Tampons Tantrum: A Case Report
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Abstract
An anxious 25 year old Caucasian woman with a two weeks history of foul smelling vaginal discharge presented to the genitourinary medicine clinic of University Hospital, Hartlepool, England. A festered tampon tucked away high up in the vagina vault was the cause of her symptoms. Removal of tampon brought complete resolution of symptoms. No sexually transmitted infection was found.

Keywords: Vaginal discharge, Forgotten Tampon, Genitourinary Medicine (GUM) clinic

Case Report
A 25 year old woman, presented in the genitourinary medicine clinic of University Hospital, Hartlepool, England. with a two week history of a foul smelling vaginal discharge. She requested screening for sexually transmitted infections. Her last sexual intercourse was unprotected, with her regular partner two weeks prior to attendance. Her notes revealed a past history of treatments for chlamydia, trichomonas vaginals and bacterial vaginosisis and a recent investigation for secondary infertility. She was very upset because she wanted a baby and was under stress and thought her partner had transmitted some infection to her.

On examination a good level of personal hygiene was noted. A copious offensive vaginal discharge was present and a festered tampon impacted high up in the right vagina vault was removed with forceps under speculum examination. The patient was very embarrassed and tearful at the cause of her symptoms. Crying; she vowed never to use tampons again. She was disappointed in herself for suspecting her partner to have transmitted infections to her. Complete resolution of symptoms was achieved following the removal of tampon. Though Amoxicillin and Metronidazole were given as prophylaxis against common bacteria infection associated with retained high absorbency tampons, no sexually transmitted infection was found.

Discussion
Tampon when forgotten inside the vagina is a common cause of foul smelling vaginal discharge. Bacterial vaginosis, vulvo vagina candidosis, trichomonas vaginals, gonorrhoea, chlamydia trachomatis and cervical herpes simplex virus infections are common infective causes. Other non infective causes are retained condom or vagina sponge, genital tumors, cervical ectropion and polyps. Allergy and inflammatory causes from deodorant, lubricants, and disinfectants are not infrequent causes and atrophic vaginitis is a cause in menopausal women.

The last tampon at the end of a menstrual period could easily be forgotten. Tampon started to fester after a week or two producing foul smelling vaginal discharge. A forgotten tampon in the vagina mitigates unhygienic condition of the genital area which is associated with pelvic inflammatory disease. Removal of tampon is the management of a retained tampon. Empirical antibiotics of co-amoxiclav alone or with metronidazole and erythromycin are recommended pending culture results.

Tampon is an effective absorbance of menstrual blood and many women use it during menstruation. Seventy per cent (70%) of the 73 million women of menstruating age in the USA use tampon with a lifetime usage of about 11,400 tampons per woman. Tampons have been shown to be suitable as a self collected vagina specimen for molecular diagnosis of non-ulcerative sexually transmitted infections. It has been used to control urinary incontinence during exercises. It should be removed from the vagina within four to eight hours of insertion. Tampon should be removed prior to sexual intercourse as the thrusting penis could push tampon too far up the vagina causing painful intercourse. A forgotten tampon is a good medium.
These bacteria disrupt the normal vaginal flora and interfere with the acidity of the vagina making the individual susceptible to infections. In addition, chemicals from a tampon left too long in the vagina cause irritation of the vagina wall and cervix resulting in vaginitis and cervicitis. Vaginitis and cervicitis increase risk of sexually transmitted infections such as HIV.

Ascending infection from vagina and cervix causes pelvic inflammatory disease and scarring of the fallopian tubes with serious consequence of infertility or ectopic pregnancy. Toxic Shock Syndrome (TSS) which is linked to toxins of streptococcus and staphylococcus is associated with the use of high absorbency tampon. Tampon components have been reported to amplify the production of TSS-Toxin by TSS stain of staphylococcus aureus. Toxic Shock Syndrome is a life threatening illness that can develop very rapidly. About half of cases of Toxic Shock Syndrome occurring every year in the United Kingdom are in women using tampon. Association of tampon with toxic shock syndrome is not yet very clear, and the manufacturers of tampon declare it as safe when used properly.

The lesson for health professionals in primary and secondary care providing services for patients is to remember a forgotten tampon as a frequent cause of foul smelling vaginal discharge. A careful vaginal examination with speculum is recommended in the management of these patients.

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