
**Chronic vaginal discharge in a 7 year girl – Case report with Review
of literature**

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ABSTRACT

Vaginal discharge in children may result from a variety of causes. Persistent or recurrent foul smelling and/or serosanguineous vaginal discharge, not responsive to medical therapy may be caused by a missed vaginal foreign body. In this case, we highlight the diagnosis and management of a 7yr female child presenting with chronic foul smelling vaginal discharge.

KEYWORDS: Children, foreign body, Vaginal discharge

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INTRODUCTION

Vaginal discharge and vulvovaginitis in children is a common gynecological problem in the prepubertal age group but less common in younger girls. The predisposing factors mainly include lack of acidic pH and lack of protective effect of estrogen on vaginal mucosa ^[1]. Other common causes of vaginal discharge include bacterial vulvovaginitis, fungal vulvovaginitis, vulvar skin diseases, dermatitis, congenital malformation, foreign bodies and sexual abuse ^[1].

Nonspecific enteric bacterial agents and specific pathogens such as group A *beta - hemolytic streptococcus*, *hemophilus influenzae* and *staphylococcus aureus* are responsible in most cases ^[1].

A vaginal foreign body should always be suspected in a child who complains of persistent or recurrent foul smelling or blood stained vaginal discharge not responding to local hygiene and antibiotic treatment.

CASE REPORT

A 7year female child presented with persistent foul smelling discharge from vagina since 8months. She had received multiple courses of antibiotics for treatment of the same without

any improvement of symptoms. There was no history of sexual abuse or trauma to perineal region. There were no urinary complaints. Perineal examination was normal with extremely foul smelling discharge from vagina.

Plain radiograph of the pelvis showed an oval shaped radio-opaque shadow over pubic symphysis [Figure 1].

Figure 1 – Plain X ray pelvis Antero-posterior view showing radio opaque oval shaped foreign body.



Ultrasonography was normal. Cystogenitoscopy revealed granulation tissue with foreign body along anterior wall of vagina. The Foreign body was retrieved. It was the shoe of a doll [Figure 2] of approximately 3x2cm size.

Figure 2 – Retrieved foreign body – shoe of a doll.



There was minimal erosion at the site where it was lodged. Vagina irrigated thoroughly and broad spectrum antibiotics were started. Radio-opaque shadow seen in pelvic radiograph was consistent with oval metallic ring present in the base of shoe. A

DISCUSSION

Vaginal discharge is a common symptom in young girls and signifies a vulvar or vaginal inflammation that may manifest as chronic discharge, abdominal or pelvic pain, skin irritation, itching ^[2]. It may be caused by physical, chemical, or infectious irritants. Most children have either nonspecific or irritant vulvitis.

Some children are prone to vulvitis because they are highly sensitive to a variety of

plain radiography post operatively confirmed the absence of any other residual foreign body. Patient improved rapidly with decrease in vaginal discharge over 3 to 4 days. Psychiatric consultation was done for possibility of sexual abuse and to rule out self inflicted injury.

irritants, including soaps, poor hygiene, and tight-fitting clothing. Improved hygiene with once daily or twice-daily sitz baths as well as avoidance of bubble bath, soap, and shampoo are suggested as management techniques ^[3].

When a child presents with persistent and/or relapsing, foul smelling bloody vaginal discharge, a vaginal foreign body should be suspected ^[4]. Stricker et al reported that 49% of the girls with vaginal foreign body presented

with blood stained vaginal discharge and almost 20% with abdominal pain ^[2].

In another study, Caprao reported that the incidence of vaginal foreign bodies among prepubertal girls with bloody discharge was 10% ^[5]. Also, a study review performed by Striegel et al. reported that the etiology of vaginal discharge in girls younger than 6 years who underwent examination under general anesthesia in 45% of the cases was foreign bodies in the vagina ^[6]. In girls presenting with gynecological problems vaginal foreign bodies are found in 4% of girls under 13 years of age ^[7].

Common foreign bodies found are tissue papers, cloth pieces, pencil caps, plastic toys, safety pins, beads etc ^[8]. Young children also tend to explore all natural orifices and may place a variety of small objects in the vagina. Such foreign bodies may be inserted accidentally or due to ignorance, malice, sexual abuse or as manifestations of a psychosis ^[8].

Common symptoms include vaginal bleeding, vaginal discharge, foul smelling, and vaginal itching. Urinary symptoms such as discomfort with urination (dysuria), vulvar discomfort due to vaginal discharge producing skin irritation are also reported. Placement of large objects or perforation of a foreign body

into the peritoneal cavity can cause abdominal or pelvic pain ^[9].

Long standing presence of a foreign body in vagina may cause vesicovaginal fistula and urinary incontinence ^[10, 11], and it may be complicated by vaginal stenosis or near complete obstruction ^[8].

All pre-pubertal girls who present with a vaginal foreign body should be considered as possible victims of sexual abuse and should be evaluated for sexually transmitted infections ^[12]. The child should also be assessed psychologically, because there may be underlying emotional and behavioral problems ^[13].

Diagnosis is made by detailed history, thorough and careful physical examination, plain radiography and Ultrasonography of pelvis and abdomen. Magnetic Resonance Imaging (MRI) helps in the localization of non metallic objects missed by USG and radiography. MRI is regarded as the best technique for evaluating vaginal foreign bodies in young children ^[13], but its use is limited by cost and availability. Vaginoscopy under general anesthesia is diagnostic as well as therapeutic ^[14]

Chia-Woei Wang and colleagues have noted that continuous flow vaginoscopy can be used to detect an intra- vaginal foreign

body, which may then be removed successfully by hysteroscopy. They concluded that hysteroscopy is safe, convenient, effective and easy to perform, even in a child^[15].

CONCLUSION

In children presenting with persistent foul smelling or blood stained vaginal discharge,

not responding to general hygienic measures and antibiotic therapy, vaginal foreign body should be suspected. In girls with vaginal foreign bodies possibility of sexual abuse should be kept in mind.

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