

A cucumber in the abdomen penetrating through the vagina

Introduction

MANY BIZARRE OBJECTS in the vagina have been reported (Frachtman, 1963; Hoge et al., 1958). Self-insertion may be an act of masturbation; it may be made by a mentally ill patient or an unknowing child. Usually the damage, if any, is minimal. Insertions by loving husbands or irate boy friends are more serious. In this patient, a cucumber inserted by the husband easily penetrated into the abdomen.

Case Report

The patient, aged 39 years and para 2, was admitted to hospital in Britain with abdominal pain of two days' duration. She and her husband were celebrating their 15th wedding anniversary, and had been "slightly tipsy". Coitus took place, and immediately after the climax, the husband inserted a fresh cucumber into the patient's vagina; this slipped in easily and then "suddenly disappeared". Digital attempts at removal were unsuccessful. No pain was then felt and vaginal bleeding was minimal.

On examination she was not shocked, but was obviously distressed with central and lower abdominal pain. The abdomen was rigid and tender. Pelvic tenderness prevented adequate examination. At examination under anaesthesia, a 2½-inch long tear was seen in the region of the right latero-posterior fornix. Through this rent, the tip of a cucumber was felt and the rest of it was palpable abdominally.

Laparotomy showed a 14-inch long cucumber lying freely in the abdomen. It had become soft and brownish in colour. The right ovary was covered with purulent material. There was no haemoperitoneum or visceral injury. After removing the cucumber, the pelvic peritoneum was repaired. The forniceal tear was sutured from the vaginal aspect. Post-operative recovery was uneventful.

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Comment

Non-obstetrical traumatic lesions of the vagina commonly occur in connection with coitus (Metsala et al, 1968). Immediately after coitus, the vagina is more liable to injury and the insertion of a foreign body may be dangerous. During orgasm, the lower third of the vagina strongly contracts whereas the upper two-thirds expands and lengthens (Masters and Johnson, 1966). With the presence of lubricating secretions, the vagina becomes easily penetrable; once resistance at the lower third is overcome, the foreign body may rupture the already expanded and thinned-out vaginal vault. Since the cervix is often usually directed to the left of the midline (Richter, 1966) and the fornix is deeper posteriorly, injury to the posterior part of the vaginal vault on the right side is most often seen, as in this case.

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