Olgu Sunumu Case Report

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An Extreme Case Of Embedded Neglected Pessary Presenting With Pelvic Inflammatory Disease

Pelvik İnflamatuar Hastalığa Sebep Olan Sıradışı Bir İhmal Edilmiş Gömülü Peser Olgusu

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ABSTRACT

Pessaries have been the major non-surgical treatment option for pelvic organ prolapse (POP). However, when the devices are not used appropriately, serious complications and deaths may be occurred. A 78 years old, multiparous woman was hospitalized with diagnosis of pelvic inflammatory disease (PID) and embedded neglected pessary. In history, it's learned that a ring pessary was placed 22 years ago due to POP. After the treatment of PID, the adhesions, between the posterior vaginal wall and cervix, was separated by blind and sharp dissection and pessary was removed without any urinary and bowel complications.In a patient who has neglected pessary with symptoms of fever, pelvic-abdominal pain and other symptoms about urinary and intestinal systems need prompt evaluation, diagnosis and treatment. On the other hand, physicians have to be aware of a neglected pessary and not to omit pelvic examination when an elderly woman, especially if she has dementia.

Keywords: Pessary, pelvic organ prolapse, pelvic inflammatory disease

ÖZ

Peser pelvik organ prolapsusunun konservatif tedavi seçenekleri içinde önde gelen yöntemlerden biridir. Ancak, peserler uygun olarak kullanılmadıklarında hasta kaybına kadar gidebilecek ciddi komplikasyonlara yol açabilmektedirler. 78 yaşında multipar hasta pelvik inflamatuar hastalık ve gömülü peser tanıları ile hastaneye yatırıldı. Medikal hikayesinde, hastaya 22 yıl önce pelvik organ prolapsusu tanısı ile halka peser takıldığı öğrenildi. Pelvik inflamatuar hastalığon tedavisini takiben arka vajinal duvar ve serviks arasındaki adezyonlar künt ve keskin diseksiyonlarla ayrıştırılarak, peser üriner veya gastrointestinal herhangi bir komplikasyon olmaksızın çıkarıldı. Takipsiz peser hastalarında eşlik eden ateş varsa, pelvik-abdominal ağrı ve üriner-gastrointestinal tüm semptomlar hızlıca değerlendirip tanı ve tedavisi sağlanmalıdır. Yanı sıra, değerlendirmelerde özellikle yaşlı demansif hastalarda ihmal edilmiş peser ihtimali akılda tutulmalı ve pelvik muayene atlanmamalıdır.

Anahtar Kelimeler : peser, pelvik organ prolapsusu, pelvik inflamatuar hastalık

Introduction

Pessaries have been the major non-surgical treatment option for pelvic organ prolapse (POP) and have been used by both patients and physicians safely. Also there have been few studies conducted and reported about the complications of pessary, the most frequent complication, like vaginal discharge, bleeding, foul odor and superficial mucosal erosion, can be resolved simply (1,2). On the other hand, serious complications and deaths related to use of pessary have been reported (2-4). In this report we present the recovery process of an extreme patient with pelvic inflammatory disease (PID) and embedded pessary due to a neglected usage for more than 20 years.

Case Report

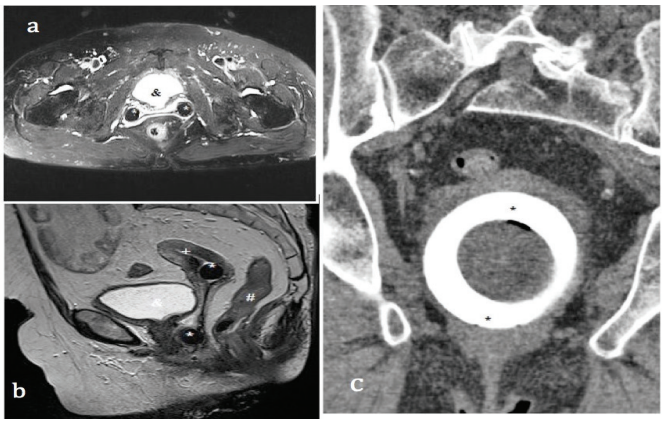
A 78 years old, multiparous woman was referred to our clinic with vaginal discharge, fever, abdominal pain and embedded pessary. In history, it's learned that a ring pessary was placed 22 years ago due to POP and she had never been consulted or evaluated by any physicians, since then. At initial examination both a malodorous purulent vaginal discharge and an embedded ring pessary were identified. Body temperature was measured 38.8°C orally and at physical examination abdominal and adnexal tenderness was observed. Serum leukocyte and C - reactive protein (CRP) was measured 14.7 K/uL and 84.4 mg/dl, respectively. Urine analyzes was normal. By radiologic examination with computerized tomography, embedded ring pessary and its association with surrounding tissues were identified (Figure 1).

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Figure 1 : Radiologic images of the embedded pessary with computerized tomography. Sagittal, axial and coronal planes were shown on 1a, 1b and 1c, respectively. * arms of the pessary,

& bladder and # rectum.



