Section: Preventive Oncology

Case Report

INCIDENTAL FINDING OF A PLASTIC CAP COVERING THE CERVICAL OS DURING ROUTINE CERVICAL CANCER SCREENING: A CASE REPORT FROM A COMMUNITY OUTREACH PROGRAM

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ABSTRACT

This case report details the unexpected discovery of a plastic cap covering the external cervical os during routine cervical cancer screening (Visual Inspection with Acetic Acid - VIA) of a 60-year-old asymptomatic woman in a community outreach program. The patient reported no history of recent foreign body insertion, or symptoms such as discomfort, discharge, or bleeding, with her last cervical examination dating back decades. The 2 cm plastic cap was removed, and subsequent screening tests (VIA, Pap smear, and HPV DNA) were negative for neoplasia. This rare presentation highlights the critical role of systematic, hands on cervical cancer screening even in the absence of symptoms as a key public health strategy. Undetected vaginal foreign bodies (VFBs) pose a risk for chronic inflammation, fibrosis, and potential malignancy, underscoring the necessity of routine preventive check-ups, particularly for older, asymptomatic women who may not be accessing regular care.

Keywords: Asymptomatic Foreign Body; Cervical Cancer Screening; Public Health Outreach; Vaginal Foreign Body (VFB); Preventive Oncology.

INTRODUCTION

Cervical cancer remains a significant public health challenge, particularly in low- and middle-income settings (LMICs) where access to structured screening programs is limited. Early detection through effective, affordable methods such as Visual Inspection with Acetic Acid (VIA) is essential for effective prevention and treatment (IARC, 2024).[1]
The World Health Organization (WHO) advocates for robust screening strategies, emphasizing that organized programs are the most effective means to reduce incidence and mortality, especially in regions with high disease burden.[2] Furthermore, the effectiveness of VIA as a "screen-and-treat" strategy has been widely validated in resource-constrained areas, making it a cornerstone of public health oncology outreach.[3]
This case report stems from a structured community-based cancer screening health camp, emphasizing the administration of VIA as a pivotal component of cervical cancer prevention. The protocol mandates a thorough history, patient counselling, and detailed clinical examination.
Vaginal Foreign Bodies (VFB's) are commonly reported in the paediatric age group, typically presenting with symptoms like blood-stained or foul-smelling discharge.[4] In adults, however, VFBs are rare and often present asymptomatically or with non-specific, delayed symptoms, increasing the risk of severe complications like chronic infection, inflammation, or pre-malignant changes.[5] The

prolonged presence of any non-biological material in the vaginal vault is recognized as a risk factor for chronic inflammation, which is a known precursor to cellular atypia and potential carcinogenesis.[6] This report describes a VFB discovered incidentally during routine screening, highlighting a novel public health benefit of organized preventive programs.

Case Description

A 60-year-old widow presented to the cancer screening camp following a general health recommendation. She had a non-contributory family history of cancer. Her obstetric history included three normal vaginal deliveries, and she reported her last sexual activity around 15 years ago and cervical exam around 35 years prior. She denied any current gynaecological symptoms, including per vaginal discharge, pain, or bleeding. She managed with a modest household income and maintained an active, independent lifestyle.

Clinical Findings during Screening

After obtaining informed consent, a standard cervical cancer screening protocol was initiated. On speculum examination for the VIA test, an unexpected finding was observed: a pink, 2 cm plastic cap was positioned concentrically over the external cervical os. The cap featured a central opening (Figure 1A and 1B). There were no immediate signs of local infection, oedema, or discharge.

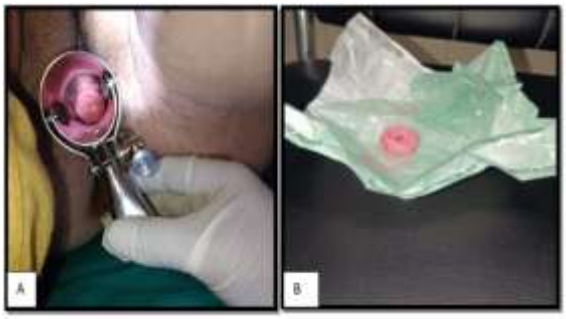

Figure 1A: Cap covering the os in per-speculum examination. 1B. Cap after removal

The cap was not adhered to the cervical tissue and was readily dislodged and removed using a cotton swab. Upon removal, the cervix had an indentation conforming to the shape of the cap.

When questioned, the patient expressed surprise and denied any knowledge of the object's insertion. Her prior gynaecological history included the removal of a Copper T intrauterine device (IUD) decades earlier. She was entirely asymptomatic, reporting no discomfort, pain, or abnormal discharge throughout the unknown duration of the cap's presence.

Outcome and Public Health Significance

Following the removal of the VFB, the VIA test was completed and was reported as negative. Subsequent Pap smear and Human Papillomavirus (HPV) DNA testing, performed one week later were also negative.

This case exemplifies the crucial role of structured screening programs. Had this plastic cap, a potential nidus for chronic inflammation, infection, and mechanical obstruction, remained in situ, the patient would have been at elevated risk for future complications, including missed or delayed diagnosis of developing cervical pathology or cancer. The incidental discovery during a preventive screening intervention averted this potential risk. The finding also reinforces the need for rigorous adherence to screening protocols that include a complete visual inspection of the lower genital tract.[7]

DISCUSSION

The incidental finding of a retained VFB during a routine preventive check-up in an older, asymptomatic adult is exceedingly rare. Previous reports of retained foreign bodies, such as tampons or surgical swabs, often describe a symptomatic presentation, including foul discharge, discomfort, or pelvic pain.[5,8] Our case is distinct due to the patient's complete lack of symptoms despite the likely long-term presence of the object.

This asymptomatic presentation underscores a significant public health challenge: women who are not experiencing symptoms may be less likely to seek care, especially in resource-constrained environments. Without the structured, opportunistic screening provided by the health camp, this VFB would have gone undetected, exposing the patient to the long-term sequelae associated with chronic vaginal inflammation and tissue irritation, which include vaginal fibrosis and increased malignancy risk.[5] Furthermore, chronic mechanical irritation from a foreign body is a recognized mechanism of cancer development in other organs, suggesting a plausible, if unproven, oncogenic risk in the cervix.[8]

Public health imperatives include:

- **Systematic screening value:** Routine examination for cervical cancer serves a dual purpose: detecting precancerous lesions and identifying other serious, yet potentially asymptomatic, gynecological abnormalities, such as retained VFBs.
- **Targeting asymptomatic women:** Preventive programs must also actively reach out to asymptomatic and older women who may have discontinued cervical check-ups, as they remain at risk for undetected pathology.
- **Importance of clinical observation:** The hands-on component of VIA screening, which requires thorough visual inspection of the cervix and vaginal vault, is invaluable and cannot be fully replaced by self-collection methods for all aspects of women's health.

CONCLUSION

This case illustrates the broader benefits of structured cervical cancer screening programs in identifying clinically silent gynaecological conditions. The incidental detection of a retained vaginal foreign body in an asymptomatic older woman underscores the importance of careful visual examination during VIA-based screening. Such preventive interventions are essential for identifying hidden gynaecological risks, particularly among women who do not seek care due to lack of symptoms, and reinforce the role of structured screening in improving women's health outcomes in resource-limited settings.

Ethical approval

Ethical approval was obtained from the Institutional Ethics Committee prior to conducting the community based cancer-screening program.

Informed consent

Written informed consent was obtained from the patient for participation in the screening program.

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Conflict of interest

The authors declare no conflict of interest.

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