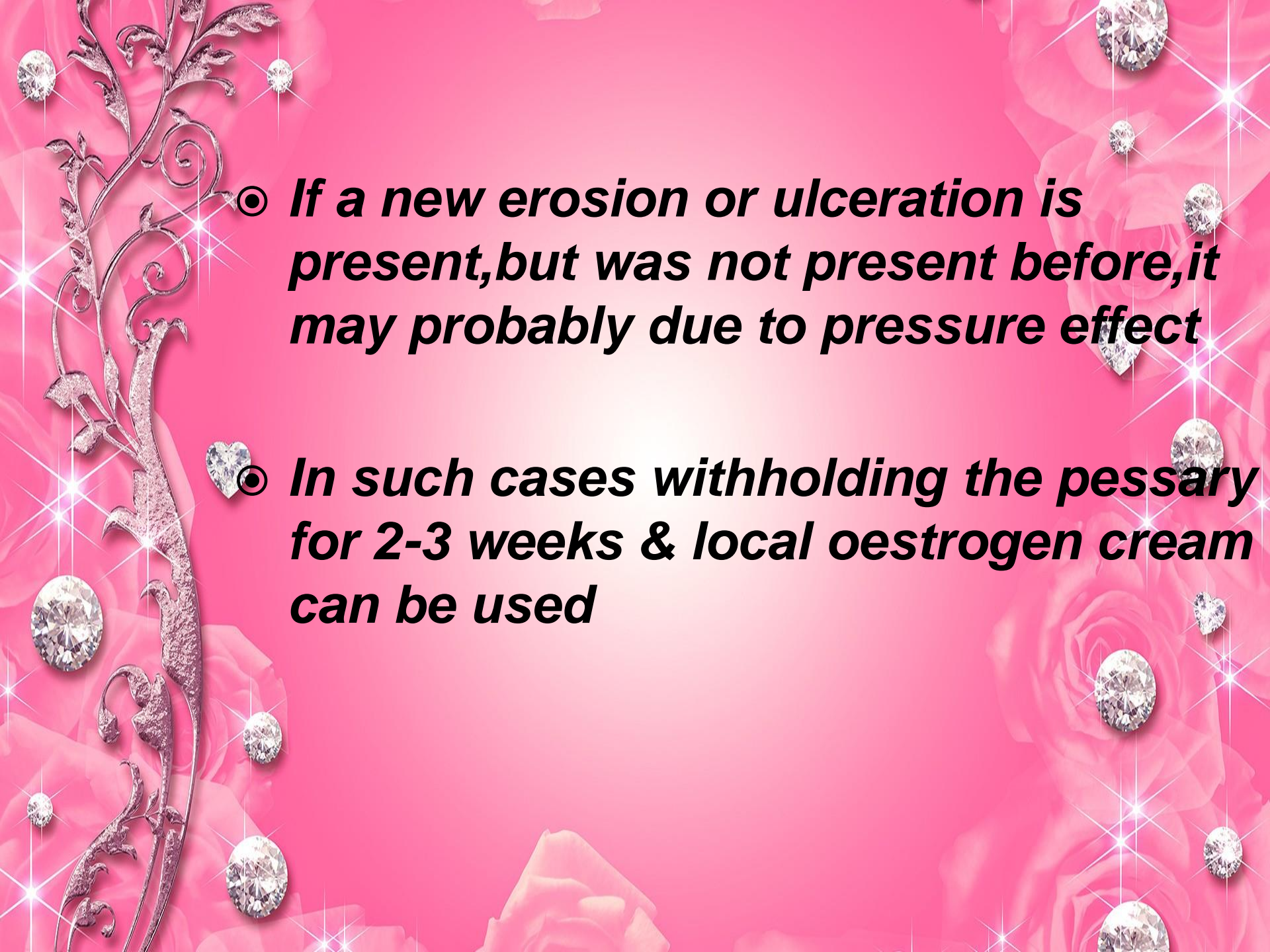
© ***Look for proper positioning & lack of undue tension on the vaginal wall***

