

Intrauterine Foreign Body in a Child

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Abstract

Foreign bodies in the genital tract are reported more commonly in women. Symptoms are not specific. In our report a child consulting for chronic pelvic pain, was diagnosed with intrauterine foreign body and managed successfully. Early diagnosis and emergent treatment may avoid serious complications. Removal under scope control is a safe therapeutic way.

Introduction

Foreign bodies in the genital tract may be placed accidentally or on purpose. Such cases are reported more commonly in women with altered memory, involved in substance abuse or with psychological disorder. Symptoms are not specific. Removing these bodies without trauma or disorders of uterus and vagina may present considerable difficulties. In our report, a child consulting for chronic pelvic pain was diagnosed with intrauterine foreign body and managed successfully.

Case presentation

A 6 year old girl consulted for isolated pelvic pain evolving for 1month. She first, saw a doctor who prescribed symptomatic treatment. The pain was not relieved, and then she was referred to our department. The girl did not have any particular medical or surgical illness and didn't report any history of trauma. No abnormality was detected in the general physical examination. There was no fever; the abdomen was soft depressible, the external genitalia looked normal and the rectal touch also. Laboratory tests were normal. Abdominal ultrasound was normal. Abdominal X-ray, asked to search for urolithiasis, showed a foreign object which seems into the rectal bulb (Figure 1).

Pelvic computed tomography confirmed the presence of a thin metallic body retained between vagina and the posterior wall of the uterus. We decided to examine the child under general anesthesia. She was placed in gynecological position. There was no vaginal dys charge. The hymen was intact. As the parent asked we didn't use speculum, vaginoscopy or hysteroscopy considering the risk of tearing the hymen. We couldn't access to the uterine cavity. So we used scopic control to remove delicately the foreign object (Figure 2). It was a metallic axle of atoy car measuring 4 cm long axis (Figure 3). After the removal of the foreign body, the pain resolved completely and control ultrasound was normal. The patient was followed by a pediatric psychiatrist. No incident has been noted during two years of follow-up.



Figure 1: Abdominal X ray showed a foreign body in the pelvis.



Figure 2: The removal of the foreign body under fluoroscopic control.



Figure 3: The foreign body: wheel and axle of atoy car.

Discussion

Girls can inflict foreign body into the vagina accidentally, during the game or for sexual stimulation. Psychiatric disturbance maybe found [1]. The possibility of sexual abuse should be excluded. Small children are usually unable to narrate how or when the object was inserted in the genital tract. This may delay parents seeking help for non specific complaints. In our case, the psychiatric examination was normal but the girl reported that she fell while playing with his little brother and pain began just after the fall.

The foreign object can be retained for a long time. In fact, symptoms are often found linked to the appearance of complications .In addition to pain, the child may present mucosal irritation, vaginal discharge following infection [2,3], or vaginal bleeding [4]. The foreign body can be impacted or displaced and causing local trauma, bladder or rectum injury [3], bowel obstruction or peritoneal perforation and peritonitis [2]. It may lead to serious morbidity and

late complications such as pelvic inflammatory disease, genito-urinary fistula [5], recurrent vulvo-vaginites [1], stenosis of vagina, intra uterine synechia and infertility [1,6].

Diagnosis is based on detailed history, clinical and mainly gynecological examination. The object may however, be placed deep inside and may be missed in local examination. Some patients have poor compliance. X-ray may guide the diagnosis. Ultrasound and CT scan are beneficial radiological explorations for revealing intra genital foreign body [2, 7].

As a diagnostic and therapeutic tool, vaginoscopy was used for recurrent vulvo-vaginites and for unexplained vaginal bleeding in child [4]. Hysteroscopy was used for a deep inflicted foreign body [1]. Some authors proposed vaginoscopy with 4mm hysteroscope under general anesthesia and vaginal irrigation with normal saline for the removal of foreign body [3]. Other used sponge forceps. The genital examination, in some Arabic country like our, is delicate and a sensitive topic. In fact there is fear of tearing the hymen which carries many social implications. In our case the examination was not easy and we used scopic control to retrieve delicately the object and it was a successful way which has not been reported before.

Conclusion

Intra uterine foreign objects are rarely encountered in children. We should exclude their presence in front of chronic pelvic complaints especially among little girls. Early diagnosis and emergent treatment could avoid serious complications. Removal under scopic control seems a safe therapeutic way.

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