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Displaced Intrauterine Device: A Case Study

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Amri Hospital , Bhubaneswarabstract And Key Words: Iucd,Cut

Abstract: *IUCD is one of the most effective reversible contraceptive method. The overall effectiveness of IUCD and oral contraceptives are about the same in family planning programme.[1] A number of cases of uterine perforation by IUCD have been reported and the incidence ranges from 1:150 to 1:9000 insertions.[2] But it is the most serious complication associated with IUCD. The availability of minimally invasive techniques(laparoscopy and hysteroscopy) have improved the prognosis.A case of displaced IUCD admitted to AMRI hospital Bhubaneswar in february 2017 was studied and reported here. The IUCD migrated adjacent to right ovary.*

I. Introduction

The wide number od advantages has made IUCD as a popular reversible contraception. However the side effects are not uncommon. Out of all uterine perforation is the most serious adverse effect. while the incidence ranges from 1:150 to 1:9000 insertions, it should not be higher than 0.3% in hands of trained physicians.[3] Early diagnosis is tricky as some cases may remain asymptomatic for long. Evidences suggest that any IUCD that has perforated the uterus should be removed because the risk of abdominal inflammatory response leading to adhesions or perforations of organs outweigh the risk associated with removal[4]

II. Case report

A 37 year old female , Para1(previous LSCS six year back) an ectopic pregnancy in 2010 for which lap right salpingectomy was done. Cupper T insertion was done in 2013. Patient was not counselled about how to check thread in every cycle. She never checked it herself and after three years incidentally IUCD was found to be missing when patient attended OPD for removal of Cu T. Patient was referred to AMRI hospital Bhubaneswar . She was evaluated with USG pelvis, X-ray of pelvis and CECT whole abdomen. Only CECT showed a metallic linear hyperdense foreign body (size 25X14mm) in right presacral area posterior to right ovary and lateral to rectum. A screening colonoscopy was done which showed intact colonic mucosa till splenic flexure. Patient underwent diagnostic hysteroscopy followed by laparoscopic removal of IUCD.

The IUCD was found to be densely adhered to right ovary with surrounding fibrosis. This indicates probably the displacement is chronic which remained asymptomatic. Bowel and other abdominal organs were checked. Postoperative period was uneventful.

III. Discussion

This rare yet serious complication must be attended with abolute care. The incidence depends upon 1. time of insertion, 2.design of IUCD, 3.technique of insertion, 4.selection of candidate and 5.Operator expertise.Although the loop can be inserted at any time during reproductive year (except during pregnancy), there is greater risk of perforation immediately following delivery (immediate postpartum insertion/postplacental insertion).

IV. Conclusion

The symptoms of perforation may vary from asymptomatic to acute abdomen. The evaluation must include pelvic X-ray, USG abdomen and CECT abdomen. Management must be on urgent basis and any displaced IUCD even if asymptomatic, must be removed.

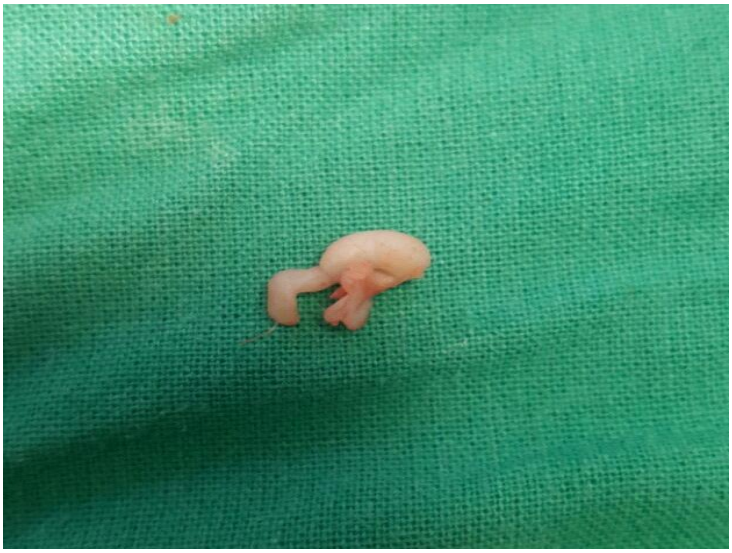

Fig 1: laparoscopically removed IUCD

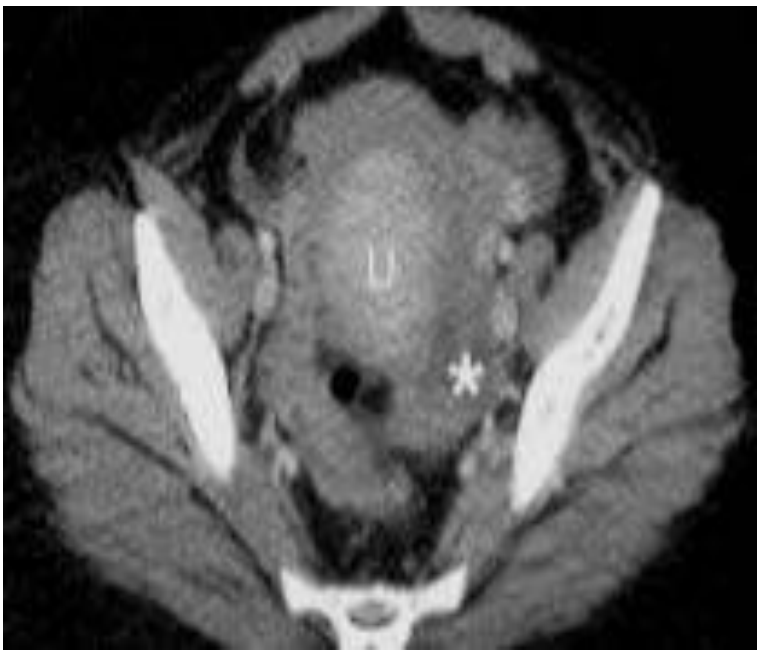

Fig 2: CECT Abdomen showing displaced IUCD

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