

Vaginal Injury Due To Inflicted Self-Medication: A Rising Concern

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ABSTRACT

Improper self-treatment of vaginal discharge may result in various complications to the patient. We reported a case of a 24-year-old single and nulliparous lady with an oak gall stick lodged in her vagina during an attempt to treat her own vaginal discharge. During an examination under anaesthesia (EUA), her hymen was noted to be torn and a foreign body was identified and removed out from her vagina. Her upper vaginal swab cultures were negative for any pathogen. We concluded that this was a case of intravaginal foreign body complicated with vaginal injury secondary to self-medication for vaginal discharge by using a herbal stick. Hence, the public should be educated to seek proper medical treatment rather than performing self-treatment.

INTRODUCTION

Self-medication is defined as the selection and use of medicines by individuals to treat self-recognized illnesses or symptoms.¹ Herbal remedies, nutritional supplements, traditional products, and home remedies are the most common medicines used as self-medication. Self-medication habit usually starts in adolescence and imainly influenced by peers and parents.¹

Oak gall which scientifically known as *Quercus infectoria*, locally known as ‘manjakani’ is well known among the Malay and Indian population in Malaysia for its reputation as an anti-inflammatory, antifungal, and anticarcinogenic properties.² Its phenolic compounds are exhibited as anticancer, antifungal, antibacterial and antioxidants.³ It is used to treat vaginal diseases such as vaginal discharge and vaginal prolapse.⁴ Nowadays, ‘manjakani’ is prepared as vaginal douche, topical or oral use. Manjakani is popular among women for their sexual and reproductive health.

Barriers like the difficulties in disclosing the symptoms due to shamefulness, low socioeconomic status and lack of knowledge in differentiating abnormal from normal

vaginal discharge have influenced many women to self-medicate using cultural methods that have survived for generations.⁵ Thus, self-medicating with local herbal medicine is preferred, since it is cheaper and readily available in the market. We report a case of a single 24-year-old nulliparous woman having an oak gall stick lodged in her, in her attempt to treat her own vaginal discharge.

CASE REPORT

A 24-year-old Malay lady, single and nulliparous was referred by a general practitioner with a complaint of lodged oak gall intra-vaginally for three-days duration associated with painful vaginal bleed. Three weeks prior to the event, the patient had thick whitish mildly malodour vaginal discharge which did not improve even after one-week usage of vaginal pessary medication from the pharmacy. She then tried to use ‘Tongkat Ajaib’, which is an oak gall stick to treat the discharge.

The vaginal discharge disappeared after one successful insertion of an oak gall stick. Two weeks later, the vaginal discharge recurred. She attempted to perform the oak gall treatment again. During this attempt, part of the stick broke during the removal process and remained in situ. Multiple self-attempts were made for three days to remove the stick but failed. As the attempt had complicated with unbearable pain and vaginal bleeding, she had decided to seek medical evaluation and treatment.

A per vaginal assessment by a gynaecology team found that the introitus was impacted with a foreign body. The item appeared to adhere to the vagina wall and vulva, thus failing the attempt to remove the foreign body. Trans-abdominal ultrasound shows the elongated and thick hyper-dense shadow intravaginally (Figure 1). A pelvic x-ray carried out shows no obvious foreign body (Figure 2). The patient was given IV Cefuroxime 1.5gm STAT and continued with IV 750 mg TDS, and IV Metronidazole 500 mg STAT and TDS. She underwent an examination

under anaesthesia (EUA) for foreign body removal. Intraoperatively, the foreign body which occupied the whole length of the vagina dissolved during the wash-out phase. The cervix and vaginal wall were normal. The hymen was torn. There were no foul-smelling discharges. There was a labia minora abrasion at the posterior fourchette. The high vaginal swab culture has no growth. The patient was discharged the next day and scheduled for oral antibiotics for one-week duration. She was seen at the gynaecology clinic one month later for follow up, with no further problems.

DISCUSSION

Self-medication is a rising concern which accounted for 67% of the global burden of disease. The common illnesses related to self-medication are fever, headache, gastrointestinal disease, dysmenorrhea and upper respiratory tract infections.⁵ The urge to self-care, the time constraints, misbelief, extensive advertisements and peer influence contribute to the increasing trend of self-medication. The complications of inappropriate self-medications are incorrect self-diagnosis, failure to seek appropriate medical advice promptly and increased unwanted side effects and prolonged sufferings.⁶

The self-medication of vaginal discharge also varies according to cultural background.⁷ Naming vaginal discharge as one of the most common complaints, most women perceive feminine hygiene as an important part of their emotional and physical wellbeing which may lead to various practices of self-medication to treat vaginal symptoms.⁷ Various methods of intravaginal practice like vaginal cleansing with detergents, antiseptic soap, vinegar and salt water have been practiced in certain parts of the country.⁷ Even so, some insert products intravaginally to tighten the vagina to meet the expectation of their sexual partners.

Bacterial vaginosis is the cause in 40% to 50% of cases in which a cause is identified, with vulvovaginal candidiasis accounting for 20% to 25% and trichomoniasis for 15% to 20% of cases.⁸ The management of vaginal discharge is

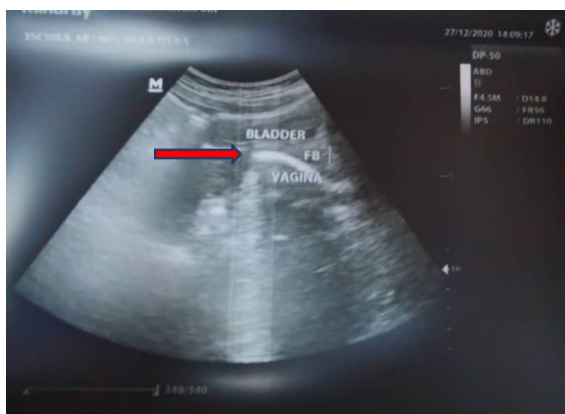


Figure 1: Elongated hyperdense lesion in the vagina (red arrow sign).



Figure 2: Pelvic x-ray shows no obvious foreign body.

directed at the pathogen. A patient presented with vaginal discharge should undergo a proper pelvic examination and culture isolation in determining the microorganism. In this case, the high vaginal swab test is negative for any pathogen, suggesting the likelihood of non-infectious vaginal discharge. Non-infectious causes, including atrophic, irritant, allergic, and inflammatory vaginitis, are less common and account for 5% to 10% of vaginitis cases.⁸ It can also be due to hormonal factor, dietary intake or excessive physical activities.⁹ The patient should be reminded that vaginal discharge must be seen by a medical practitioner for appropriate treatment.

CONCLUSION

Chronic vaginal discharge may be distressing for women. However, self-medication should be avoided as it is potentially dangerous. Inserting a herbal stick into the vagina is dangerous to the patient. This case has demonstrated that self-medication had caused her pain, trauma, and hospitalization and increased the cost of treatment. The public should be educated with regard to the safest way of treating themselves in any kind of disease; one of which is by seeking appropriate medical expertise first, rather than performing self-medication. As in this case, if she had received proper medical advice, her complications of pain and torn hymen can be prevented. The awareness of the dangers of self-medication and the importance of seeking proper medical advice should be raised to fight against dangerous and wrong information among the public.

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CONFLICT OF INTEREST

None to declare

How does this paper make a difference to general practice?

- It increases the awareness among the public to seek proper medical treatment for any diseases.
- It highlights the complication of inappropriate self-medication herbal medicine usage among the public.

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