



Missing Copper T: A Case Report

KEYWORDS

Missing IUCD, Laparoscopy.

Dr. Shankar. Burute

Professor, Obstetrics and Gynaecology, DY Patil Medical College, Pune.

Dr Gaurav Chopade

Assistant Professor, Obstetrics and Gynaecology Deptt, DY Patil Medical College, Pune

Dr. Mithi. Sooknundun

Resident, Obstetrics and Gynaecology, DY Patil Medical College, Pune.

Dr. Hemant. Deshpande

Professor and Head, Obstetrics and Gynaecology, DY Patil Medical College, Pune

Dr Karuna Ratwani

Assistant Professor, Obstetrics and Gynaecology, DY Patil Medical College, Pune. * Corresponding Author

Dr Sumit Jethani

Assistant Professor, Community Medicine, DY Patil Medical College, Pune.

ABSTRACT

A copper IUD is a type of intrauterine device. It is one of the most effective non hormonal forms of birth control. The case report shows a missing copper T in a 25 year old female, G3P2L2 with 7.4 weeks. In our case study, the laparoscopic removal of copper T, confirmed to be ideal for our study.

INTRODUCTION: Intrauterine contraceptive devices are made of plastic or metal or a combination of these materials meant for insertion into the uterine cavity for contraception¹. IUCD is the second most common, safe and most effective method used for family planning after voluntary female sterilization¹. In developing countries, it is the most popular reversible method of long term contraception due to easy availability, low cost and reasonably good effects.^{2, 3} IUCD does not interfere with lactation and because of this, many lactating women prefer IUCDs for contraception. Although relatively safe, it can be associated with problems like increased menstrual bleeding, infections, expulsion, cramping, heavier periods, irregular bleeding, spotting, string problems, pregnancy and rarely it can lead on to uterine perforation and associated complications.

Unlike other forms of reversible contraception, the failure rates for different models vary between 0.1 and 2.2% after 1 year of use.

Secondary perforation can occur by slow migration through the muscular wall of the uterus which can be augmented by spontaneous uterine contractions and urinary bladder contractions.⁴ Migrated IUCD remain unnoticed for long and may not be discovered until it is found to be missing.⁵

Adverse effects

Expulsion: Sometimes the copper IUD can be spontaneously expelled from the uterus. Unusual vaginal discharge, cramping or pain, spotting between periods, post coital spotting, dyspareunia, or the absence or lengthening of the strings can be signs of a possible expulsion⁶

Perforation: Very rarely, the IUD can move through the wall of the uterus. If perforation does occur it can damage the internal organs, and in some cases surgery is needed to remove the IUD.

Infection: The insertion of a copper IUD poses a transient

risk of pelvic inflammatory disease (PID) in the first 21 days after insertion.

Cramping: The copper IUD can also increase cramps during a woman's period.

Heavier Periods: The copper IUD increases the amount of blood flow during menses.

Irregular Bleeding and Spotting: For the first 3 to 6 months after insertion, the copper IUD can cause irregular periods and spotting between period.

String problems: A small portion of men report that they can feel the strings during intercourse.

Pregnancy: Ectopic pregnancy may occur.

CASE REPORT: A 25 year old female, G3P2L2 with previous 2 normal vaginal deliveries, admitted at Dr. D. Y Patil Medical College Pimpri, Pune, came with complaints of pain in abdomen and per vaginal spotting since 7 days. She delivered 8 months back vaginally and Copper T was inserted after 6 weeks of delivery. She gave history of lactational amenorrhea.

On examination, her general condition was good, vital signs were normal. Abdomen was soft, minimal tenderness present in the suprapubic region. On speculum examination, IUCD thread was not seen and uterus was enlarged to 6 to 8 weeks size with minimal left sided forniceal tenderness on per vaginal examination.

A USG OBS was done on the 14th July 2014 which suggested Single Live Intrauterine Gestation of 6 weeks, Copper T outside the uterus very close to left ovary probably is attached to it. Since patient was stable and all her investigations carried out were within normal limits, she was posted for laparoscopic removal of copper T (SOS Open).

During surgery, omental adhesions were cleared from the

uterus and fallopian tubes. Both tubes were visualized. Right tube was clear of bowel adhesions whereas left tube had many adhesions attached towards its fimbrial end.

Once those adhesions were released on the left side, the copper T was visualized attached superio-anteriorly to the left ovary. The copper T was held and removed uneventfully. Bowels were checked for injury and hemostasis achieved. An abdominal drain was placed towards the end of the surgery. Dilatation and evacuation was done and patient was kept nil by mouth for 72 hours before being discharged on the 5th day.

All migrated IUCDs must be removed. An IUCD in peritoneal cavity can cause bowel perforation, bowel obstruction and fistula formation.

Discussion:

Any indication of missing thread should be investigated at the earliest.

Risk factors for migration are use in nullipara, postpartum or post abortion insertion, faulty technique of insertion, and irregular follow up⁷. Migration is associated with a significantly higher rate in immediate postpartum insertion of intrauterine device. Migration can be incomplete or complete. In former type, the device remains attached to the myometrium whereas, in complete migration, the device may be situated in any site in abdomen.

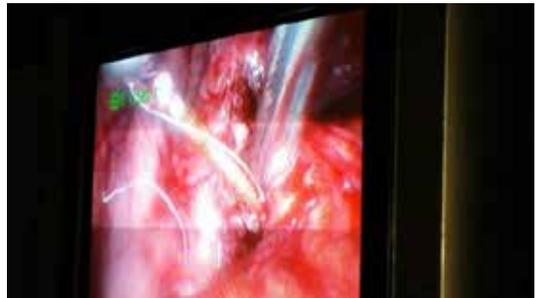
Transvaginal, transabdominal sonography, computed tomography and Radiography are all useful methods to detect missing IUCD.

Laparoscopy is one of the best, safe and less invasive method for removal of migrated Copper T.

Photograph



Picture 1:CuT after laparoscopy Removal



Picture 2: Cu T visible on Monitor during Laparoscopy

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