

## 2<sup>nd</sup> International Conference on **Gynecology & Obstetrics**

November 16-18, 2015 San Antonio, USA

### **Incarcerated vaginal pessary- A report of two cases**

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**Background:** Vaginal pessaries have been offered as a first line of treatment for symptomatic prolapse in women not willing for surgery, not fit for surgical interventions and young women who wish to postpone surgery. We report two cases of partially incarcerated vaginal pessary.

**Case Report 1:** 68 years P8L7A1 diabetic on treatment presented with complaints of supra pubic pain and Dysuria. She is a known case of pelvic organ prolapse for which vaginal pessary was inserted 2 years back at sirkazhi, with instructions for follow up every 3 months. She had no difficulties with the pessary, so she did not turn for follow up.

**Case Report 2:** 75 years old P6L4D3A1 hypertensive on treatment, known to have a case of pelvic organ prolapse for 10 years, presented to the OPD for her routine 3 monthly pessary review with no complaints. Local examination of both the cases showed displaced vaginal pessary, first case embedded in the posterior vaginal wall and the second case in the lateral vaginal wall with a 2 cm band of vaginal epithelium between two entry points. Both cases pessaries were removed under IV sedation by cutting the ring pessary with scalpel.

**Discussion:** Incarcerated vaginal pessary is the one which is displaced from its original position and becomes embedded in the vaginal or cervical mucosa. Complications with ring pessaries are vaginal bleeding, discharge, voiding and defecating dysfunction. Neglected pessary if left in situ for years, may erode into the rectum or bladder causing rectovaginal or vesicovaginal fistula. Early vaginal ring pessary entrapment may be related to the type of pessary material, concomitant vaginal atrophy, and inherent local tissue reaction in response to chronic vaginal irritation. All patients should be educated about self-care and the significance of strictly timed follow-up visits.

### **Biography**

K Sofia Mercy is in her final year Post-graduation in Obstetrics and Gynecology (MS) at Sree Balaji Medical College & Hospital, Chennai, Tamilnadu, India. She has presented a paper in AICOG 2015.

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