A rare complication of ring pessary: Cervical incarceration

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Case Summary

A 41-year old premenopausal woman with history of one normal vaginal delivery, first presented with a reducible vaginal mass. On examination, the cervix descended upon the introitus without cystocele or rectocele. A 59mm latex ring pessary was inserted after counseling. Afterwards, she complained of increasing abdominal pain and foul smelling bloody vaginal discharge. She was readmitted 3 weeks after the pessary insertion and cervical strangulation by the ring pessary was noted. The cervix was grossly edematous. It reached the introitus and was strangulated by the ring pessary which was hitched up in the vaginal fornix. This was well shown by translabial scan. (Fig 1 & 2)

The ring pessary could not be removed easily and was removed only after bisecting the ring pessary. Subsequently, a 80mm ring pessary was inserted. She tolerated it well without prolapse symptoms.

Discussion

Ring pessaries are effective in relieving symptoms of pelvic organ prolapse in about 60% of patients. Common complications include ulceration, bleeding, discharge, discomfort, dislodgement, urinary retention or incontinence. Rarer complications include fistula formation or incarceration as in the index patient. Our case has highlighted the importance of choosing a ring pessary of correct size which is usually determined by measuring the distance between symphysis pubis and posterior fornix of the vagina on per vagina examination.

In clinical setting, choosing an appropriate pessary with optimal size is a “trial and error” process i.e. patients may have undergone a few pessaries which are either too small resulting in repeated dislodgement during straining, or too big causing discomfort, ulceration and bleeding.

Conclusion

In order to reduce the number of failed trials and potential complications, we propose using translabial scan to guide us in choosing the correct size of ring pessary.