

Table 1
Clearance of HPV infection among different age groups.

Age group, y	No.	Clearance rate (%) ^a	Clearance time (95% CI), months ^a
≤29	81	54 (66.7)	11.3 (7.5–15.1)
30–39	54	39 (72.2)	12.3 (9.3–15.2)
40–49	40	27 (67.5)	10.9 (8.0–13.7)
≥50	13	10 (76.9)	10.0 (8.6–11.4)

^a There were no significant differences in clearance rate ($P=0.827$) and clearance time ($P=0.125$) among the different age groups.

In summary, the majority of HPV-positive women with negative cervical cytology achieved spontaneous clearance. Viral load and age had no impact on HPV clearance.

0020-7292/\$ – see front matter © 2012 International Federation of Gynecology and Obstetrics. Published by Elsevier Ireland Ltd. All rights reserved.
doi:10.1016/j.ijgo.2012.02.011

Conflict of interest

The authors have no conflicts of interest.

References

- [1] Hudelist G, Manavi M, Pischinger KI, Watkins-Riedel T, Singer CF, Kubista E, et al. Physical state and expression of HPV DNA in benign and dysplastic cervical tissue: different levels of viral integration are correlated with lesion grade. *Gynecol Oncol* 2004;92(3):873–80.
- [2] de Sanjose S, Bosch FX, Tafur LA, Nascimento CM, Izarzugaza I, Izquierdo A, et al. Clearance of HPV infection in middle aged men and women after 9 years' follow up. *Sex Transm Infect* 2003;79(4):348.

Childhood vaginal bleeding due to a missed foreign body in the vagina following female genital mutilation

Salah Rasheed*, Allam Abdel Monem, Hazem Abdel Ghaffar

Department of Obstetrics and Gynecology, Sohag Faculty of Medicine, Sohag University, Egypt

ARTICLE INFO

Article history:

Received 2 January 2012

Received in revised form 2 February 2012

Accepted 12 March 2012

Keywords:

Egypt

Foreign body

Childhood vaginal bleeding

Female genital mutilation

Foreign bodies within the vagina have been reported to constitute about 3.6% of all causes of childhood vaginal bleeding [1]. A variety of vaginal foreign bodies have been retrieved from prepubescent girls including safety pins, toys, and pieces of papers. Classically, foreign bodies retained within the vagina produce a combination of vaginal bleeding, foul vaginal discharge, and irritation [2].

The present paper describes the case of a 9-year-old girl who had been subjected to female genital mutilation (FGM) that was followed by prolonged vaginal bleeding as a consequence of gauze that had been missed inside her vagina at the procedure and not removed.

The patient was admitted to the department of obstetrics and gynecology at Sohag University Hospital, Egypt, in September, 2011, with a history of intermittent vaginal bleeding of 1 year duration. Two months before the onset of bleeding, the patient had undergone FGM performed by a general practitioner who had covered the vulva with dressing and asked the mother to remove it later. The

institutional ethical committee provided approval for the study and written consent for reporting was obtained from the patient's mother.

Examination of the patient revealed normal sexual development and type II FGM [3]. The patient's hormonal profile and pelvic ultrasound and magnetic resonance imaging results were normal.

A 4-mm hysteroscope (Olympus, Germany) was introduced into the vagina without disrupting the hymen. A piece of gauze measuring 4×2 cm was found adhered to the posterior vaginal fornix (Fig. 1). Biopsy forceps were introduced and the gauze was removed from the vagina (Fig. 2).

The presentation in this case was atypical, with isolated vaginal bleeding without vaginal discharge. It represents a rare complication of FGM.

The case raises medico-legal implications for both the general practitioner who performed the FGM and the parents. Parents were

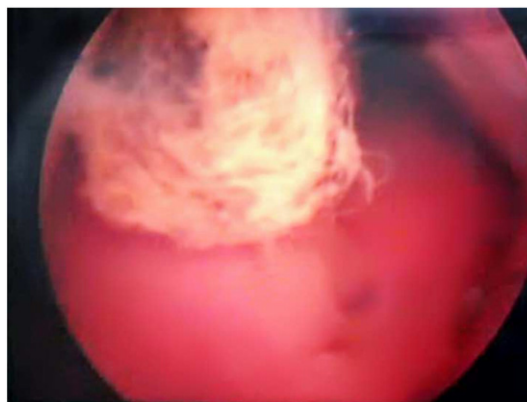


Fig. 1. Hysteroscopic visualization of the piece of gauze adhered to the upper part of the vagina.

* Corresponding author at: Department of Obstetrics and Gynecology, Faculty of Medicine, Sohag University, University Street 1, 2334, Sohag, Egypt. Tel.: +20 932320071; fax: +20 394602963.

E-mail address: salahrasheed67@yahoo.com (S. Rasheed).



Fig. 2. Extraction of the gauze with the aid of forceps.

not included under the criminalization law on FGM issued by the Egyptian Government in 2007, and the authors believe that some parental responsibility and inclusion under this law might help to combat FGM [4].

At conclusion, retained foreign bodies should be considered in girls presenting with bleeding following FGM.

Conflict of interest

The authors have no conflicts of interest to declare.

References

- [1] Imai A, Horibe S, Tamaya T. Genital bleeding in premenarchal children. *Int J Gynecol Obstet* 1995;49(1):41–5.
- [2] Agarwal S, Lall A, Bianchi A, Dickson A. Uro-genital bleeding in premenarchal girls: dilemmas of child abuse. *Eur J Pediatr* 2008;24(6):745–6.
- [3] World Health Organization. Female genital mutilation: Report of WHO Technical Working Group. Geneva, 17–19 July, 1995. WHO/FRH/WHD/96.10. Geneva: WHO; 1996.
- [4] Rasheed SM, Abd-Ellah AH, Yousef FM. Female genital mutilation in Upper Egypt in the new millennium. *Int J Gynecol Obstet* 2011;114(1):47–50.