© ***The pessary is then removed & the vaginal & cervical surfaces are carefully inspected for any evidence of erosion & ulceration***



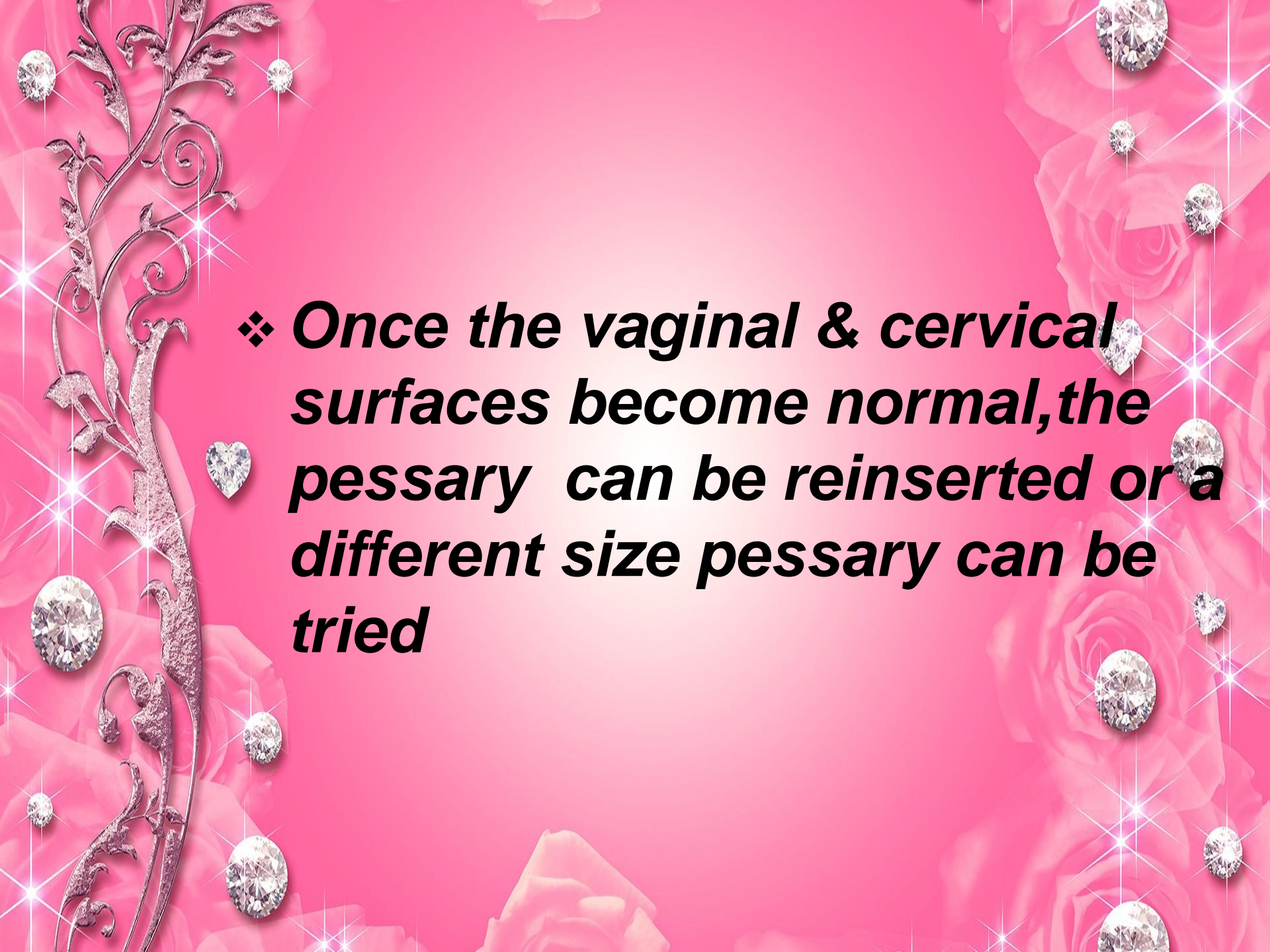
© ***Suspicious lesions should be biopsied***

♥ © ***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***

The background is a vibrant pink with a pattern of soft, light-colored roses. Scattered throughout are several clear, faceted diamonds of various sizes, some with bright starburst light effects. On the left side, there is a vertical, ornate silver vine with intricate scrollwork and leaves.

