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## VAGINAL HIRUDINIASIS

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## ABSTRACT

A case of vaginal bleeding due to hirudiniasis in a pregnant woman is reported. Detachment with a pair of ovum forceps was a successful management unless and otherwise complicated by anaemia or infection.

## INTRODUCTION

Hirudiniasis is leech infestation of man and animals, acquired from contact with infected water and damp tropical forests. The leechs are classified in phylum Annelida, genera himinatis and the species that commonly affects man is nilotica (1, 2). They usually affect the oropharynx causing epistaxis, hemoptysis and hematemesis. In the rural communities of Ethiopia they are the commonest causes of hematemesis in children. They are also known to lodge in the urethra, urinary bladder or the vagina (1,2,3), however, vaginal bleeding due to leech is rare even if it has already been encountered here. This report deals with a case of vaginal hirudiniasis in a pregnant woman admitted to Ghindeberet Hospital.

## CASE REPORT

F.D. (Hospital No. F-760), a 27 - year old gravida VII, para VI was admitted to Ghindeberet Hospital on 20/12/80 for the first time complaining of vaginal bleeding of five days duration. The bleeding started as a small mark and became profuse in about two days and it was painless.

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No product of conceptus was passed out. There was no history of abdominal trauma. Previous obstetric histories were uneventful. She was practicing vaginal douche daily with unclean water brought from a river, never bathed in a river or standing water. The last time she bathed was about two months prior to the onset of present illness.

On physical examination she was sick looking but in no acute distress, the conjunctivae were pink. The pulse rate was 100/min, respiratory rate 24/min, temperature 36.5°C. (axillary) blood pressure 100/70 mmHg (supine). The uterus was of about 32 weeks of gestation, with cephalic presentation, longitudinal lie and fetal heart rate of 144/min (regular). Vaginal examination (VE) revealed closed and smooth cervix, a small fleshy mass was felt in the left fornix. Vaginal speculum examination revealed a leech in the left fornix. The rest of the examination was unremarkable. Stool and urine tests were normal. Haemoglobin was 13 gm% (sahli method) on admission, but on 23/12/80 it dropped to 10 gm%, blood group was 0 Rh positive. The leech was removed with a pair of ovum forceps and the patient was discharged on 24/12/80 in a good general condition on ferrous sulfate with follow up at the antenatal clinic.

## DISCUSSION

Vaginal bleeding is a common problem seen at the gynecology clinic due to various causes but leech is rarely encountered as a cause in Ethiopia and this case appears to be one of the very few cases. Moreover, what made this case complicated was its presentation in a pregnant woman. The diagnosis was not known until VE was done in the operation room.

In this case as well as lodgement in the oropharynx removal with a pair of forceps was a simple and safe method. It can also detach by itself by applying cocaine, vinegar, table salt solution or other strong solutions to it (1,3)

In our hospital at least two cases of leech in the oropharynx are encountered monthly mostly among the highlanders; leeches were even seen to come in through water pipe. It is obvious from this case that one must have high index of suspicion leech as a cause in obscure cases of vaginal bleeding in areas where hirudiniasis in its various forms is common.