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Research Paper

A Case Report On Missing Iud

Medical Science

KEYWORDS : Missing

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ABSTRACT

Today the IUD is by far the most popular form of long term reversible contraception in the world. Side effects from the IUD are minimal & complications are rare. Uterine perforation & migration of the IUD outside the uterine cavity are the most serious complications. Physician visualization and / or the patient feeling retrieval threads at the cervical os are confirmation that the IUD has not been expelled or migrated. We present a case of a perforated, intraperitoneal IUD which was found encased within the omentum, which was adhered to anterior abdominal wall. Office removal was not possible using gentle traction on the threads. Abdominal X-ray and pelvic ultrasound were used to locate the IUD. Ultimately the missing IUD was removed via laparotomy.

Introduction

The practice of placing foreign objects into the uterus of humans as well as animals as a mean to prevent unwanted pregnancy may have originated thousands of years ago. It is rumored that nomadic peoples placed smooth stones into the uteri of their female camels to prevent conception during extended travels. It was not until the twentieth century that research & development of modern IUDs progressed significantly.

The modern IUD was first described in 1909 by Dr. Richard Richter, a physician who saw the need for reliable, long term reversible contraception. Currently there are an estimated 180 million IUD users worldwide making it the most popular form for reversible contraception. Perforation of the uterus with subsequent migration into the peritoneal cavity or retroperitoneum is an uncommon but serious complication.

Anderson et al. reported a perforation rate of 1.3/1000 IUDs placed with perforation rate of cut 380A. Risk factors for perforation include clinician's inexperience, fixed or retroverted uterus, placement during lactation or the presence of a defect in the myometrium. Symptoms of perforation can include abdominal pain and uterine bleeding, however perforation can go unrecognized for months or years if asymptomatic[1]. Typically the misplaced IUD is signaled by shortening or disappearance of retrieval threads at the cervical os.

When recognized an IUD that has perforated the uterus, it should be removed promptly because bowel perforation, obstruction or adhesions can occur[1]. Also a malpositioned IUD may not prevent an unintended pregnancy [1-3]. Although the IUD can be inserted in a non pregnant women at any time including immediately postpartum, the risk of perforation is greatest during the 12wks after giving birth and while the patient is lactating[2,3] .

Case Report

A 26 year old woman (4 pregnancies, 2 FTND, 2 miscarriages followed by D&E, 2 living children) underwent cuT -380A placement immediately following her 2nd normal vaginal delivery after expulsion of placenta. She was breast feeding, had no significant medical history and had no contraindications to IUD. Placement of the IUD was unremarkable. Her subsequent menstrual cycles were regular & lasted 4-5 days. After 6 months of placement she visited to the CHC Kaithoon,Kota and requested that IUD be removed. Attempts to remove the IUD in the CHC were unsuccessful. She was advised abdominal X-ray there and referred to our hospital for the same. Abdominal X-ray and pelvic ultrasound revealed that the IUD was located in the right adnexal region.

Figure 1(IUD in right adenexal region)

Laparotomy was decided and done. The IUD was found encased within the omentum which was adhered to the right anterior abdominal wall. A granuloma was also formed within the omentum from which about 3cc pus was drained.

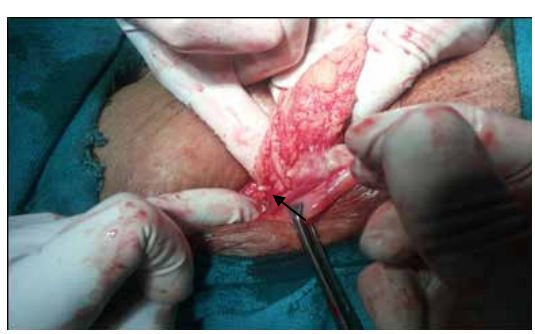

Figure 2(IUD seen encased within the omentum)

Figure 3 (Pus draining from granuloma)

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An old scar was found at the anterior wall of the uterus, at the level of about internal os, about 1-1.5cm medial to the right uterine artery. The IUD must had perforated through this site. Following adhesiolysis & dissection the IUD was removed with intact threads.

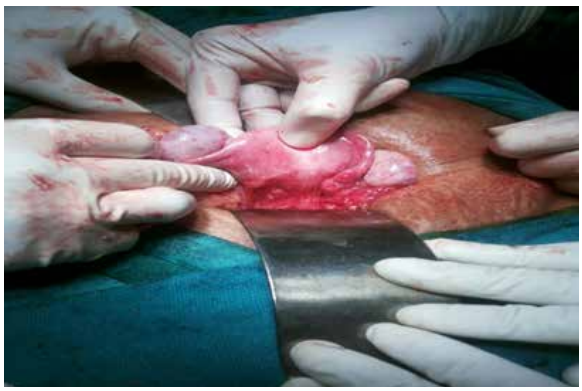

Figure 4 (Site of perforation at the anterior wall of uterus)

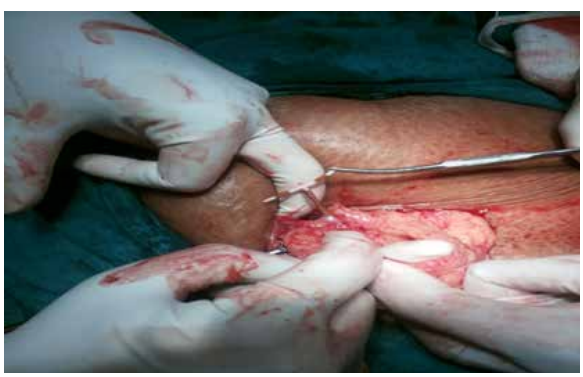

Figure 5 (IUD removed intact)

Discussion

A misplaced IUD is usually signaled by shortening or disappearance of the retrieval threads. Following placement of an IUD it is recommended that its position be confirmed via its threads. Threads may break off or retract into the cervical canal. A cytobrush or IUD hook can be used to locate retracted threads. If the threads are not located the next step is pelvic ultrasound or abdominal X-ray. Modern IUDs are safe and effective. Perforation is an uncommon but serious complication that should be considered whenever threads are not visible at the cervix. While partial or total perforation is most likely to occur during insertion, migration of a normally placed IUD is certainly possible. Uterine contractions are likely mechanism for migration which in part explains the higher expulsion rate for IUDs placed during the postpartum period (10% for postplacental IUD). In addition a normally placed IUD would most likely be expelled through the cervix unless a path of lesser resistance existed. The risk factors for perforation in this case were immediate postplacental placement and history of D&E operations.

Removal was complicated by adhesions & fibrosis suggesting that perforation had occurred at least one week prior to removal. Adhesion formation typically begins within days at tissue injury and becomes dense and organized within one week.

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