Cureus
Part of SPRINGER NATURE

Open Access Case Report

Paddy Grain as a Rare Cause of Postmenopausal Bleeding: An Unexpected Hysteroscopic Diagnosis

Pruthwiraj Sethi [1], Chandra Jyoti [1]

1. Obstetrics and Gynecology, All India Institute of Medical Sciences, Bhubaneswar, IND

Corresponding author: Pruthwiraj Sethi, drpruthwiraj@gmail.com

Review began 06/21/2026
Review ended 07/06/2026
Published 07/11/2026

© **Copyright** 2026
Sethi et al. This is an open access article distributed under the terms of the Creative Commons Attribution License CC-BY 4.0., which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

DOI: 10.7759/cureus.112450

Abstract

Foreign bodies in the female genital tract are rare, especially in postmenopausal women. Common foreign bodies reported in the elderly include forgotten pessaries and intrauterine contraceptive devices. A 60-year-old woman, para 5 live 5 (P5L5), presented with complaints of postmenopausal bleeding (PMB). On per speculum examination, the vagina was pale and atrophic, and the cervix appeared healthy. Bimanual examination revealed an atrophic uterus with no adnexal mass. Transvaginal sonography showed an endometrial thickness of 8 mm. On hysteroscopy, a golden-colored material measuring 1 cm × 0.5 cm was visible, attached to the endometrial cavity. No other pathology was detected except for an atrophic endometrium. The foreign body was removed using hysteroscopic forceps. It was identified as paddy husk (rice husk). This case highlights an unusual presentation of PMB caused by paddy husk, identified unexpectedly during hysteroscopy.

Categories: Obstetrics/Gynecology, Geriatrics
Keywords: foreign body retrieval, postmenopausal bleeding, postmenopausal complications, retained foreign object, vaginal foreign bodies

Introduction

Foreign bodies in the female genital tract are rare in occurrence, especially in postmenopausal women. In the younger age group, foreign bodies may be placed accidentally or purposefully, whereas sexual abuse may be one of the causes. Common foreign bodies reported in the elderly include forgotten pessaries and intrauterine contraceptive devices [1-5]. They may cause foul-smelling vaginal discharge, vaginal bleeding, urinary tract infection, and abdominal pain. In extreme cases, vesicovaginal fistula and rectovaginal fistula have been detected [4,5]. Organic foreign bodies, such as plant material, are rare and are rarely reported in postmenopausal women. We report a case of a retained paddy grain causing postmenopausal bleeding (PMB), diagnosed unexpectedly during hysteroscopic evaluation.

Case Presentation

A 60-year-old woman, para 5 live 5 (P5L5), presented to our OPD with complaints of PMB. The bleeding was not associated with foul-smelling vaginal discharge or abdominal pain. She was an agricultural worker. General physical and abdominal examination was unremarkable. On per speculum examination, the vagina was pale and atrophic, and the cervix appeared healthy. Bimanual examination revealed an atrophic uterus with no adnexal mass. Transvaginal sonography showed an endometrial thickness of 8 mm with an irregularly shaped hyperechoic focus within the endometrial cavity (Figure *1*).

How to cite this article
Sethi P, Jyoti C (July 11, 2026) Paddy Grain as a Rare Cause of Postmenopausal Bleeding: An Unexpected Hysteroscopic Diagnosis. Cureus 18(7): e112450. DOI 10.7759/cureus.112450

