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A Case of Misplaced Intrauterine Contraceptive Device

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INTRODUCTION

Intrauterine contraceptive devices has many advantages over other method of temporary contraception's. We normally explain and teach the patient to feel the string of IUCD. If the patient is not able to feel string of IUCD, patient is advised report to their consultant. Missing string of IUCD suggest either MISPLACED or DISPLACED IUCD.

Displaced IUCD can be intrauterine whereas Misplaced IUCD can be partially intrauterine or completely extra uterine. Traditionally diagnosis of both misplaced and displaced IUCD by ultrasonography and/or x-ray abdomen AP and lateral view. Displaced IUCD can be removed easily by curved artery force p, uterine hook etc. Displaced IUCD cannot be removed by traditionally used above mentioned methods.

We are now using second and third generation of IUCD, so it needs to be removed; otherwise it leads to serious complication like omental adhesion, intestinal obstruction and perforation of intestine. Traditional approach to remove IUCD was by laparotomy. Nowadays operative laparoscopy is a very good approach as morbidity will be less with laparoscopy. Expertise are required to avoid perforation of intestine and injury to omentum.

CASE REPORT

A 42 year-old female, P1A2L1 referred to our center for non-visualization of an IUCD thread on per speculum examination. The patient had full term normal vaginal delivery before 4 years. She had spontaneous abortion followed by D and E 3 years ago, she had undergone IUCD insertion after 1 and half months of D and E. She had lower abdominal dull aching pain, intermittent in nature. Her consultant gynecologist could not visualize string of IUCD on per speculum examination and referred to our center.

Examination

General physical and abdominal examination was unremarkable. Per Speculum examination revealed normal cervix and vagina, IUCD thread was not found on vaginal examination, uterus was anteverted and normal in size. Her routine investigations were normal.

Management

Plain x ray abdomen AP and Lateral view with uterine sound as marker was done and IUCD was found outside the uterus precisely anterior to uterus.

Multidirectional CT scan was done and report was suggestive of metallic *artifact anterior to superior dome of urinary bladder*, uterine cavity was empty (Figure 1-4). It was decided to remove IUCD by Laparoscopy.

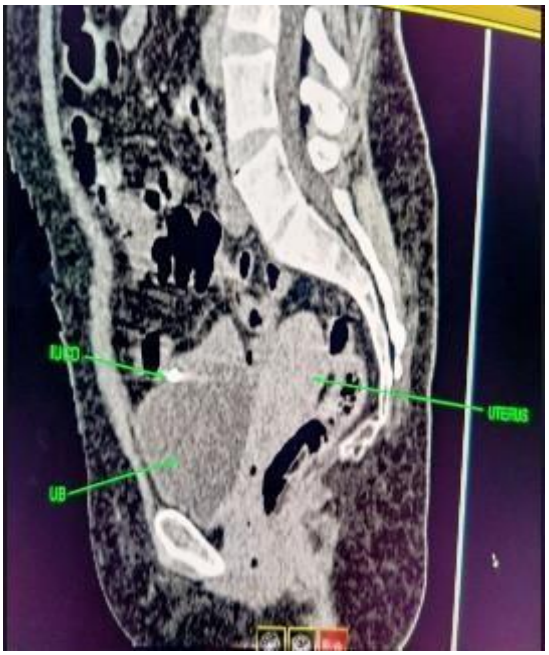

Figure 1: IUCD.

