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Neglected Pessary Retained for 19 Years Without Adverse Outcomes: A Case Report

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ABSTRACT

Vaginal pessaries are widely used in the management of pelvic organ prolapse, particularly among women who are not good candidates for surgery. To avoid complications, including vaginal discharge, erosion, fistula, or even cancer, routine follow-up and patient education are essential. Here, we present a 75-year-old woman who used a ring pessary with a knob consistently for 19 years without seeking medical advice or taking care of herself, and she experienced no serious side effects. At her visit, we removed the pessary easily, which was calcified and encrusted at presentation. In the absence of established protocols for monitoring pessary users, this case highlights the significance of teaching patients about pessary self-care, identifying warning signs, and conducting routine follow-up.

Keywords: Pessary, Pelvic organ prolapse, Self-care, Complication

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1. Introduction

Vaginal pessaries are removable medical devices that are inserted into the vagina to treat Pelvic Organ Prolapse (POP). Women who are not good candidates for surgery **(1)** or who do not want to undergo surgery most benefit from pessaries **(2)**. Use of pessaries alleviates symptoms related to the pelvic floor, such as urinary and bowel emptying, and in certain situations, sexual function **(3)**. In addition to POP, pessaries are used to treat cervical incompetence during pregnancy, an incarcerated uterus, and stress urinary incontinence linked to exertion or elevated intra-abdominal pressure **(4,5)**. Additionally, they are helpful in cases of cervical elongation that occur during pregnancy and childbirth **(6)**. Approximately 86% of gynecologists prescribe pessaries as part of their therapeutic practice **(3)**.

Patients should be regularly examined by a doctor as long as they use a pessary. The best interval for examination is not accurately documented. These checkups can be done annually if the correct training of removal and placement of the pessary is done by the specialist. If the patient is unable to manage the pessary, it should be monitored every 4 to 12 weeks **(3,7)**.

Previous studies reported patients with decades of pessary neglect who presented with problems, including vaginal bleeding or intestinal perforation **(8,9)**. Here, we presented a patient who referred after 19 years of continuous pessary placement. During this time, she was not under the medical supervision of a doctor or proper self-care; however, she did not have any serious complications.

2. Case Presentation

A 75-year-old postmenopausal woman, menopausal since the age of 50, gravida 6 para 6 (all vaginal deliveries), presented to our gynecology clinic with the sensation of a descending pessary in the vagina. Her vaginal discharge was mildly increased compared to usual baseline. She had been equipped with a ring pessary with a knob nineteen years ago to treat stress urine incontinence and symptomatic uterovaginal prolapse. At the time of insertion, she had not received any training in necessary self-care, and she had not attended any follow-up appointments thereafter. She stated that she did not experience any severe

gynecological or urinary problems over these 19 years, such as urgency, frequency, severe vaginal discharge or bleeding, or bowel dysfunction, nor did she experience any incontinence. She was not sexually active during this period.

Her medical history was significant for hypertension, controlled with oral antihypertensive medication. She had no previous surgeries and no history of allergies.

On presentation, inspection of the perineum revealed no external abnormalities. Speculum examination demonstrated a normal-appearing vaginal epithelium without ulceration, erosion, or discharge (Figure 1). Pelvic Organ Prolapse Quantification (POP-Q) revealed stage II anterior compartment prolapse at the level of the hymen, stage I apical prolapse, and no posterior compartment prolapse. The cough stress test was negative.

The pessary was removed and was found to be foul-smelling, calcified, and encrusted (Figure 2). The patient tolerated removal without complication. Topical Premarin was prescribed at a dose of 0.5 mg nightly for two weeks.

During the follow-up visit two weeks later, she reported urinary urgency and frequency. At this visit, she also asked to continue using the pessary. After counseling on the hygiene of the pessary, self-care, and the necessity of follow-up, the pessary was returned after cleaning. She was instructed to remove, wash, and reinsert it and then was scheduled for regular gynecological follow-up (Figure 3).



Figure 1. Speculum examination: Normal vaginal epithelium



Figure 2. Removed ring pessary with marked calcification



Figure 3. Cleaned pessary

3. Discussion

Using a pessary is the first-line treatment for pelvic organ prolapse in women. In 56% of pessary users, at least one side-effect has been reported, such as vaginal discharge, bleeding and urinary and rectal complications, including fistula development, constipation, fecal impaction, hydronephrosis, vaginal cancers, and urinary tract infection **(10,11)**. Side effects can be prevented by regular follow-up and proper training of patients or their caregivers. Teaching “do it yourself” to patients to remove and clean the pessary at least once or twice a week can reduce the incidence of complications **(12)**.

Multiple cases have been reported in the literature with decades of forgotten inserted pessaries. However, most of these patients presented with complications related to a lack of long-term self-care. Al-Badr et al., reported a case of a bedridden woman who developed a rectovaginal fistula following 20 years of pessary use **(13)**. Another report by Malhotra et al. described a patient who presented with dysuria and vaginal

discharge due to a 30-year-old forgotten vaginal pessary **(14)**. Also, a case of a forgotten doughnut pessary for 7 years in the endometrial cavity was reported, who presented with vaginal discharge. Laparotomy and hysterectomy were performed to remove the pessary in this case **(15)**. In contrast, our case did not develop any serious complication after years of pessary neglect, and her physical examination did not reveal any significant sign either.

Vaginal erosion is a worrying complication caused by the use of a pessary; if it is not taken care of, it can start the process of creating a fistula. This complication is often caused by a lack of proper follow-up. Regular checkups and the use of topical estrogens can reduce these side effects **(10,11)**. On physical examination, the vaginal epithelium was normal in our case, with minor signs of vaginal erosion.

One of the longest forgotten cases of a pessary was related to an 84-year-old woman with complaints of foul-smelling discharge and vaginal bleeding after 35 years of continuous pessary use. The calcified pessary was stuck in the vaginal wall and removed under general anesthesia **(16)**.

Currently, there are no universally accepted guidelines regarding the optimal follow-up intervals for women using a vaginal pessary **(3)**. According to manufacturer recommendations, an initial review should occur within 48-72 hours of insertion, followed by examinations every 4-6 weeks. In clinical practice, many experts advise reviews every three months during the first year and every six months thereafter, with attention to mucosal integrity, proper positioning of the device, and preservation of urinary and bowel function **(2)**.

Unlike most previously documented cases, in our case, there were no significant consequences even after almost 20 years of continuous, unsupervised pessary use. Clinicians should be aware that a neglected pessary may be the cause of recurrent or foul-smelling vaginal discharge in older women, especially those who have a history of POP. Patients' education is essential to minimize preventable complications and ensure safe and effective pessary use. Training should emphasize self-care practices and the recognition of warning symptoms, and clinicians must remain careful in reinforcing these strategies during follow-up.

4. Conclusion

This report described an unusual case of nearly two decades of neglected pessary use without significant complications. Clinicians must be alert, as foul-smelling discharge or unexplained vaginal symptoms in older women with a history of prolapse may signal a retained pessary. Patient education on self-care and early recognition of warning signs remains essential to minimize complications and to ensure safe and effective pessary use.

5. Declarations

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Ethical Considerations

This report is prepared according to the CARE guidelines for case reports.

Ethics committee approval and informed consent have been obtained. Written informed consent was obtained from the patient.

Authors' Contributions

N.S. contributed to project development, and data collection.

M.Y. performed data collection, writing the paper, and editing the original draft. All authors read and approved the final version of the article.

Conflict of Interest

The authors declare no conflict of interest.

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