For the treatment of PID, parenteral antibiotic regime (ceftriaxone 1 gr intravenously (IV) two times a day and metronidazole 500 mg IV three times a day) was given and daily vaginal douche with 0.1% octenidine dihydrochloride antiseptic solution was performed. Day by day, malodorous vaginal discharge, fever and symptoms of patients were resolved and after 4 days of antibiotic treatment, the pessary was removed by the gynecology department in the presence of general surgery and urology department. During surgery, it was identified that adhesions were occurred between posterior vaginal wall and cervix due to chronic irritation and the part of the ring was confined by that adhesions. By blind and sharp dissection, adhesions were separated without any urinary and bowel complications and pessary could be removed in a single piece, successfully (Figure 2). After the operation, vaginal cream with 1% estriol was applied twice daily. Four days after the operation, the patient was discharged with complete recovery. Furthermore, POP surgery was not needed in the future due to mild POP (POP-Q Classification Grade 2) .



Figure 2: The pessary(*) and adhesions which were occurred between posterior vaginal wall and cervix.

Discussion

POP defined as the descent of pelvic organs and their associated vaginal segments into or through the vagina due to the weakening of the pelvic support. The etiology of POP is multifactorial, however with the aging of the population it has been observed more commonly. It has been estimated that half of women over 50 years of age have faced with this troublesome condition and need for surgery ranging from 1.5 to 1.8 per 1,000 women years (5,6).

Patients with POP may be asymptomatic or have significant symptoms such as those related to lower urinary tract, pelvic pain, defecatory problems, fecal incontinence, back pain and dyspareunia (7). Moreover, the severity of symptoms are also associated both the patients' desire and the choice of treatment option. The women who are asymptomatic or mildly symptomatic can be managed expectantly; however the women with significant prolapse or for those with bothersome symptoms, surgical and nonsurgical therapies may be needed. Surgical therapies, including obliterative and reconstructive approaches, are the main treatment options in many cases and most pelvic surgeons favor these modalities (8). But, nonsurgical therapies, especially pessaries, are usually considered in patients with mild prolapse, with desires preservation of future fertility, those in patients when surgery may not been applied and patients who decline surgery.

Pessaries have various types and sizes, and they are selected according to the indications. Support pessaries, such as the ring pessary, are effective in women with mild to moderate prolapse; conversely space filling pessaries, such as cube or Gellhorn pessaries, are used in women with severe prolapse or at procidentia. Without their types, reporting going to continue rates to use those over 12 months were more than 50% (9,10). However; there have been few studies conducted and reported about the complications of pessary usage and the data on complications relevant to appropriate discussion of consent with patients and planning of long-term fallow strategies are limited.

In practice, vaginal discharge, bleeding, foul odor and superficial mucosal erosion are the most frequent problems with the use of pessaries and these were commonly associated with using inappropriate size and shaped devices (1,2). Although these can be resolved simply, also rare and serious complications such as fistulas, bowel incarcerations, cancers and deaths have been reported and these were especially encountered in elderly patients with also neglected devices (3,4).

The patient with a neglected pessary with the symptoms of fever, pelvic-abdominal pain and symptoms about urinary and intestinal systems are needed a prompt evaluation, diagnosis and treatment. Physicians have to be aware of serious complications as noted previously and manage the patient comprehensively. Though fistula, cancer or other serious complications were not detected in our case; multidisciplinary approach should be needed in these patients. On the other hand, physicians have to be aware of a neglected pessary and pelvic examination should be done routinely in elderly women, especially in patient with dementia.

Pessary is a rescue tool for patients with POP, especially those in whom surgery may not be an option. Moreover there are few contraindications of these devices, also fortunately the most frequent complications can be resolved simply. However, physicians have to be careful about selecting and the follow up of the cases.

Kaynaklar

1. Bugge C, Adams EJ, Gopinath D, Reid F. Pessaries (mechanical devices) for pelvic organ prolapse in women. Cochrane Database Syst Rev. 2013;2:CD004010.
2. Abdulaziz M, Stothers L, Lazare D, Macnab A. An integrative review and severity classification of complications related to pessary use in the treatment off female pelvic organ prolapse. Can Urol Assoc J. 2015;9(5-6):400-6.
3. Penrose KJ, Ma Yin J, Tsokos N. Delayed vesicovaginal fistula after ring pessary usage. Int Urogynecol J. 2014;25(2):291-3.
4. Kankam OK, Geraghty R. An erosive pessary. J R Soc Med. 2002;95(10):507.
5. Cost of pelvic organ prolapse surgery in the United States. Obstet Gynecol. 2001;98(4):646-51.
6. Barber MD, Maher C. Epidemiology and outcome assessment of pelvic organ prolapse. Int Urogynecol J. 2013;24(11):1783-90.
7. Smith TA, Poteat TA, Shobeiri SA. Pelvic organ prolapse: an overview. JAAPA. 2014;27(3):20-4.
8. Choi KH, Hong JY. Management of pelvic organ prolapse. Korean J Urol. 2014;55(11):693-702.
9. Sulak PJ, Kuehl TJ, Shull BL. Vaginal pessaries and their use in pelvic relaxation. J Reprod Med. 1993;38(12):919-23.
10. Wu V, Farrell SA, Baskett TF, Flowerdew G. A simplified protocol for pessary management. Obstet Gynecol. 1997;90(6):990-4.