

Vaginal light bulb removal with ligature loop device

Vasanti Jhaveri, Michelle Larzelere, Jessica Heft

CASE REPORT

A 33-year-old woman, para 4004, presented as a transfer from an outside hospital for sexual assault. Per report, a light bulb had been inserted vaginally into the patient. While at the outside hospital, imaging showed one intact light bulb in the vagina (Figures 1 and 2). After her computed tomography (CT) scan, the patient reported that she sat up and felt a sharp pain as if the bulb had broken. She was taken to the operating room for cystoscopy, exam under anesthesia, removal of foreign body from the vagina, and any other indicated procedures. Cystoscopy was performed first and was overall within normal limits. On pelvic exam, the dome of the light bulb was visualized and appeared intact but the metal base of the bulb was positioned more proximally and was unable to be seen. An ENDOLOOP ligature loop device was carefully placed circumferentially around the bulb and then tightened to provide gentle traction and aid in removal of the bulb (Figure 3). Although partially cracked, the bulb had remained intact (Figure 4). Copious irrigation was performed and close inspection confirmed no damage to the vaginal epithelium. Rectal exam was normal. Repeat cystoscopy showed bilateral ureteral efflux.

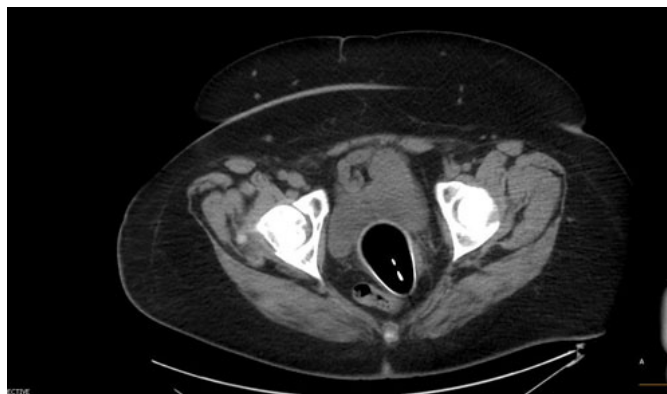


Figure 1: Computed tomography of the abdomen and pelvis shows the foreign body (light bulb) in the vagina, axial view.



Figure 2: Computed tomography of the abdomen and pelvis shows the foreign body (light bulb) in the vagina, sagittal view.

Vasanti Jhaveri¹, Michelle Larzelere², Jessica Heft³

Affiliations: ¹MD, Resident, University of Florida of Obstetrics and Gynecology, Gainesville, Florida 32605, United States; ²MD, Assistant Clinical Professor, University of Florida of Obstetrics and Gynecology, Gainesville, Florida 32605, United States; ³MD, Associate Clinical Professor, Division of Female Pelvic Medicine and Pelvic Reconstruction, University of Florida of Obstetrics and Gynecology, Gainesville, Florida 32605, United States.

Corresponding Author: Vasanti Jhaveri, 1600 Southwest Archer Road, Gainesville, Florida 32605, United States; Email: Vasanti@ufl.edu

Received: 08 January 2022
Accepted: 05 February 2022
Published: 03 March 2022

DISCUSSION

Vaginal foreign bodies may present in female patients of all ages from prepuberty to adults [1]. In the adult

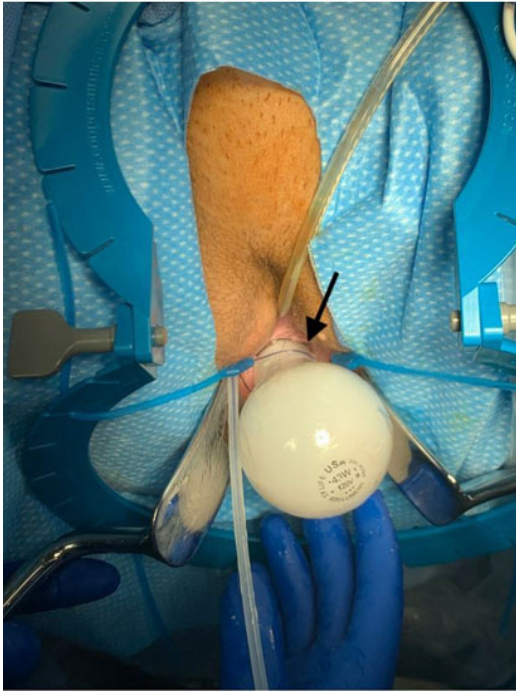


Figure 3: ENDOLOOP ligature (black arrow) circumferentially placed around light bulb to aid in removal.

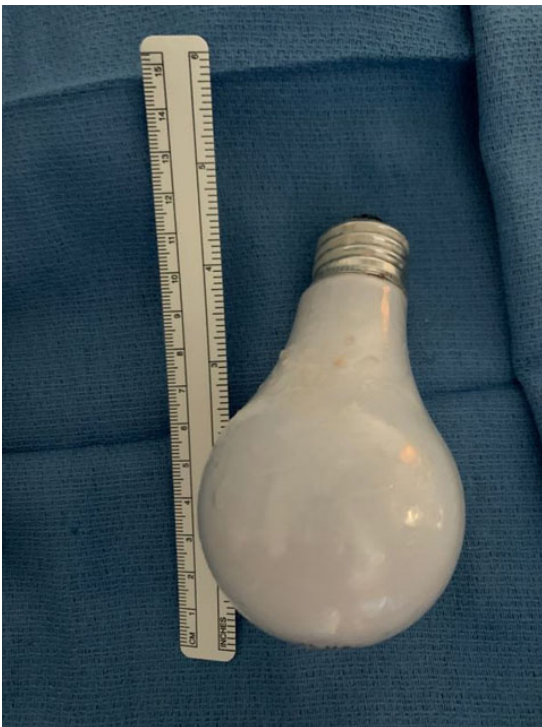


Figure 4: Ruler for reference with light bulb, approximately 10 cm.

