

Misplaced Iucd in Bladder with Calcification

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Abstract: Cu IUCD is the second most popular temporary contraceptive method in India. 28yrs old female presented to outpatient department with lower abdominal pain, dysuria, and hematuria for 4 months, IUCD inserted 6 months after delivery. On Speculum and Vaginal examination Cu T thread was not seen. usg was done for misplaced IUCD. USG done showed IUCD surrounded by calculus noted in pelvis. Misplaced IUCD and calculus was removed successfully by the Urogynaecologist using a Cystoscope and Hysteroscope.

I. Introduction

IUCD is the second most common temporary contraceptive method in India. IUCD insertion is simple, easily available and has minimal contraindication. IUCD is safe, convenient and is used to space pregnancies. However it is not easily accepted due to various complications like increased bleeding, infection, expulsion, perforation. Incidence of perforation varies from 1-3 per 1000 insertion. IUCD migration subsequent to uterine perforation is an uncommon but serious complication.

II. Case report

28 yrs old parous woman with Previous LSCS, presented to us with lower abdominal pain, dysuria and hematuria for 4 months. She had Cu T Inserted 6 months before she presented to us and her cycle were regular before. She was treated irregularly outside for similar complaints. Incidentally she noted that thread was not felt. On examination = lscs scar healthy, mild tenderness + in whole abdomen. On speculum and vaginal examination = Cu T thread not visualized. USG done revealed IUCD in the bladder, adherent to bladder and a calcification around the Cu T noted. Along with urogynaecologist IUCD along with calculus was removed by cystoscope and hysteroscope. Postoperatively patient voided urine after the procedure. Post operative period uneventful. Patient was discharged in a hemodynamically stable condition on post operative day 4.

III. Discussion

Most reports of IUCD perforation of the bladder have occurred with Cu T. The ratio of uterine perforation has been estimated to be 1-3 per 1000 insertion. The key to safe and effective use of an IUCD is regular self examination and to follow up to verify the position. The uterine perforation by an IUCD may occur by one or two mechanisms. The first mechanism is timing of insertion important as expulsion and perforation very high in immediate postpartum period.

The second proposed mechanism of perforation is by a gradual pressure necrosis of the uterine wall by the IUCD. Most reported cases of IUCD perforation of the bladder have history of pelvic pain, hematuria and cystitis that may persist or may temporarily resolve with treatment. In my case, patient was asymptomatic in the first month following insertion. It is difficult to say when the perforation has occurred. The development of urinary symptoms 2 months after IUCD insertion may be secondary to either the protrusion of the IUCD into the bladder or development of smaller calculi around the IUCD in the bladder, subsequently cause irritative symptoms and hence from contact with the bladder mucosa.

Bladder stones are relatively unusual in young women. However the degree and amount of stone formation appears to be independent of IUCD exposed in the bladder. In my case bladder foreign body (IUCD) acting as a nidus for stone formation.



IV. Conclusion

Regular follow up is essential after IUCD insertion ,as it would help in earlier detection of misplaced IUCD.Hysteroscopy aids both in diagnosing and removal of misplaced IUCD .Patient should be instructed clearly to report immediately if thread not felt , pain abdomen or abnormal vaginal discharge.Thus severe complication can be avoided. Timing of IUCD insertion is important.

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