A Virgin Diagnosed With Foreign Body Granuloma: Myth or Fact?

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The female genital tract can harbor a variety of viral, bacterial, fungal and parasitic organisms. Bacterial cervicitis is the most common cause of these female genital tract infections, followed by viral and fungal cervicitis. Ovarian and fallopian tube infectious diseases are less frequent and are usually caused by an infection ascending through the cervix, or they represent a manifestation of transmitted pelvic inflammatory disease. Granulomatous salpingitis can be provoked by various types of organisms. Tuberculosis, actinomycosis, schistosomiasis, hydatic disease and pinworm are possible etiologies of granulomatous salpingitis [1]. We present the first case report of a 17-year-old virgin with foreign body granuloma of the right fallopian tube due to an idiopathic etiology.

A 17-year-old, sex-negative female, without any major systemic illness or previous operative history, had suffered from an irregular menstrual cycle for the previous 6 months and persistent dull lower abdominal pain during recent weeks. She had taken Chinese herbal medication for 4 months. Laboratory data including a complete blood count and biochemistry evaluation were within normal limits. Transabdominal ultrasound showed a right adnexal cystic structure measuring 3.8 × 4.1 cm with internal irregular heteroechoic content, which was clearly separated from the right ovary (Figure 1). After conservative treatment, she still suffered from dull abdominal pain. She had a strong desire to undergo further surgical intervention after a refractory response to conservative treatment.

Laparoscopy showed a severe pelvic adhesion on the right adnexal area with partial obliteration of the right cul-de-sac (Figure 2A). After careful dissection and desiccation, this cystic structure (suspected to be the

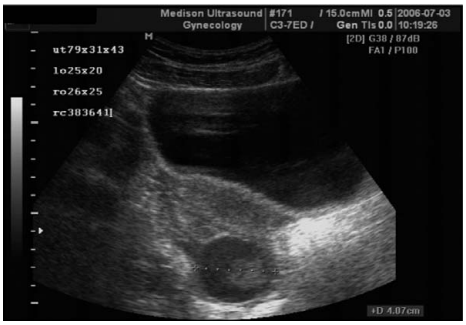

Figure 1. A right adnexal cystic structure measuring 3.8 × 4.1 cm with internal irregular heteroechoic content was found by transvaginal ultrasound.

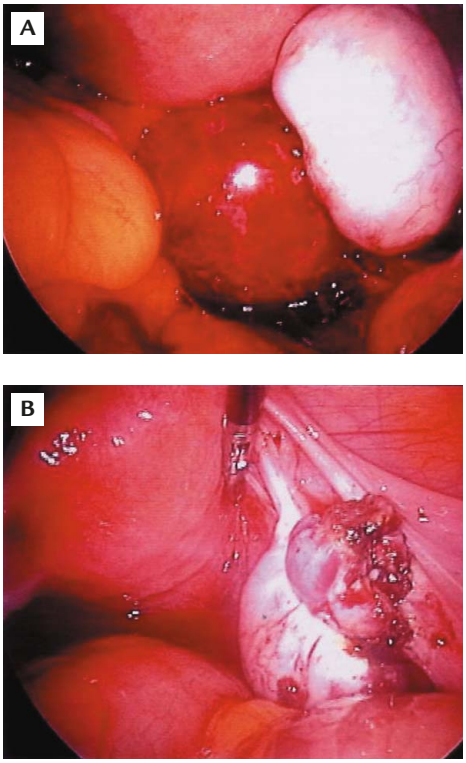

Figure 2. (A) Laparoscopy shows a severe pelvic adhesion on the right adnexal area with obliteration of the right cul-de-sac. A tumor-like mass is clearly separated from the adjacent ovary. (B) After excision of the right adnexal cystic mass, the blind end of the right fallopian tube and the intact right ovary were observed.

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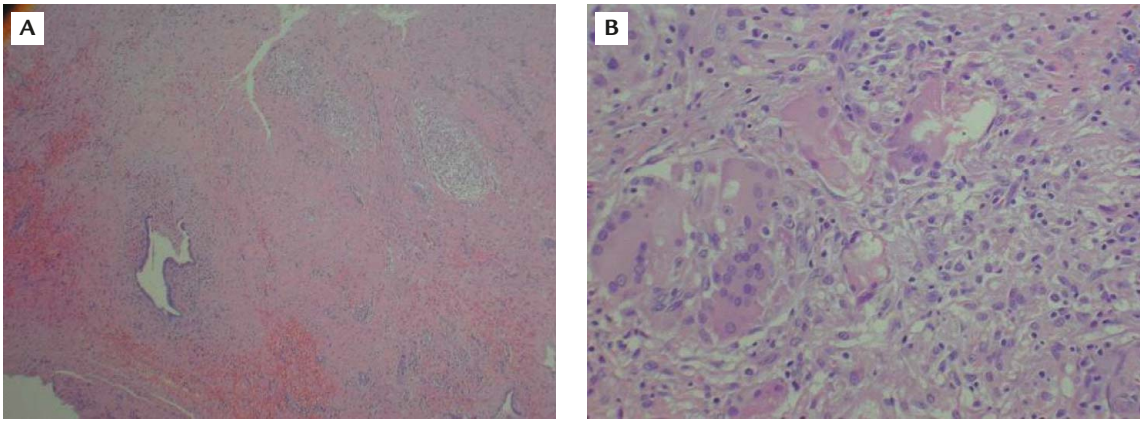

Figure 3. A cystic lesion compatible with chronic inflammation and foreign body granulomas (A) 40× low-power field; (B) 400× high-power field.

fallopian tube based on the anatomical location) was identified. The cyst was incised, with brown-colored fluid and debris tissue spilling out. The cyst was completely removed because it was tumor-like. After the operation, the blind end of the excision site and a right ovary were clearly observed (Figure 2B). The final pathology revealed chronic inflammation and foreign body granuloma (Figures 3A and 3B). Postoperatively, the dull abdominal pain subsided and regular menstruation was restored. Although the real cause of the foreign body granuloma of this right adnexal organ was unknown, possible contributing factors include the Chinese herbal medication [2] or other chronic infections. This report confirms the value of laparoscopy in diagnosis and treatment of patients with uncertain abdominal pain [3–6].

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