❖ 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***

The background is a vibrant pink with a subtle pattern of roses. A vertical silver vine with leaves and small diamonds runs down the left side. Scattered throughout are various sizes of diamonds, some round and some heart-shaped, each with a bright starburst effect.

REVIEW OF LITERATURE

Article Management of Incarcerated Vaginal Pessaries

Pedro A. Poma

Journal of the American Geriatrics Society (Impact Factor: 4.57). 08/1981; 29(7):325-7. DOI: 10.1111/j.1532-5415.1981.tb01274.x
Source: PubMed

ABSTRACT

Uterine procidentia is relatively common among white multiparous women. The incidence increases with age in association with other predisposing factors. Conservative management of uterine prolapse is rare today, perhaps due to definitive results with surgical therapy and the high incidence of earlier hysterectomy. Still, physicians should become familiar with pessary use and its complications. Three conservatively managed cases of pessary incarceration are reported. Applications of estrogen cream improved the condition of the vagina, permitting removal of the incarcerated pessary a few days later. Careful instruction of patients and relatives about follow-up care can prevent such complications.

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Article: Adult Conservative Management

P. D WILSON

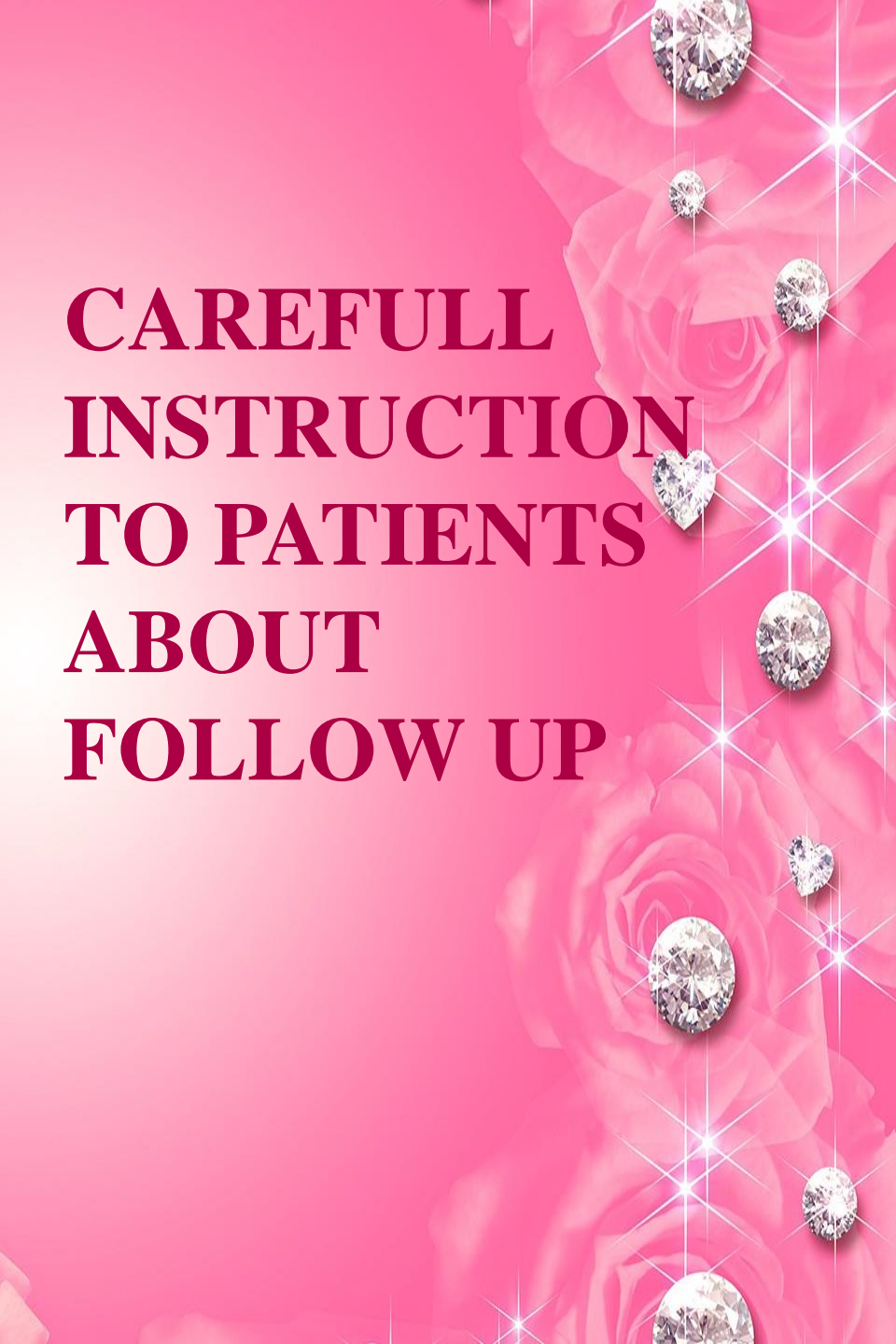
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Article: Sulfhydryl chemistry of Salmonella typhimurium phosphoribosylpyrophosphate synthetase: Identification of two classes of cysteinyl residues