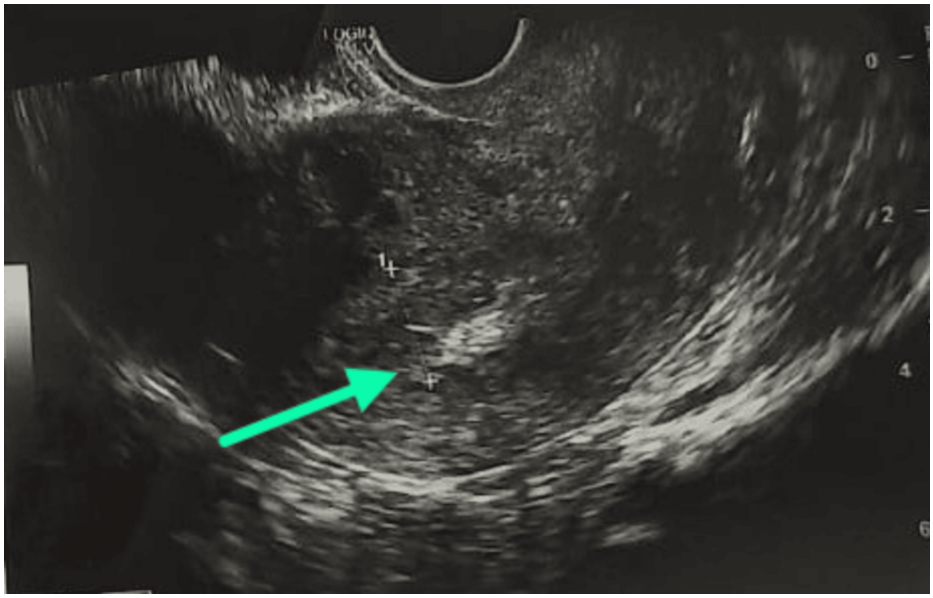


FIGURE 1: Transvaginal sonography showing increased endometrial thickness with a hyperechoic focus (green arrow)

A hysteroscopy-guided endometrial biopsy was planned. On hysteroscopy, a golden-colored material measuring 1 cm × 0.5 cm was visible, attached to the endometrial cavity (Figure *2*).

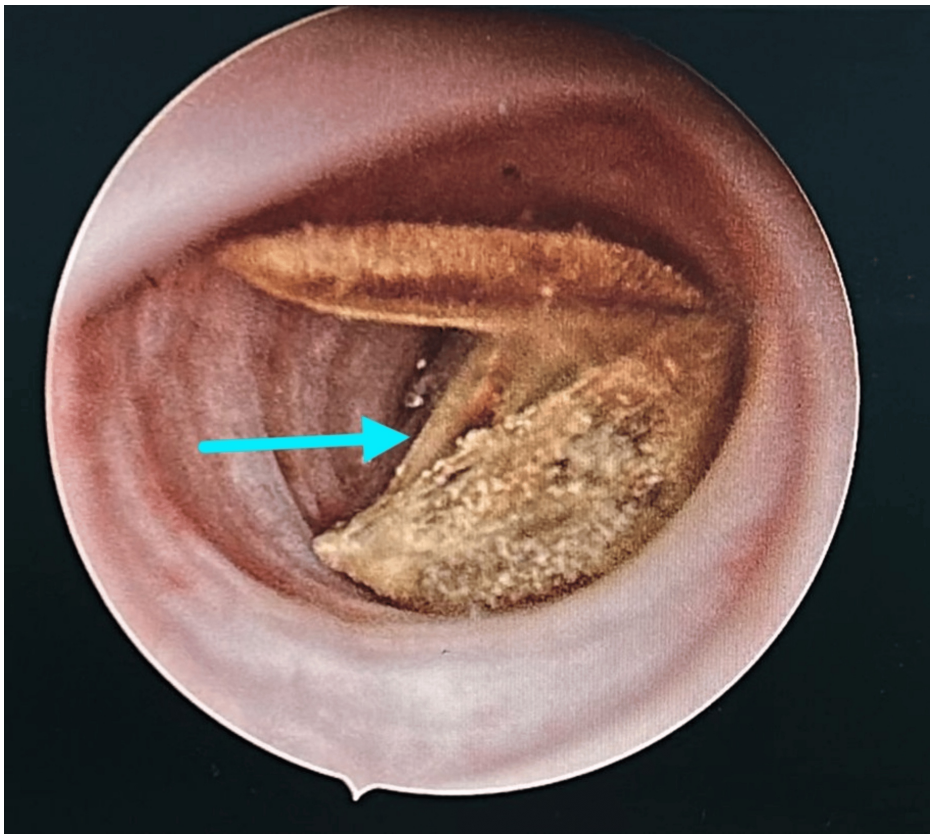


FIGURE 2: Paddy grain seen in the endometrial cavity through the hysteroscope (blue arrow)

No other pathology was detected except for an atrophic endometrium. The foreign body was removed using hysteroscopic forceps. It was identified as a paddy grain husk (Figure *3*).



FIGURE 3: Extracted specimen showing husk of paddy grain

The endometrial cavity was reassessed and found to be normal. Endometrial sampling was sent for histopathological examination, which ruled out hyperplasia or malignancy. The patient had an uneventful recovery and reported complete resolution of bleeding on follow-up.

Discussion

Foreign bodies in the female genital tract occur in children or younger adults due to accidental insertion, sexual activity, contraceptive use, or psychiatric illness [6]. In older women, reported cases are mainly associated with forgotten pessaries and long-retained intrauterine contraceptive devices [1-5]. These long-standing foreign bodies in the genital tract can lead to chronic inflammation, mucosal ulceration, granulation tissue formation, and secondary infection, which may mimic malignancy. They may cause foul-smelling vaginal discharge, vaginal bleeding, urinary tract infection, and abdominal pain. There are also reports of cases of retained foreign bodies for decades before diagnosis due to nonspecific symptoms and low clinical suspicion. In extreme cases, complications such as vesicovaginal fistula or rectovaginal fistula have been reported [4,5].

