Vaginal light bulb removal with ligature loop device

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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.

DISCUSSION

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


Article ID: 100112Z08VJ2022

doi: 10.5348/100112Z08VJ2022CI

REFERENCES


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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
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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.

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