

## Secondary Amenorrhea from Long Forgotten Intracervical Herbal Concoction Pessary: A Case Report and Review of Literature

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### ABSTRACT

Vaginal pessaries are used in gynaecology to treat utero-vaginal prolapse or urinary incontinence (pelvic floor disorders). However, self-administered or provider-administered per vagina insertion of herbal materials and concoctions is a practice prevalent amongst the low socioeconomic class of developing nations with poor access to good comprehensive health care. These oftentimes unhygienic and toxic materials may present with symptoms of immediate and or long-term complications. Asymptomatic cases may be forgotten only to be discovered incidentally. This study reports the case of a 47-year-old nullipara with amenorrhoea and infertility with an incidental finding of long forgotten intracervical herbal packing. The prolonged herbal pessary caused chemical vaginitis, scarring and subsequent cervical stenosis and amenorrhoea.

**KEYWORDS:** intra cervical herbal concoction. Amenorrhea, infertility

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### INTRODUCTION

Retained lower genital tract foreign bodies are complaint occasionally encountered in gynaecology out-patient clinics and emergency rooms [1]. The proximity of the vagina to the introital opening and its capacious nature makes it the commonest site for lodgement of foreign bodies compared to higher up the cervix and uterus especially when self-inserted [1].

This unhygienic practice of herbal insertion or mutilation of the genitals is a predominant practice in most developing countries. [2]. Most cases are seen in the paediatric and adolescent population unlike in adults [1,2] where it usually occurs as intentional insertion as part of medical treatment such as pessaries, gauze swabs or cerclage stitch. Self-infliction also occurs in psychiatric disorder, during sexual pleasure and sexual abuse, or inadvertently as tissue papers and tampons [1,3].

These foreign bodies could vary from rigid to non-rigid, non-vegetative to vegetative substances. Vegetative substances commonly concoctions made from herbs, shrubs, gels and ointments are common unorthodox therapeutics pessaries in developing nations where unregulated medical traditional practices thrive.

In Nigeria and most developing countries the use of per vaginal herbal pessaries and concoctions aimed at treating gynaecological conditions such as uterine fibroids, infertility, menorrhagia, uterovaginal prolapse, or infertility, vaginal tightening to please the male partner, and induced abortion is a common practice. [2, 3]. These practices by unlicensed unorthodox practitioners have left many with morbidities from these often-corrosive foreign bodies [4,5,6,7]. Postpartum vaginal insertion of concoctions aimed at achieving vaginal tightening or to restore the vagina to a nulliparous state thrive in Africa and the Arab world [4,8]. Illicit drugs intentionally inserted vaginally to evade law enforcement agencies are common with travellers [3].

The inhumane cruel torture of domestic staff, slaves, female suspects of crime etc using per vagina insertion of corrosives and irritant foreign bodies like pepper form part of gender violence of the less privileged in developing nations. [1, 2, 3]. Pelvic foreign bodies may sometimes be forgotten in asymptomatic cases. Symptoms are commonly those of foul-smelling vaginal discharge, bleeding, dyspareunia and pelvic pain [1,2,3,9]. Other symptoms may be related to the rigidity, corrosive or irritant nature of the offending substance such as pelvic pressure, tissue abrasion and necrosis, ulceration,

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calcification, fistula formation, genital tract scarring, toxic shock syndrome and infertility [1,2,3,9].

History and physical examination are suggestive in most cases. A suggestive history may be absent difficult in neglected or long-standing cases as patients may not recollect the insertion [1,2,9]. A social, cultural or religious hindrance to early recourse to pelvic examination makes misdiagnosis and neglect more likely [9].

Infertility may be a later consequence possibly by one or combination of sub-acute endometritis, altered or distorted endometrial receptivity, dyspareunia, amenorrhoea, Asherman's syndrome and as a mechanical barrier to spermatozoa migration and embryo implantation [2, 9].

