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# Incarcerated Vaginal Pessary- A Report of Two Cases

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***Abstract:*** *A pessary is a medical device inserted into the vagina, either to provide structural support, or as a method of delivering medication[1]. The use of vaginal pessaries for symptomatic pelvic organ prolapse is well established. The favourable physical and chemical properties of silicon have made pessaries safer to use for the treatment of pelvic organ prolapse. Complicationsare rare when pessary care is regular. We report two cases of partially incarcerated vaginal pessary. First one being a case of pessary neglect, who presented after 2 years of pessary insertion, second case is a partial incarceration of a ring pessary despite regular follow up at sree balaji medical college.*

***Keywords:*** *Incarceration, Vaginal pessary, Prolapse, Fistula*

## I. Introduction

Pelvic organ prolapse affects one third of women in india. Treatment options are pelvic floor exercises, pessary insertion or surgical interventions[2]. Recently pessaries have been offered routinely as a first line of treatment option for symptomatic pelvic organ prolapse and in patients with medical comorbidity, those who are unfit / unwilling for surgical interventions and young women who still wish to bear children. Complications of vaginal pessaries[3] are
Vaginal discharge and odour ,
Infection
Erosion and ulceration
Bleeding
Itching and irritation
Incarceration
Displacement with VVF and RVF.
Interruption with intercourse and contraception, Vaginal carcinoma

## Case Report 1:

68 year old female $P_8L_7A_1$ with previous normal vaginal deliveries with no complications, LCB -25yrs back, attained menopause 15 yrs back presented to outpatient department with complaints of supra pubic pain and difficulty in micturition patient was taking antibiotics for UTI, which was not improving her symptoms. Patient is a known case of pelvic organ prolapse for which vaginal ring pessary was inserted two years back at sirukazhi, with instructions for follow up every 3 months. As she had no difficulties with the pessary, she did not turn for follow up. The patient was offered either surgical interventions or a pessary as a option, but patient opted for vaginal pessary. Known diabetic on treatment for 5 years.

**Speculum examination :-** the posterior semicircle of the pessary was embedded in the posterior vaginal wall with a 2 cm band of vaginal epithelium over the pessary.

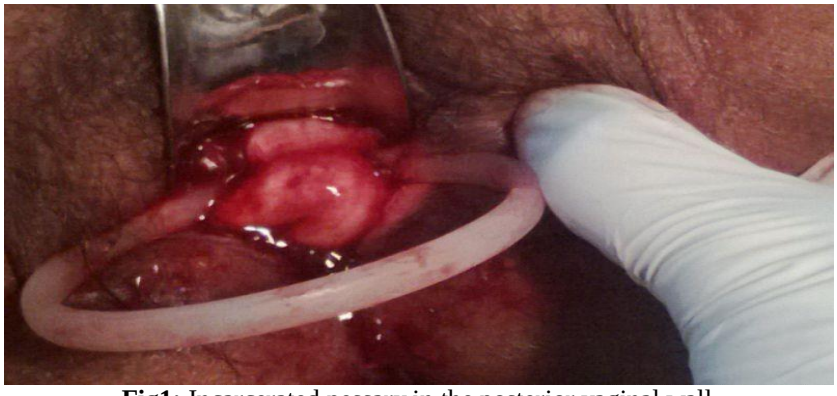

**Fig1:** Incarcerated pessary in the posterior vaginal wall

**Case Report 2:**

75 years old female $P_6L_4D_3A_1$ with previous normal vaginal deliveries with no complications, LCB - 35yrs back, attained menopause 20 yrs back, known case of pop for past 10 yrs presented to outpatient department for her routine 3 monthly pessary review, known hypertensive on treatment for 10 years. She had no current complaints and was satisfied using ring pessary.

