INCARCERATED VAGINAL PESSARY: A RARE COMPLICATION

So-Jung Liang, Pui-Ki Chow, Szu-Yuan Chou, Chun-Sen Hsu*

Department of Obstetrics and Gynecology, Taipei Medical University Wan Fang Hospital and Taipei Medical University College of Medicine, Taipei, Taiwan.

SUMMARY

Objective: A patient with uterine prolapse (procidentia uteri) received a vaginal pessary, which became incarcerated in the vaginal wall.

Case Report: A 70-year-old female patient had been treated for uterine prolapse by insertion of a ring-shaped silicone pessary for about 3 to 4 years. The patient neglected the pessary, which unfortunately became incarcerated in the vaginal wall; it was impossible to remove. Finally, the pessary was displaced after cutting it into two pieces under general anesthesia.

Conclusions: After having inserted a vaginal pessary, patients need to be instructed on its regular removal and cleaning to prevent complications such as infection, ulceration, and incarceration. [*Taiwanese J Obstet Gynecol* 2004;43(3):149–150]

Key Words: incarceration, procidentia uteri, vaginal pessary

Introduction

Pelvic relaxation is usually corrected surgically, but placement of vaginal pessaries is also used as an alternative treatment for older women where surgery would be associated with high risks, or in those who refuse to have surgery [1]. Complications of vaginal pessaries include vesicovaginal fistulas, rectovaginal fistulas, cervical entrapment, and pessary incarceration [2]. Here, we present a rare complication: incarceration of a pessary in the vaginal wall.

Case Report

A 70-year-old female patient complained of having nocturia for several months. Pelvic examination revealed that a silicone ring-shaped pessary, 8 cm in diameter (Milex Products, Chicago, IL, USA), was incarcerated in the vaginal wall (Figure 1). She had suffered from uteropelvic prolapse that had been treated with a vaginal pessary for 3 to 4 years. She had not regularly removed and cleaned the pessary in the past 3 years. She had also not returned to the gynecology clinic for follow-up visits or hormonal replacement therapy. She had had a general regular health examination in a private clinic 6 months before she came to us, and the gynecologists had attempted to remove the incarcerated pessary without success. Significant findings included hypertension (blood pressure, 180/110 mmHg), diabetes mellitus (fasting blood glucose, 269 mg/dL), and a history of transient ischemic attacks. She had had a stroke and had developed hemiparesis on the left side this year. After preoperative preparation, we removed the patient's pessary under general anesthesia (Figure 2). To aid removal, the pessary was cut into two pieces and smoothly pulled out. Rectal examination was negative for mucosal injury. We performed a vaginal hysterectomy and modified LeFort colpocleisis to treat her cystocele, rectocele, and uterine prolapse. Although the patient had a recurrent stroke on the second postoperative day, she was given proper medical care

**Correspondence to:* Dr. Chun-Sen Hsu, Department of Obstetrics and Gynecology, Taipei Medical University Wan Fang Hospital, 111 Hsing-Lung Road, Section 3, Taipei 116, Taiwan.
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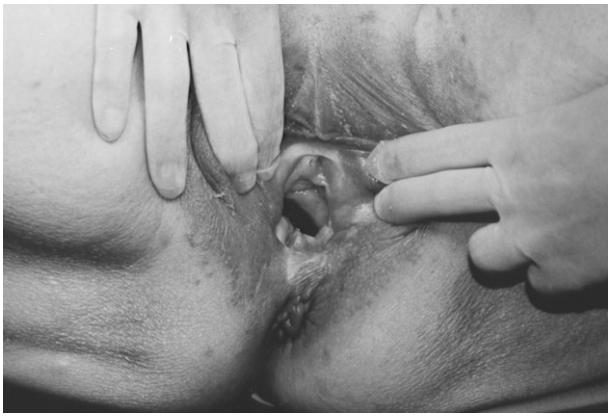

Figure 1. Pessary incarcerated in the vaginal wall.

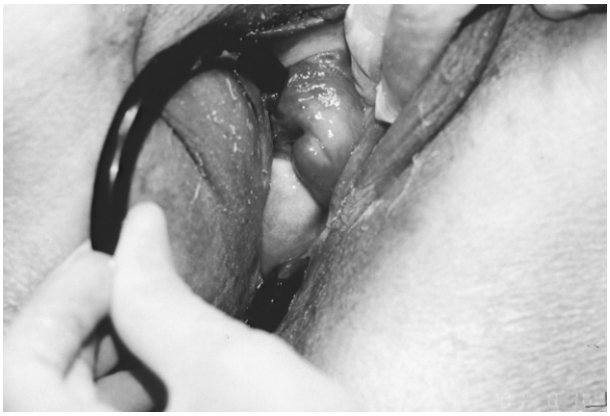

Figure 2. Pessary before removal. The ring-shaped pessary is incarcerated in the upper vaginal wall.

and was discharged on the 22nd postoperative day in a stable condition.

Discussion

Causes of uterine prolapse include the trauma of childbirth, atrophy and thinning of the vaginal epithelium due to estrogen deficiency, vascular insufficiency, reduced connective tissue, and chronically increased intra-abdominal pressure [3]. The placement of pessaries is an effective and comfortable treatment for pelvic relaxation. However, pessaries need to be inserted properly and to be cared for on a regular basis. In elderly patients, it is better to treat vaginal atrophy with estrogen cream or oral estrogen agents before pessary placement. The type or size of a pessary may need to be changed to prevent it being dislodged by a Valsalva maneuver or ambulation. Careful selection, proper insertion, and regular removal and cleaning of the vaginal pessary can avoid complications, such as infection, ulceration, and incarceration [2]. Ideally, the pessary should be removed every night, but some leave it in place for a few weeks at a time. These decisions should be made on an individual basis, as long as no ulceration or other complications arise. It is critical that the patient be followed-up at regular intervals; 6 to 12 months is usually adequate for patients who are having no difficulties with pessary care [4]. In this case, the elderly lady had received no hormonal replacement therapy. She also neglected to remove and clean the pessary regularly. Furthermore, she forgot to undergo regular follow-up visits to the clinic. Although serious complications are rare with pessary use, this situation developed because of a misunderstanding. Ultimately, she underwent vaginal hysterectomy and modified LeFort colpocleisis as surgical correction, which may be the definitive treatment for severe uterine prolapse.

In conclusion, clinicians should be alert to the possibility of pessaries causing serious complications such as incarceration and fistula formation. However, pessaries still play an important role in the treatment of genital prolapse, especially in elderly patients.

References

1. Wood NJ. The use of vaginal pessaries for uterine prolapse. *Nurse Pract* 1992;17:31,35,38.
2. Grody MH, Nyirjesy P, Chatwani A. Intravesical foreign body and vesicovaginal fistula: a rare complication of a neglected pessary. *Int Urogynecol J Pelvic Floor Dysfunct* 1999;10:407–408.
3. Zeitlin MP, Lebherz TB. Pessaries in the geriatric patient. *J Am Geriatr Soc* 1992;40:635–639.
4. Bash KL. Review of vaginal pessaries. *Obstet Gynecol Surv* 2000;55:455–460.