Original Research Paper

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Gynaecology

TALE OF MISSING COPPER T DEVICE AND SUCCESSFUL RETRIEVAL

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ABSTRACT Intrauterine devices are currently one of the most popular reversible contraception methods used worldwide. IUCD is common method of contraception among women because of its low cost and high efficacy. Though relatively safe, it may cause dangerous complications like uterine perforation. Perforation of the uterus by an IUCD was first described in 1930 by Murphy and Andrews independently. The incidence of perforation is 0.1 to 3 per 1000 insertions. Uterine perforation almost always occurs during insertion of IUCD and its incidence is related to the timing of insertion, type of device, the anatomy of the uterus and cervix, also faulty insertion technique, soft uterine wall, recent pregnancy, abortion and previous uterine scar. With this , we are presenting a case of 25yr old, with complaints of pain abdomen since 3 days. She was P1L1 delivered by LSCS 3 months back, IUCD insertion was done 6 weeks following the delivery. Her general physical examination and systemic examination were within normal limits. On per speculum examination, IUCD thread was not seen. X-ray of the pelvis was done and showed the Copper T to be anterior to the uterus. Laproscopy revealed adhesions between the omentum and anterior abdominal wall, following successful adhesiolysis the copper T was retrieved

KEYWORDS : :

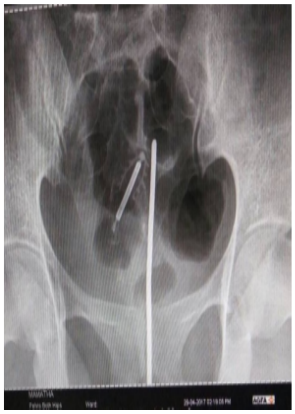
INTRODUCTION

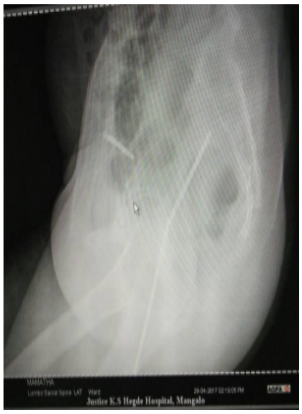
Intrauterine devices are currently one of the most popular reversible contraception methods used worldwide.IUCD is common method of contraception among women because of its low cost and high efficacy.Though relatively safe, it may cause dangerous complications like uterine perforation. The incidence of perforation is 0.1 to 3 per 1000 insertions.Uterine perforation almost always occurs during insertion of IUCD and its incidence is related to the timing of insertion, type of device, the anatomy of the uterus and cervix, also faulty insertion technique, soft uterine wall, recent pregnancy, abortion and previous uterine scar

CASE REPORT

A 25 year old woman presented with mild lower abdominal pain and dysuria since 15 days, 6 weeks following a copper intrauterine contraceptive device insertion.She was a primipara who underwent lower segment caesarean section two and a half months back in view of fetal distress. She was fully lactating and the IUCD(Copper 375 A multiload) was inserted 6 weeks post partum. There was no bleeding per vagina during and after the insertion.On examination, her general condition was good. The abdomen was soft and there was no tenderness or guarding.On speculum examination, the thread of the IUCD was missing.Attempt was made to remove the IUCD with curette but failed. Pelvic examination revealed a normal uterus with tender anterior and left fornices. She was then sent for ultrasound examination& X ray abdomen and pelvis with a probe in utero which showed the contraceptive device close to the anterior uterine wall with suspected intra peritoneal migration.

IMAGING STUDIES

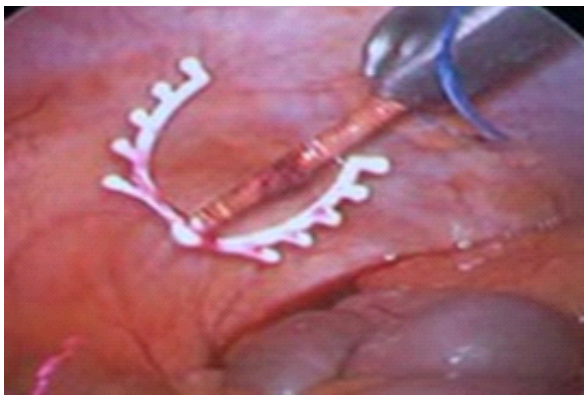




The patient was counselled regarding the risk of uterine perforation and with an informed consent, and was planned for diagnostic laparoscopy with plan for retrieval of copper T

The patient was posted for diagnostic laparoscopy (if needed for conversion to laparotomy). A preliminary cystoscopy was done and bladder wall appeared normal with no signs of inflammation and no copper T visualized .

On laparoscopy adhesions was found between omentum and anterior abdominal wall . The thread was embedded in the adhesions and copper T was surrounded by granulation tissue and purulent material attached to adhesions near the bladder wall. After the omental adhesions were carefully removed the thread of the Copper T was seen, and then the whole of Copper T was traced between the adhesions and bladder wall and slowly removed. Urinary bladder integrity was maintained and fallopian tubes ,ovaries were normal. The patient was catheterised for 72 h before being discharged on the 5th day.



LAPROSCOPIC VIEW

Picture showing the granulation tissue and the excised omentum with the copper T 375 A after removal

DISCUSSION

Uterine perforation following IUCD is rare and occurs in 0.5-3/1000 insertions but it is a potential health risk. Primary perforation occurs at the time of insertion. Secondary uterine perforation is silent and occurs due to slow migration of Copper T through the uterus with the concurrent bowel peristalsis, spontaneous uterine contractions, bladder contractions. Migrated IUCD may not be discovered until it is found missing or patient become pregnant.

Post-insertion women should have follow-up visits as recommended. First, visit should be at the first menstrual period or after 1-month, whichever is earlier.

Subsequently after 3 months.
Thereafter, once a year for the exclusion of infection, abnormal bleeding, the proper position of Copper T.

An IUCD user should be instructed to contact health care provider in case of: (a) IUCD threads cannot be felt, (b) she or her partner can feel the lower end of IUCD, (c) persistent abdominal pain, fever, dyspareunia, unusual vaginal discharge, (d) when she misses periods.

CONCLUSION

All migrated IUCD must be removed as it can cause bowel and bladder perforation, fistula formation. Missing Copper T should be identified using USG, pelvic X-ray/computed tomography scan. In our case X-ray could detect missing Copper T. Removal by hysterolaparoscopy is the best approach. The prevention of complications due to migrated Copper T is by early detection and regular followup.

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