discharge. A careful history with details surrounding the initial event, timing of event, symptoms of the abdomen, and pelvic area are imperative. Along with physical exam, imaging may also be helpful including abdominal radiography, CT scan, and magnetic resonance imaging (MRI) of the abdomen and pelvis. In this case, an outside CT scan was used to guide next steps in evaluating this patient. The CT scan showed one light bulb in the vagina, which appeared intact. However, the patient self-reported that she felt that the light bulb may have broken in her vagina. Given the patient’s history which could entail a more extensive injury, the decision was made to proceed with general anesthesia prior to physical examination. In the operating room, extreme care was taken during the physical exam as shattered glass may have been present. Ultimately an ENDOLOOP ligature device was used to remove the light bulb. Retained foreign bodies are noted to have severe complications including infection, pelvic inflammation, ulceration, frequent urinary tract infections, rectal bleeding, and fistula formation [5].

Given the extreme risks that vaginal foreign bodies pose, they are considered clinically significant. Prompt evaluation with careful physical evaluation is vital to remove and reduce the risk of complications.

CONCLUSION

To our knowledge, this clinical image is the first in the medical literature of a light bulb in the vagina and describes its clinical and surgical management.

Keywords: Ligature loop, Light bulb, Vaginal foreign body

How to cite this article

Jhaveri V, Larzelere M, Heft J. Vaginal light bulb removal with ligature loop device. *J Case Rep Images Obstet Gynecol* 2022;8:100112Z08VJ2022.

Article ID: 100112Z08VJ2022

doi: 10.5348/100112Z08VJ2022CI

REFERENCES

1. Stricker T, Navratil F, Sennhauser FH. Vaginal foreign bodies. *J Paediatr Child Health* 2004;40(4):205–7.
2. Abesamis MG, Taki N, Kaplan R. Uterine body stuffing confirmed by computed tomography. *Clin Pract Cases Emerg Med* 2017;1(4):365–9.

patient population, vaginal foreign bodies have been cited in the literature as retained medical devices in the elderly, illicit substance in drug traffickers, and even retained gauze and surgical packing in a postpartum patient [2–4].

Adult women often self-report these injuries and present with abdominal pain, vaginal bleeding, or

3. Wankhade VK, Chikhalkar BG. Body packing and intra-vaginal body pushing of cocaine: A case report. Leg Med (Tokyo) 2018;31:10–3.
4. Wu CC, Hsieh ML, Wang TM. Retained vaginal gauze with unusual complication: A case report. Changgeng Yi Xue Za Zhi 1997;20(1):62–5.
5. Anderson J, Paterek E. Vaginal foreign body evaluation and treatment. 2021 May 19. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2022.

Author Contributions

Vasanti Jhaveri – Conception of the work, 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

Michelle Larzelere – Conception of the work, Design of the work, 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

Jessica Heft – Conception of the work, Design of the work, Drafting the work, 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

Guarantor of Submission

The corresponding author is the guarantor of submission.

Source of Support

None.

Consent Statement

Written informed consent was obtained from the patient for publication of this article.

Conflict of Interest

Authors declare no conflict of interest.

Data Availability

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

Copyright

© 2022 Vasanti Jhaveri et al. This article is distributed under the terms of Creative Commons Attribution License which permits unrestricted use, distribution and reproduction in any medium provided the original author(s) and original publisher are properly credited. Please see the copyright policy on the journal website for more information.

Access full text article on other devices



Access PDF of article on other devices





INTERNATIONAL JOURNAL OF
CASE REPORTS AND IMAGES



VIDEO JOURNAL OF
CLINICAL RESEARCH



VIDEO JOURNAL OF
BIOMEDICAL SCIENCE



INTERNATIONAL JOURNAL OF
HEPATOBIILIARY AND
PANCREATIC DISEASES



INTERNATIONAL JOURNAL OF
BLOOD TRANSFUSION AND
IMMUNOHEMATOLOGY



EDORIUM JOURNAL OF
OPHTHALMOLOGY



Submit your manuscripts at
www.edoriumjournals.com



EDORIUM JOURNAL OF
MEDICINE



EDORIUM JOURNAL OF
CARDIOTHORACIC AND
VASCULAR SURGERY



JOURNAL OF CASE REPORTS
AND IMAGES IN ORTHOPEDICS
AND RHEUMATOLOGY



EDORIUM JOURNAL OF
PSYCHOLOGY



EDORIUM JOURNAL OF
CELL BIOLOGY



JOURNAL OF CASE REPORTS AND IMAGES IN
DENTISTRY



EDORIUM JOURNAL OF
CANCER



EDORIUM JOURNAL OF
PSYCHIATRY



JOURNAL OF CASE REPORTS AND
IMAGES IN INFECTIOUS DISEASES



EDORIUM JOURNAL OF
ANATOMY AND EMBRYOLOGY



EDORIUM JOURNAL OF
SURGERY



JOURNAL OF CASE REPORTS
AND IMAGES IN PATHOLOGY



EDORIUM JOURNAL OF
ANESTHESIA