Kenneth W. Harlow Robert L. Switzer

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CAREFULL INSTRUCTION TO PATIENTS ABOUT FOLLOW UP



Rajiv... x Manage... x +

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J Am Geriatr Soc. 1981 Jul;29(7):325-7.

Management of incarcerated vaginal pessaries.
Poma PA.

Abstract
Uterine procidentia is relatively common among white multiparous women. The incidence increases with age in association with other predisposing factors. Conservative management of uterine prolapse is rare today, perhaps due to definitive results with surgical therapy and the high incidence of earlier hysterectomy. Still, physicians should become familiar with pessary use and its complications. Three conservatively managed cases of pessary incarceration are reported. Applications of estrogen cream improved the condition of the vagina, permitting removal of the incarcerated pessary a few day later. Careful instruction of patients and relatives about follow-up care can prevent such complications.

PMID: 7240622 [PubMed - indexed for MEDLINE]

Publication Types, MeSH Terms, Substances

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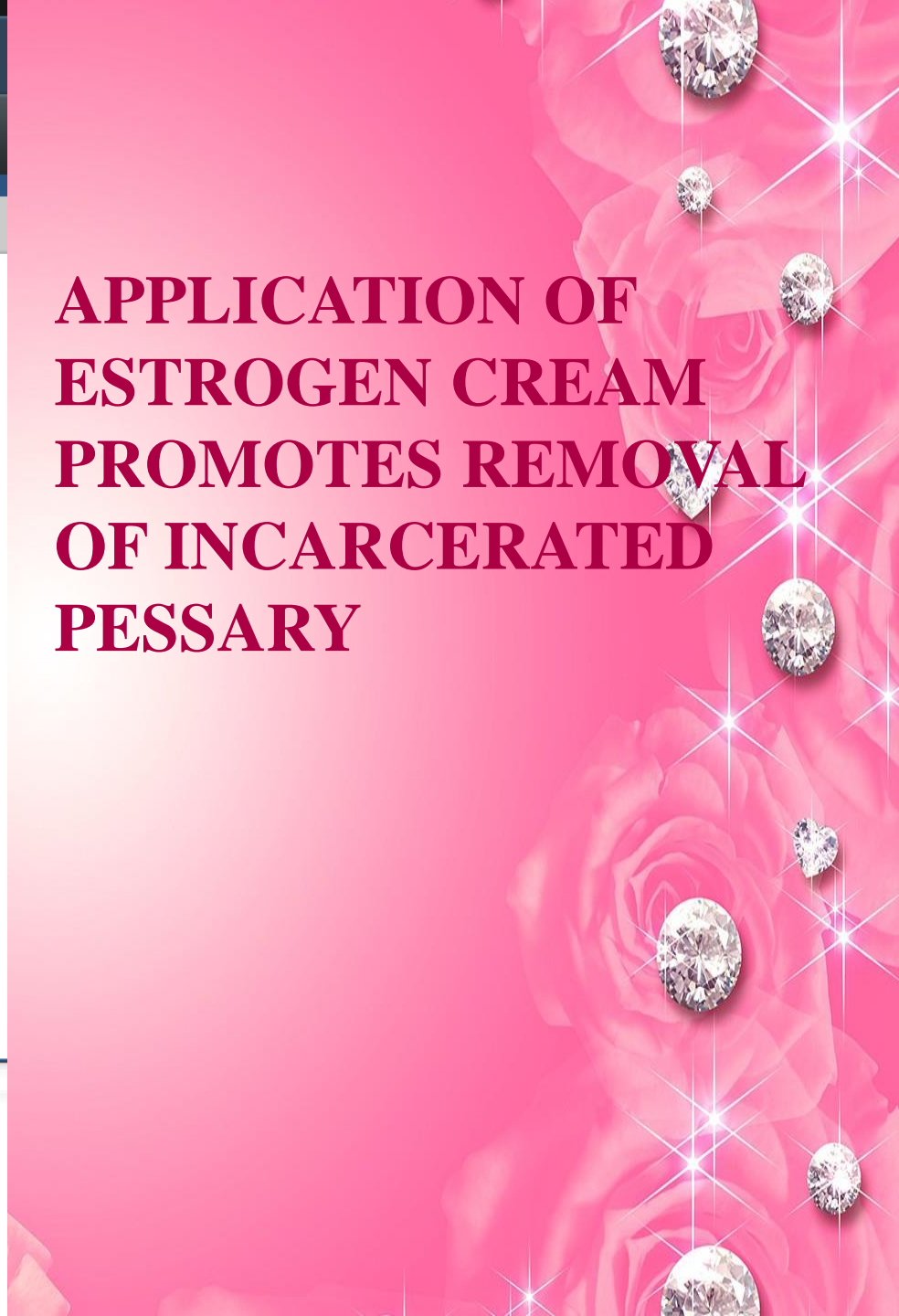
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APPLICATION OF ESTROGEN CREAM PROMOTES REMOVAL OF INCARCERATED PESSARY



