ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

INTRAUTERINE CONTRACEPTIVE DEVICE AT TWO PLACES: A CASE REPORT

KEY WORDS: Contraception, Vesico-uterine fistula, Intra-vesical migration, TVS

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ABSTRACT

Purpose: The purpose of this case is to develop the awareness regarding forgotten intrauterine contraception device(IUCD) and importance of regular pelvic examination to patient and clinician respectively. **Observation:** A 33 year young multiparous woman with history of previous 2 caesarean sections with complain of pain in lower abdomen associated with burning micturition. She had history of postpartum insertion of IUCD in her last caesarean section.Per speculum examination IUCD thread not visualised and on per vaginal examination a lump of around 7x 8 cm, solid to cystic in nature with smooth margins felt in left adnexal region. Her transvaginal ultrasonography reveal a large cystic mass in left ovary with IUCD inside uterus with some part of it inside the urinary bladder. Non-contrast CT of abdomen and pelvis advised further to identify the exact location of IUCD. Surgical procedure includes left sided salpingo-oophorectomy with vesicotomy with removal of IUCD while saving the uterus. Approx1.5 cm utero-vesical fistula was present wich was repaired. Indwelling catheter left in-situ for 2 weeks, her post-op period was uneventful. Catheter was removed after cystogram which showed normal with no leakage of urine. **Conclusion:** Proper insertion techniques and insertion by experienced clinician reduces risk of perforation. Patients with IUCD should suggested to check thread on regular intervals. As we know these patients are relatively rare but it is important message to obstetrician, gynaecologist and urologist to have this kind of awareness.

INTRODUCTION

IUCD (intrauterine contraceptive devices) is commonly used worldwide as a birth control method because of its efficacy, reliability and cost-effectiveness [1]. It is an effective, reversible long term method of contraception.The spontaneous displacement of an IUCD into the peri-uterine area may cause serious complications such as vesico-uterine fistula, intestinal perforation, hydronephrosis and even renal failure[2]. If perforation doesoccur its usually identify by a "missing thread" or with "an unplanned pregnancy".Uterine perforation though uncommon but can be a serious complication associated with IUCDs and occurs in 1 per 1000 insertions [3]. We report a case of IUCD inside the urinary bladder that was successfully managed at our institute by a multidisciplinary approach.

Case Report

A33 year young multiparous woman with history of previous 2 caesarean sections referred from CHC GAURIBAZAR, DEORIA to gynaecology department of SGPGI with complain of pain in lower abdomen associated with burning and painful micturition. She had her last menses on 24.11.2022 with no history of menstrual irregularity and other co-morbidities. She had history of postpartum insertion of IUCD in her last caesarean section. General physical examination findings with in normal limit, on per speculum examination IUCD thread not visualised and on per vaginal examination a lump of around 7x 8 cm, solid to cystic in nature with smooth margins felt in left adnexal region rest local examination finding was with in normal limits.

Her transvaginal pelvis ultrasonography reveal a large cystic mass in left ovary with IUCD inside uterus with some part of it inside the urinary bladder. Non-contrast CT of abdomen and pelvis advised further to identify the exact location of IUCD which showed IUCD in to uterus and maximum part of it inside the body of urinary bladder along with 8x6 cm large left ovarian cyst Fig. 1.

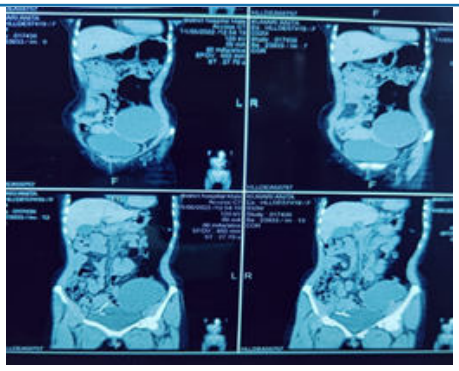

Fig. 1 NCCT of abdominopelvic region showing IUCD inside the urinary bladder

A multidisciplinary approach was taken.Patient planned for cystectomy along with extraction of IUCD, urology consultation taken for intraoperative assistance, midline vertical incision given, on Laparotomy dense adhesions present between parietal peritoneum, omentum and uterus, seprated by sharp and blunt dissection, small part of vertical limb and thread was reside inside the uterus & rest part of IUCD with both arms was present inside the urinary bladder along with a cystic mass of around 7X8 cm present in left ovary. Left sided salpingo-oophorectomy performed. Uterus adhered to urinary bladder, approx. 1.5 cm utero-vesical fistula presentFig.2. After vesicotomy, IUCD extracted out with difficulty as it was badly adhered to urinary bladder wall.Bladder defect closed in 2 layers with vicryl 2-0. Omental patch was put in between uterus and suture line. Abdomen closed in layers. Indwelling catheter left in-situ for 2 weeks, her postop period was uneventful. Catheter was removed after cystogram which showed normal size urinary bladder with smooth out line with no e/o leakage of urine. Now patient is asymptomatic and doing well in her routine activities.

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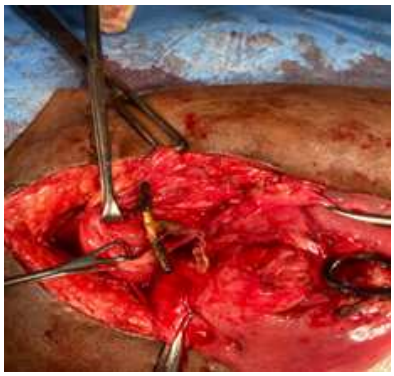

Fig.2 IUCD entirely present inside the urinary bladder

DISCUSSION

IUCDs are widely used because of their safety, effectiveness, reversibility. It is provided free of cost in government hospital of india through family planning programmes. Complications of IUD insertion include dysmenorrhea, hypermenorrhea, irregular bleeding, pain, and pelvic infection[4]. In puerperium and lactation period the possibility of IUD migration is the greatest because the uterine wall is thin and soft. However, IUDs generally do not cause any discomfort when they pass through the uterus chronically. It only causes symptoms when it enters the abdominal cavity, punctures the intestine or other organs. If IUCD passing through the bladder wall, it will leads to bladder irritation symptoms like include frequent urination, urgency, dysuria, hematuria, and lower abdominal pain, chronic bladder irritation will leads to stone formation in future. Various methods are described in literature for removal of IUCD from urinary bladder like string extraction from vagina if small part of it embedded in urinary bladder, cystoscopic guided removal of IUCD, laparoscopy combined with cystoscopic if some part of it is present intra-peritoneal. So management is depends upon location of IUCD and associated pathology like in this case our patient also have left sided ovarian cyst hence patient underwent laparotomy so management is subjective.

CONCLUSION

It's a great initiative taken by our government for postpartum insertion pf IUCDs as most of the indian woman lost their follow up after deliveries.We can reduces the risk of perforation by avoiding its post placental insertion especially in patient with history of previous caesarean section. Proper insertion techniques with insertion by experienced clinician reduces risk of perforation.Patients with IUCD should suggested to check thread on regular intervals. If a patient with IUCD come with lower urinary tract symptoms, it should always kept in mind the possibility of intravesical migration of IUCD. As we know these patients are relatively rare but it is important message to obstetrician, gynaecologist and urologist to have this kind of awareness.

Conflict Of Interest

The author declared there is no conflict of interest.

Ethical Statement

Informed consent was taken from patient for publication of the case along with figures.

Human Rights- The report is in accordance with the 1964 Helsinki Declaration

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