

Complication of Gellhorn pessary use

Ryan Alexander, Davinderbir S Pannu

CASE REPORT

A 74-year-old woman with history of stage I uterine prolapse with daily Gellhorn pessary use for 12 years and constipation with weekly suppository use presented with 7 days of stool on her pessary. Physical examination revealed an afebrile female with a benign abdomen and stool at the vaginal introitus. Laboratory examination revealed a normal white blood cells (WBC) count, and a urinalysis with positive leukocyte esterase, nitrite, and white and red blood cells. Computed tomography (CT) demonstrated contrast in the rectal vault and at the level of the vaginal introitus as well as distal colonic diverticula (Figure 1). Colonoscopy findings are given in Figures 2–4. During colonoscopy, the scope passed through the anterior rectal wall through a tract into the vagina and out to the bed (Figure 2). A 2 cm opening on the anterior rectal wall (red arrows, Figure 3) and a mature fistula tract (Figure 4) with granulation tissue (blue arrows) were visualized. The opening was treated with argon plasma coagulation and an over-the-scope-clip was placed. This resulted in >90% improvement in patients' symptoms immediately and allowed for hospital discharge.

DISCUSSION

Female bowel-vaginal fistulas can be subclassified as anovaginal fistulas (AVFs) if they occur below the dentate line and true rectovaginal fistulas (RVFs) if cephalad to the dentate line. Bowel-vaginal fistulas most frequently result from obstetric trauma, especially after repair of

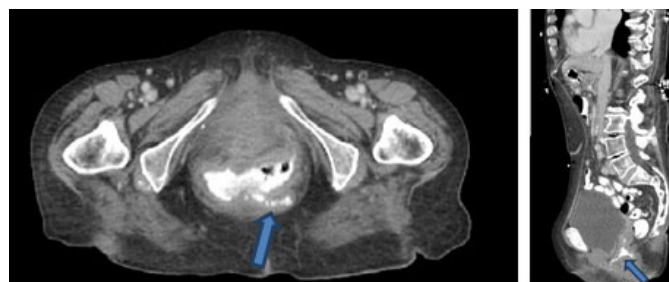


Figure 1: Axial and sagittal CT images of rectovaginal fistula.



Figure 2: Passage of scope through rectum, fistula, and vagina.



Figure 3: 2 cm fistula (red arrows) opening on anterior rectal wall.

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Figure 4: Mature fistula tract with granulation tissue (blue arrows).

third- or fourth-degree laceration of the perineum or following hysterectomy. Other etiologies include Crohn's disease, radiation, diverticulitis, colon cancer, or fecal impaction. Additionally, treatment options for pelvic organ prolapse including cube pessaries and mesh repair procedures have been associated with RVFs [1].

Gellhorn pessaries are generally used for advanced stage III and VI pelvic organ prolapse. Current recommendations are pessary fitting with follow-up within 2–4 weeks to reassess fit [2]. If possible, instruction on removal and care should be provided. Women are advised to remove the pessary once a week and wash with water or mild soapy water or follow up with their provider at 3-month intervals for pessary care. Intervals for pessary replacements vary greatly and are often based on manufacturer's recommendations. Higher complication rates have been reported for 6-month replacement interval over 3-month [3]. Long-term pessary use may lead to vaginal erosions and ulcerations, which places the patient at higher risk for development of a fistula.

CONCLUSION

This case highlights the serious complications of repeated pessary use and the importance of repeat examination and patient education regarding pessary care.

Keywords: Gellhorn pessary, Rectovaginal fistula, Uterine prolapse

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Author Contributions

Ryan Alexander – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

Davinderbir S Pannu – Conception of the work, Design of the work, Acquisition of data, Analysis of data, Interpretation of data, Drafting the work, Revising the work critically for important intellectual content, Final approval of the version to be published, Agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

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Conflict of Interest

Authors declare no conflict of interest.

Data Availability

All relevant data are within the paper and its Supporting Information files.

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