



Online Case Report

Forgotten vaginal pessary eroding into rectum

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Vaginal pessaries still have a role in the management of uterine prolapse, particularly in elderly patients. However, they are known to cause serious complications if proper care is not taken. We present a case of a rectovaginal fistula, developing secondary to a forgotten vaginal pessary. The shelf pessary was found to have eroded through into the rectum. A review of the relevant literature was undertaken and complications associated with vaginal pessaries are discussed.

Key words: Vaginal pessary – Rectovaginal fistula

Vaginal pessaries are effective in treating uterine prolapse but on rare occasions can cause serious complications if proper care is not taken.

Case history

An 88-year woman was referred urgently to the surgical clinic with a history of feculent vaginal discharge. Her practice nurse noticed that following an enema, it had expelled through the vagina. She also reported 6–8 weeks of constipation alternating with diarrhoea and faecal incontinence. Prior to this, her bowel habits had been normal.

On examination, she was frail, but well oriented. Abdominal examination was normal. Digital rectal examination showed faecal loading and a hard object was felt in the anterior rectal wall. Speculum examination of the vagina showed faeces in the vagina along with a hard object high in the vagina, thought to be a pessary. The patient could not recollect having been fitted with a vaginal pessary. She was treated for urinary infection with antibiotics and the large bowel was cleared of faeces with regular enemas. An abdominal X-ray and a CT scan of the pelvis were obtained.

She had an examination under anaesthesia. A shelf pessary was found high in the vagina with its handle eroding through the posterior fornix into the lower rectum 8 cm from the anal verge. The pessary (Fig. 1) was



Figure 1 Shelf pessary.

removed to reveal a defect in the posterior fornix of the vagina (Figs 2 and 3). Colonoscopy was normal apart from the defect in the anterior wall of the rectum. There was no sign of malignancy. In view of the patient's frailty, a diverting end colostomy was performed. The patient made an uneventful recovery.

Comments

Surgical repair is the definitive treatment for uterine prolapse. Elderly patients are known to tolerate vaginal

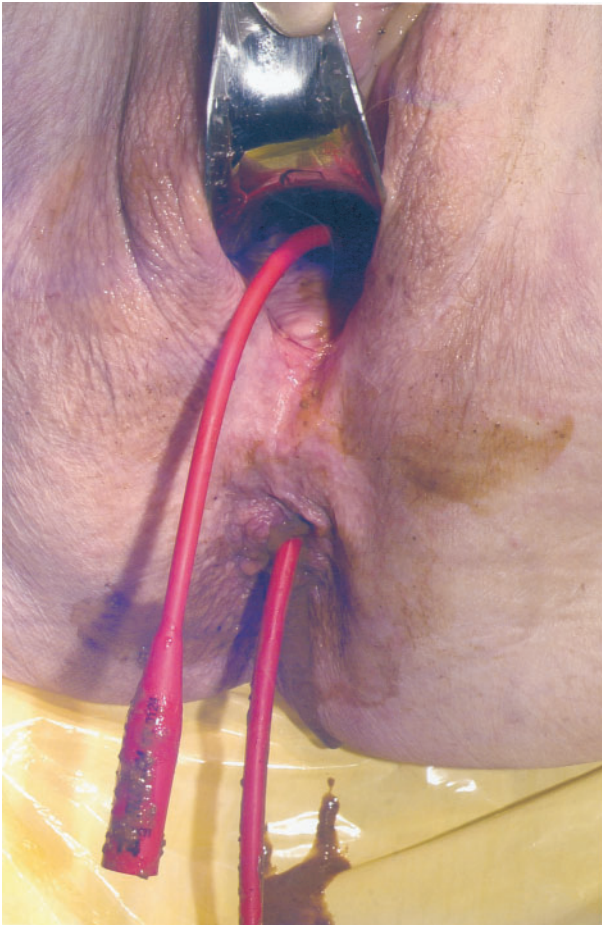


Figure 2 Rubber tube through the defect demonstrating rectovaginal fistula.

extirpative and reconstructive surgery well. Nevertheless, vaginal pessaries still continue to have a place in the management of uterine prolapse, particularly in those who are unfit for surgery and those who refuse or waiting for surgery.¹ Although vaginal pessaries are very effective in correcting prolapse, they are not devoid of complications. Proper care and hygiene is essential to prevent complications. Pessaries are known to cause vaginal irritation, allergic reactions, leucorrhoea, ulceration, bleeding and cancer.^{2,3} Ideally, pessaries should be removed and cleaned every 6 weeks.⁴ With a growing elderly population, the use of vaginal pessaries is increasing. The risk of complications from neglect and improper management thereby increases.

Recto-vaginal fistulas in association with pessary neglect are rare. On literature review, there were only 2 reports of this complication.^{3,5} Other rare, but serious, complications reported from pessary neglect included small bowel obstruction,⁶ small bowel prolapse and incarceration,⁷ erosion into the bladder,⁸ and urosepsis and hydronephrosis.^{9,10}

Although vaginal pessaries are effective in treating uterine prolapse, care must be taken to avoid serious

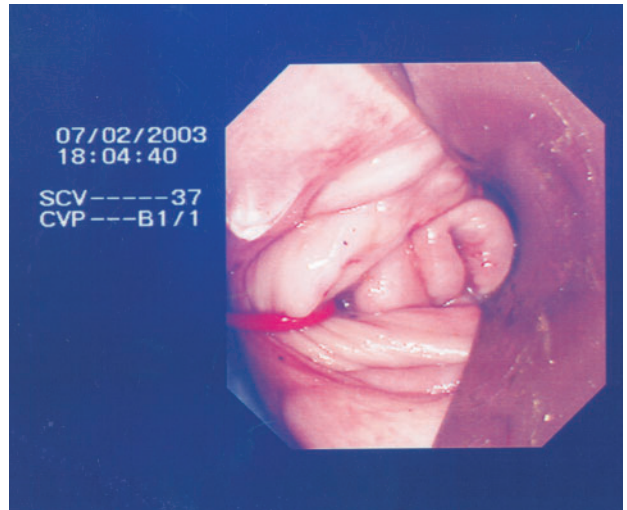


Figure 3 Picture demonstrating defect in the posterior fornix.

complications.

We recommend that any elderly patient fitted with a pessary should be issued with a card indicating the type of pessary and date of insertion. The patient's General Practitioner should also be informed. It is important that elderly females, especially those suffering from senile dementia presenting with lower gastrointestinal, urological and gynaecological symptoms, are offered a pelvic examination to check for vaginal pessaries.

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