

Intravaginal Foreign Body in a Girl with Spastic Diplegic Cerebral Palsy: Case Report

Spastik Diplejik Serebral Palsili Kız Çocuğunda İnvaginasyon Yabancı Cisim

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ABSTRACT Cerebral palsy is a condition that is primarily characterised with motor failure, however, mental retardation and various system abnormalities can be seen together with the motor disorder. Intravaginal foreign bodies are presented with foul-smelling and bloody vaginal discharge in the girls. This case report is about a 6.5-year-old girl with cerebral palsy who was diagnosed intravaginal foreign body in our cerebral palsy rehabilitation unit. Following the removal of the foreign bodies, her spasticity was decreased and functional status improved. She could be able to walk with a reverse walker independently and attain household ambulation at the end of the inpatient rehabilitation.

Key Words: Cerebral palsy; foreign bodies; vaginal discharge

ÖZET Serebral palsi (SP) esas olarak motor fonksiyonlarda yetersizlik ile karakterize olup, bununla birlikte mental retardasyon ve birçok sistem sorunları eşlik edebilir. Kız çocuklarında invaginasyon yabancı cisim, kanlı ve kötü kokulu vaginal akıntı ile kendini gösterir. Bu olgu sunumu SP rehabilitasyon ünitemizde, invaginasyon yabancı cisim saptadığımız 6.5 yaşındaki SP'li kız çocuğuyla ilgilidir. Yabancı cisimlerin çıkarılmasının ardından spastisitesi gerilemiş ve fonksiyonel düzeyi iyileşmiştir. Rehabilitasyon sonrası ters yürüteçle ev içi bağımsız ambule duruma gelmiştir.

Anahtar Kelimeler: Serebral palsi; yabancı cisim; vaginal akıntı

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Cerebral palsy (CP) is a non-progressive disorder which affects the developing brain and eventually causes impairment in movements and posture. Various system disorders may accompany motor dysfunction in CP. Spasticity is an important condition in CP that interferes with the hygiene, mobility and activities of daily living because of increased muscle tonus. Spasticity may be augmented by various conditions like bladder and bowel dysfunction, pressure sores, tight clothing, ingrown toenail or other skin irritants as well as excitement and emotional stress.¹ Approximately threefourths of patients with CP have spastic clinical features.²

CASE REPORT

We presented a 6.5-year-old girl with CP, diagnosed with intravaginal foreign body during the rehabilitation period in our CP unit.

The girl was admitted to our CP unit for physiotherapy. She was born prematurely via normal vaginal delivery 24 weeks of gestation. Her birth weight was 1400 g. She was the first child of her family and had a 5 years old healthy brother and a 2.5 years old healthy sister. At the time of delivery, her mother was 18 and her father was 25 years old. She could hold her head upright when she was 12 months of age. She had started to speak and to sit unsupported by the age of two. Urinary and fecal control was achieved by year four. Physical examination revealed that she could perform head control, rolling, creeping, crawling and standing on her knees. She had grade 3 spasticity on Modified Ashworth Scale (MAS), at the hip adductors, hip flexors and at the ankle plantar flexors. Her gait pattern was characteristic scissoring of lower extremities on fingertips by holding her mother's hands; however, she could not walk independently. Her functional evaluation was level 4 on Gross Motor Function Classification System (GMFCS).

Her intellectual level was borderline on mental evaluation.

Genital discharge containing blood was observed on physical examination. Her family reported that genital discharge has been present for the last 3 months; she had no prior history of discharge. The girl stayed at her grandmother's house for a few months every year. Inspection performed at supine position with the knees bent and pulled towards the chest revealed no finding around the genital region.

Radiographic evaluation of the pelvis revealed an opacity located at the vaginal region (Figure 1).

Informed consent was obtained from the family.

After consultation with a gynecologist, she underwent vaginoscopy under general anesthesia and several foreign bodies such as clothes peg, fruit stones, small plastic bodies and matchsticks were removed. Following this procedure, the spasticity at the hip adductors, hip flexors and ankle plantar flexors decreased to grade 1+ on MAS. Her functional status was level 3 on GMFCS. She was able to walk with a reverse walker and achieved inde-



FIGURE 1: The opacity that shows the foreign body located in vaginal region on the anteroposterior pelvic roentgenogram.

pendent ambulation at the end of the 30 days of inpatient rehabilitation program.

DISCUSSION

The types of the foreign bodies in children are aspiration, ingestion, insertion and penetrating trauma. Children sometimes may place foreign bodies in uncommon orifices such as the vagina. They may present with discharge, infection, bleeding or fistula development.³

Vaginal discharge is a condition that may be seen in girls and nonspecific vulvovaginitis is a frequent cause of prepubertal vaginal discharge. Foreign bodies and sexual abuse have rarely been reported.⁴ However, it should be noted that children with genital discharge or vaginal foreign body may have been sexually abused.^{5,6} Paradise et al reported that vaginal bleeding was more common than vaginal discharge in prepubertal girls with vaginal foreign bodies.⁷

The interval between genital symptoms and the diagnosis of vaginal foreign body varies. Vaginal discharge lasting for years was reported in previous studies.^{8,9}

Intravaginal foreign bodies such as toilette paper, pencil and balloon particles in the order of occur-

rence were reported in children.^{7,10} Vaginal foreign bodies may be removed by genital saline irrigation or by vaginoscopy under general anesthesia.^{7,10}

The interesting point in our case was the underlying condition of CP with spasticity, which seems to be the first case with foreign body in the literature. The family did not consider the genital discharge as an important issue to consult with a physician because many system disorders are usually present concomitantly in children with CP. We could not clarify the history of intravaginal for-

eign bodies due to the low educational and socio-cultural level of the family in this patient and thought that it was due to the child's curiosity.¹¹ The foreign body was suspected by the vaginal discharge and diagnosed by radiographic evaluation in our patient.

The significance of this case report was the decreasing spasticity of the lower limbs after the removal of the intravaginal foreign bodies and improvement in the functional status of the child following rehabilitation.

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