Organic foreign bodies such as paddy grains are exceptionally rare. These small foreign bodies might travel through the parous cervical os by the ciliary action of the endocervical cells and reach the uterine cavity. In our case, the most plausible explanation is accidental vaginal introduction during agricultural activities, followed by gradual ascending migration through the cervical canal facilitated by uterine contractions. In an estrogen-deficient postmenopausal genital tract, even a small object can induce significant mucosal irritation due to atrophic epithelium, reduced vascularity, and increased fragility. Mechanical irritation leads to micro-erosions, focal inflammation, and intermittent bleeding.

For foreign bodies in the female genital tract, speculum examination can initially detect those located in the vagina, while transvaginal ultrasonography serves as the initial imaging modality for intrauterine detection. Hysteroscopy remains the gold standard for the evaluation of unexplained symptoms, and its diagnostic accuracy exceeds that of transvaginal ultrasonography for intracavitary lesions [7]. It allows direct visualization of the endometrial cavity and simultaneous therapeutic intervention. In the present case, hysteroscopy was instrumental in identifying and removing an unusual foreign body that was not detected on ultrasonography.

This case highlights the importance of maintaining a broad differential diagnosis in PMB, especially when the initial evaluation is normal.

Conclusions

In PMB, although it is most commonly due to benign endometrial causes or malignancy, rare etiologies such as retained foreign bodies should be considered when routine evaluation is inconclusive. This case highlights an unusual presentation of PMB caused by a paddy grain, identified unexpectedly during hysteroscopy. Awareness of such rare causes is important to avoid misdiagnosis, unnecessary anxiety, and repeated investigations. Even seemingly insignificant organic materials can produce clinically significant symptoms in the atrophic postmenopausal genital tract.

Additional Information

Author Contributions

All authors have reviewed the final version to be published and agreed to be accountable for all aspects of the work.

Concept and design: Pruthwiraj Sethi, Chandra Jyoti

Acquisition, analysis, or interpretation of data: Pruthwiraj Sethi, Chandra Jyoti

Drafting of the manuscript: Pruthwiraj Sethi, Chandra Jyoti

Critical review of the manuscript for important intellectual content: Pruthwiraj Sethi, Chandra Jyoti

Disclosures

Human subjects: Informed consent for treatment and open access publication was obtained or waived by all participants in this study. **Conflicts of interest:** In compliance with the ICMJE uniform disclosure form, all authors declare the following: **Payment/services info:** All authors have declared that no financial support was received from any organization for the submitted work. **Financial relationships:** All authors have declared that they have no financial relationships at present or within the previous three years with any organizations that might have an interest in the submitted work. **Other relationships:** All authors have declared that there are no other relationships or activities that could appear to have influenced the submitted work.

References

1. Roy KK, Mittal S, Verma A: Removal of an intrauterine foreign body retained for 12 years . Int J Gynaecol Obstet. 1996, 54:185-6. 10.1016/0020-7292(96)02702-6
2. Hunger C, Ring A: Chicken bones in the uterus-an exceptional reason for sterility (Article in German) . Zentralbl Gynakol. 2001, 123:604-6. 10.1055/s-2001-19096
3. Cetinkaya K, Kumtepe Y, Ingec M: Minimally invasive approach to cases of lost intra-uterine device: a 7-year experience. Eur J Obstet Gynecol Reprod Biol. 2011, 159:119-21. 10.1016/j.ejogrb.2011.07.003
4. Kaaki B, Mahajan ST: Vesicovaginal fistula resulting from a well-cared-for pessary . Int Urogynecol J Pelvic Floor Dysfunct. 2007, 18:971-3. 10.1007/s00192-006-0275-7
5. Arias BE, Ridgeway B, Barber MD: Complications of neglected vaginal pessaries: case presentation and literature review. Int Urogynecol J Pelvic Floor Dysfunct. 2008, 19:1173-8. 10.1007/s00192-008-0574-2
6. Chopra S, Singh Y, Magon N: A case of intravaginal foreign body . Med J Armed Forces India. 2010, 66:266-8. 10.1016/S0377-1237(10)80053-X
7. Bettocchi S, Di Spiezio Sardo A, Pinto L, Guida M, Castaldi MA, Ceci O, Nappi C: Hysteroscopic removal of gauze packing inadvertently sutured to the uterine cavity: report of 2 cases. J Minim Invasive Gynecol. 2009, 16:88-91. 10.1016/j.jmig.2008.09.615