### CASE REPORT

She was a 47-year-old with infertility of 6 years duration. She patronized the non-orthodox practice for the treatment of heavy menstrual bleeding that necessitated the herbal insertion in the vagina/cervix following which her menses gradually decreased in quantity and duration and finally ceased. She had visited other facilities where progesterone challenge test was done alongside administration of combined oral contraceptive pills to induce menses at different times without success. A speculum examination done revealed normal vaginal walls, healthy looking cervix with the cervical os plugged with shredded green leafy particles. Bedside transvaginal ultrasound scan showed normal sized empty uterus, normal ovaries bilaterally with an elongated cervix.

The leafy particles were removed using a sponge holding and long artery forceps. Histology of which was confirmed to be herbal substance. She subsequently had diagnostic hysteroscopy (findings of which were unremarkable) and paediatrics Foley's catheter insertion and her menses was restored. She is 14 weeks pregnant currently and is being followed up in our antenatal clinic.



**Figure 1. Speculum examination revealing the cervix and the green herbal cervical packing.**



**Figure 2. green nature of the parts of herbal foreign body on a white background of gauze**



**Figure 3. the lump of herbal foreign body after removal**

### DISCUSSION

Genital tract foreign bodies resulting from non-rigid substances could lead to morbidity as many could be corrosive irritants supposedly meant to provide therapeutic relief from gynaecological conditions on the prescription of unlicensed unorthodox quacks and charlatans either inserted by these practitioners or self-inserted on their recommendations. These substances could be a solitary substance or mixtures of substances ranging from herbs, leaves, shrubs, gels, ointments, animal products etc. Complications could arise from physical tissue injury, inflammatory and corrosive nature of these substances. The patient presented had shredded leafy part of plant(s) mixture lodged in her cervix

Common symptoms include foul smelling vaginal discharge, bleeding, dyspareunia and pelvic pain. Rigid and or corrosive substances may lead to pelvic pressure, tissue abrasion, necrosis, ulceration and, fistula formation, genital tract scarring, toxic shock syndrome and infertility [1,2,3,9]. The patient presented was asymptomatic.

Infertility may occur by any of one or combination of factors ranging from the mechanical barrier to spermatozoa migration by the offending substance, acquired Gynaetresia limiting coitus, cervical stenosis preventing spermatozoa migration, fertility evaluation and treatments. Ascension of

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inflammation could lead to acute or sub-endometritis which could hamper implantation [9].

While a history of insertion and physical examination usually gives away the diagnosis in most cases, a high index of suspicion should be maintained where symptoms are suggestive as patients may also not recollect insertion [1,2,9-11]. Recollection allows for early presentation, diagnosis and prompt intervention preventing or limiting morbidity [3] while non recollection results in delayed presentation and its sequela [11].

Social, religious or cultural sentiments may restrict early recourse to performing pelvic examination, a factor which could allow for misdiagnosis and neglect of the offending substance [9].

Some cases may in addition to history and pelvic examination require radiological assessment such as X-ray, ultrasound, MRI and vaginoscopy [1,2,12].

Treatment consists of simple removal and irrigation [2]. Vaginal surgical removal should be as early as possible either directly or under appropriate anaesthesia [1,3].

Lodgement high up in the cervix and beyond may require hysteroscopic retrieval to ensure complete removal, navigate any complicating cervical stenosis, visualization of the uterine cavity and saline lavage. A bacteriological screen helps to identify any possible infecting organisms [3].

Fibrosis and stenosis are a possible common complication even after removal of the offending substance if the offending substance resulted in tissue injury [2].

### CONCLUSION

The self-administered or provider administered per vagina insertion of herbal materials and concoctions is a practice prevalent amongst the low socioeconomic class of developing nations with poor access to good comprehensive health care. These often toxic or septic materials may present with symptoms of both immediate and long-term complications. Asymptomatic cases may be forgotten only to be discovered incidentally.

### CONSENT

Consent was obtained from the patient for publication with identity protection.

### CONFLICTS OF INTEREST

No conflict of interest declared.

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