**Speculum examination** revealed ring pessary embedded in the left lateral vaginal wall

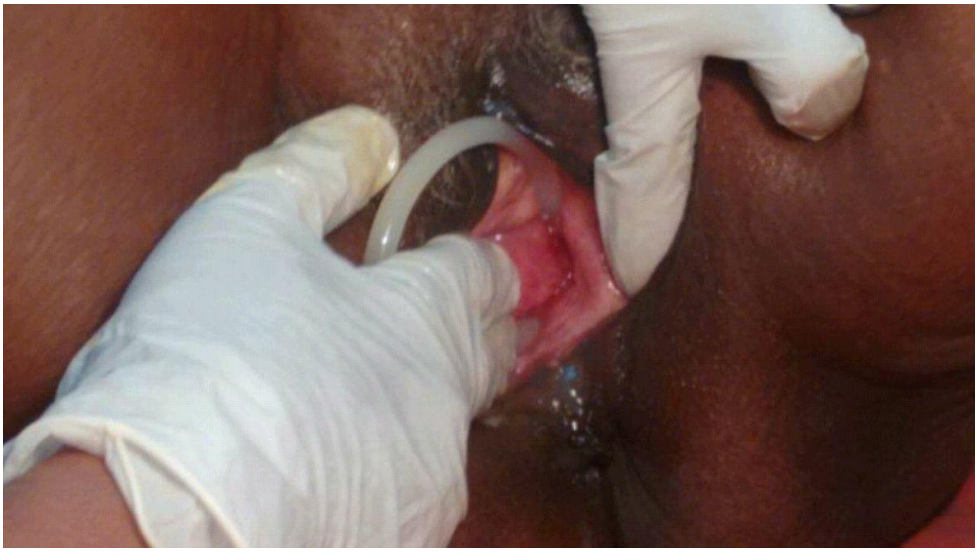

**Fig 2** showing incarcerated pessary in the left lateral vaginal wall

For both the patients there was no ulceration, discharge, necrosis or vaginal bleeding.

**Rectal examination -** Rectal mucosa was intact

For both the patients pessaries were removed under IV sedation by cutting the ring pessary with a scalpel and the vaginal bed after removal was smooth without any erosion or ulceration.

Re examination of the rectum showed an intact mucosa. Both the patients withstood procedure well, post operatively patients were treated with antibiotic and, analgesics.

Condition at discharge patients were normal without any specific complaints.

Follow up of the patients after 6 weeks showed healthy vagina and cervix.

## II. Discussion

Incarcerated vaginal pessary is a one which is displaced from its original position and becomes embedded in the vaginal or cervical mucosa if left in situ for years. It may erode into the rectum or bladder causing rectovaginal or vesico vaginal fistula. Major complications with ring pessaries rarely occur with regular follow up of pessary care. The exact incidence of pessary neglect is not known because, patients doesn't seek medical care unless significant problems arise.Common presentation of pessary neglect is either incidental diagnosis at the time of examination for an unrelated complaint or when patients presents with complications, such as vaginal ulceration, bleeding, discharge, fistula, voiding and defecating dysfunction[4]. These patients are usually treated with pessary removal with perioperative vaginal estrogen application, such estrogenised tissue is healthy and they are easier for surgical manipulation. The vaginal and cervical surfaces are carefully inspected for any evidence of erosion and ulceration, suspicious lesions should be biopsied. Vaginal ring incarceration is a commonly reported in older patients with neglected routine pessary care. Early entrapment of a ring pessary in patients who attend 3-6 monthly follow up is uncommon. early vaginal ring pessary entrapment may be related to the type of pessary material (vulcanised rubber v. silicone-based pessaries), concomitant vaginal atrophy, and inherent local tissue reaction in response to chronic vaginal irritation. Watch-spring and vulcanite-based (combination of rubber and sulphur) pessaries were predominantly used in the early 1900s, and polythene-based as opposed to silicone-based pessaries in the mid- 1900s[5]. These were not easily compressible and produced marked tissue reactions. Polythene, also referred to as 'common plastic', is composed of a long chain of hydrocarbons with differing molecular weights, as opposed to silicone, which consists of a silicone and oxygen backbone to which organic groups such as methyl, ethyl or phenyl are attached[6]. The chain length, cross-linking and side-group attachment determine the properties and composition, e.g. gas, liquid, gel, rubber.

## III. Conclusion

Patients should be advised for routine review at 3 - 6-monthly intervals. At these follow- up visit, the vagina is carefully inspected for erosions/abrasions, especially the lateral vaginal fornices and apical area. If a new erosion or ulceration is present which was not present earlier, it may be probably due to pressure effect, in such cases pessary should be withheld for 2-3 wks and local estrogen cream is used . Once the vaginal surface becomes normal,the pessary can be reinserted of different size can be tried. If patients are comfortable about handling the pessary and performing self care intervals may be extended to 6-12 monthly intervals. All patients should be educated about self care and the significance of strictly timed follow up.

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