Incarceration of vaginal ring pessary: A case report

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BACKGROUND

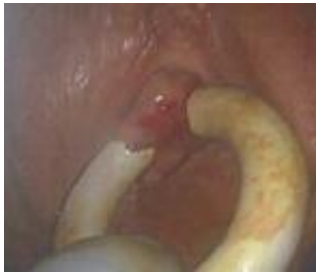
Around 40% of women will experience prolapse in their lifetime.[1] Vaginal pessaries are the most commonly used treatment for pelvic organ prolapse. Long-term use of pessaries is generally safe. Complications such as vesico-vaginal or recto-vaginal fistulas and pessary incarceration remain rare, with 35 and 20 cases respectively published in the literature worldwide despite ubiquitous use.

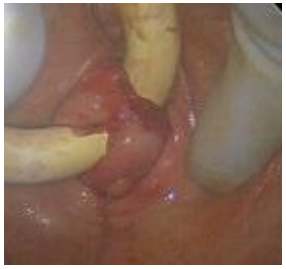
CASE REPORT

We report the case and clinical images of an 83yo female with no vaginal surgical history who had been using a ring pessary for pelvic organ prolapse for over 4 years, with changes every 6 months. She routinely used ovestin nightly for 1 week prior to the change.

At her routine GP exchange appointment, vaginal tissue was found to have grown over the pessary preventing its removal. The patient was then reviewed in our urogynaecology department where a dense band of granulation tissue around the pessary was noted, fixing it in situ. Given the patient's discomfort and anticoagulation, an examination under anaesthetic was recommended.

During the procedure, a thick 1cm adhesion of vaginal mucosa was noted, incarcerating the ring pessary. The adhesion was excised under regional (spinal) anaesthetic and the pessary removed, with haemostasis achieved by diathermy.





A thorough examination was undertaken, and no rectovaginal or vesicovaginal fistulae was found. The patient recovered well and will be offered surgical management of her prolapse once recovered.

DISCUSSION

A systematic review published in 2022 reviewed reported complication rates of pessary use and a total of 36 papers were reviewed. The most common complication reported was formation of vesicovaginal fistulae (in 25% of cases).[2]

Other reported, but less frequent complications included: rectovaginal fistulae, vaginal impaction and vaginal evisceration of small bowel through the vaginal vault.

Only 4 cases of vaginal incarceration were reported, with 75% of these being ring pessaries, and 1 being a Gellhorn. Three of the four patients with vaginal incarceration had a history or prolonged pessary use, with unclear use of ovestin throughout. The predominant presenting complaint with these patients was bleeding and pain, unlike with our patient where there was difficulty removing the pessary at routine exchange.

Similar to our patient, 2/4 patients required removal in theatre under anaesthetic.

CONCLUSION

Complications of pessary use are very rare, and mostly seen in prolonged use. This case demonstrates the importance of regular follow up, vaginal oestrogen use and judicious examination at each pessary change to reduce the risk of this unfortunate complication.

References:

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2. Dabic S, Sze C, Sansone S, Chughtai B. Rare complications of pessary use: A systematic review of case reports. BJUI Compass. 2022