



INTRAVESICAL MIGRATION OF MISSED INTRAUTERINE DEVICE ASSOCIATED WITH STONE FORMATION –A RARE CASE REPORT

Dr Gaurav S Bagmar*

Government General Hospital-guntur, Andhra Pradesh *Corresponding Author

Dr B. Prakasa Rao

Government General Hospital-guntur, Andhra Pradesh

KEYWORDS :

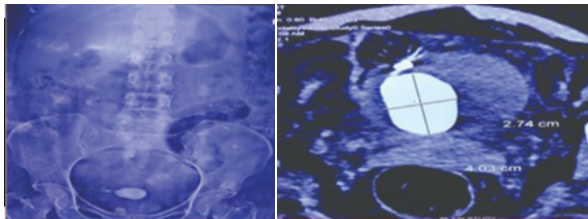
INTRODUCTION:

Intrauterine device is most widely used method of reversible contraception because of its high efficiency and low complication rates. Uterine perforation by an IUD is an uncommon complication; incidence is 1 to 3 in 1000 applications. However transvesical migration or misplacement of IUD is a very rare complication with high rate of calculi formation. The aim of this case report is to show that persistent lower urinary tract symptoms of woman with IUD may be associated with intravesical migration and stone formation in bladder.

CASE REPORT:

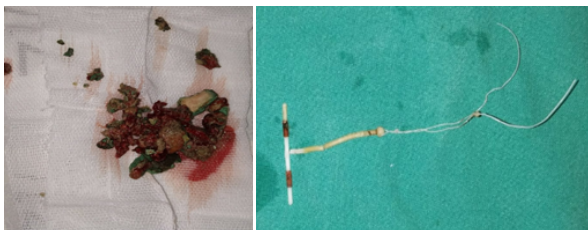
A 35 year old woman was admitted to our hospital presenting with dysuria and urgency for 6 months. She had medical history of insertion of an IUD 7 years ago. Patient had persistent dysuria and urgency and had taken treatment from last six months without any relief. Physical examination didn't show any remarkable finding.

Urinanalysis was indicative of pyuria and urine culture was negative.



Abdominal ultrasonography and xray kub revealed an intravesical calculus measuring about 35mm and linear hyperechoic structure noted at junction of urinary bladder and uterine wall.

The patient underwent endoscopic surgery and stone around IUD was fragmented using pneumatic lithotripter. After complete disintegration and extraction of fragmented stones, IUD removal was attempted through cystoscope using mechanical forceps but failed. The surgery was converted to open and IUD horizontal limb which was embedded in the bladder wall was removed. Complete surgery time was about 90 minutes.



The urethral catheter was removed and voiding trial was given on 14th postoperative day. She voided freely. She was followed up for 3 months. Urinalysis and physical examination were normal.

CONCLUSION:

The transvesical migration of an IUD with or without stone formation can be treated endoscopically. Also patient expectations necessitate treatment by least invasive procedure. But sometimes it's difficult to treat endoscopically as was there in this case, so other mode of treatment like open/laparoscopic may be utilized. How the IUD migrated intravesically is still a Mystery!