European Journal of Obstetrics & Gynecology and Reproductive Biology

10 November 2004, Vol. 117(1):4–9, doi:10.1016/j.ejogrb.2003.10.037

Review

The use of pessaries in vaginal prolapse

Mark E. Vierhout

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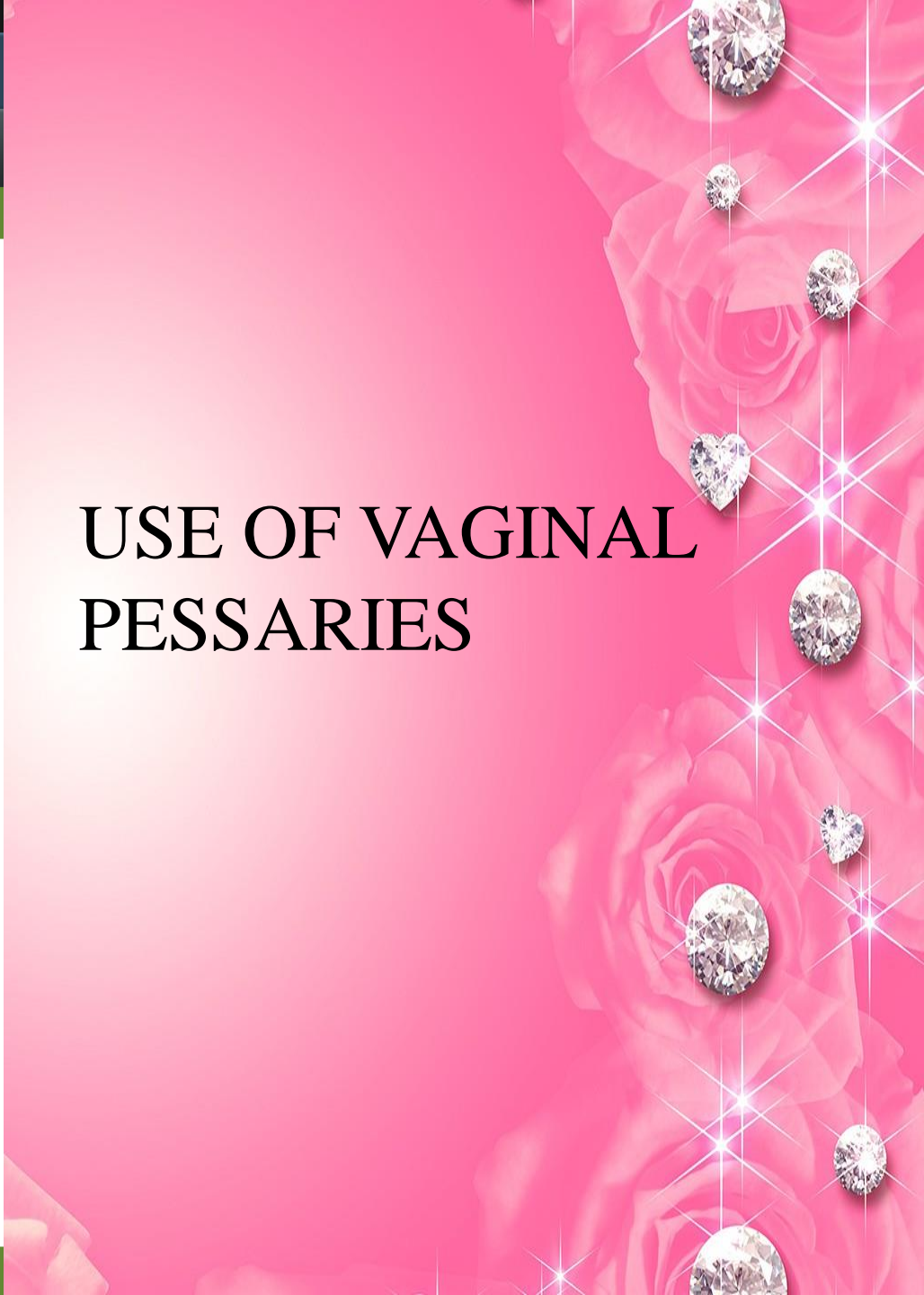
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Abstract

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 succes 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



USE OF VAGINAL PESSARIES



Fig. 1. Thick band of granulation tissue causing entrapment of the pessary.

REFERENCES:

- Sivasuriya M. Cervical entrapment of a polythene vaginal ring pessary--a clinical curiosity. Aust N Z J Obstet Gynaecol. 1987 May;27(2):168-9.
- Berger J, Van den Bosch T, Deprest J. Impaction after partial expulsion of a neglected pessary. Obstet Gynecol. 2009 Aug; 114(2 Pt 2):468-70.
- Cundiff G W, Weidner A C, Visco AG, Bump R C, Addison W A. A survey of pessary use by members of the American Urogynecologic Society. Obstet Gynecol 2000; 95(6):931-935.
- Stephan WB, Zaaijman Jdu T. Retention of a vaginal ring pessary in a postmenopausal patient. S Afr Med J. 2007 Aug; 97(8):552.



Thank you !!!