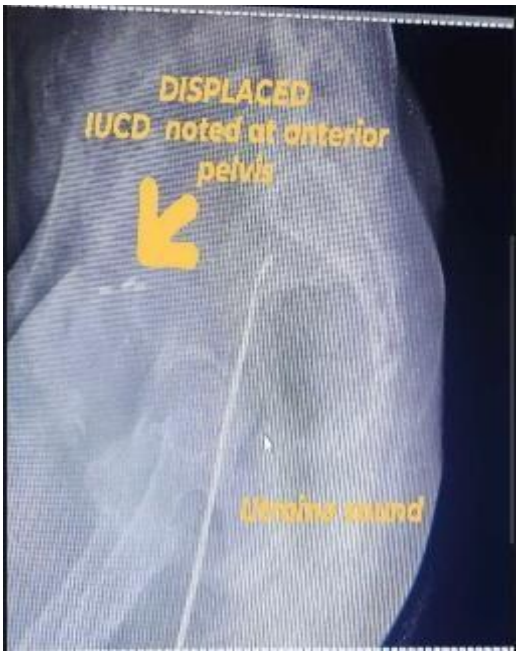

Figure 2: IUCD.

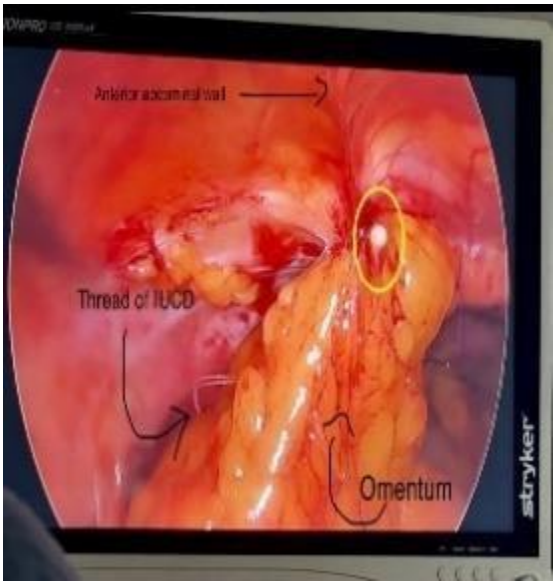

Figure 3: IUCD.

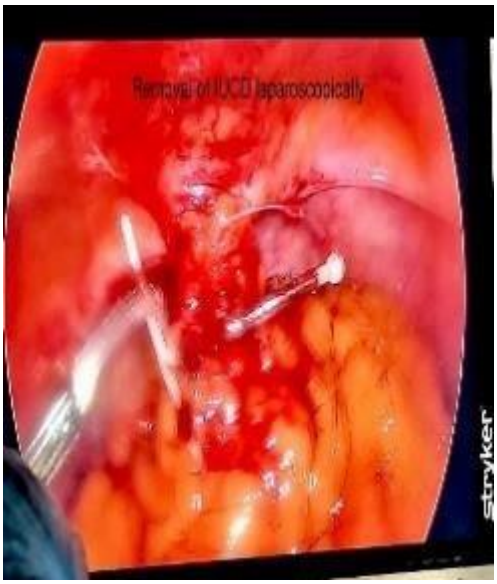

Figure 4: IUCD.

Laparoscopic findings: Second generation IUCD (Cu-T), adherent to omentum on anterior abdominal wall. Uterus and bladder were normal. IUCD was away from fundus of uterus. Uterus was intact without evidence of perforation. IUCD was removed by grasping lower end of vertical bar of IUCD and pulling it out, hemostasis was checked.
Her postoperative period was uneventful. Patient was discharged on 2nd postoperative day.

DISCUSSION

IUCDs are the most acceptable, safe, efficacious, widely used and temporary method of contraceptive. it may be associated with about 15% of complication like menstrual disturbance, dysmenorrhea, contraceptive failure, PID and

misplaced/displaced IUCD among others. The reported incidence of the transmigration of the IUCD from the uterus to the peritoneal cavity is less. Mostly related with method of insertion [1-4].

Copper-containing IUCD are known to cause massive tissue reaction in form of omental and intestinal adhesion. Patient with the misplaced IUCD remain asymptomatic in 85% of cases. But in 15% of the cases it may present with pregnancy, irregular vaginal bleeding, abdominal pain and at time symptoms of intestinal obstruction.

Dangerous complications associated with the misplaced IUCD include bowel perforation, rectovaginal fistula, rectal strictures, bladder perforation, bowel obstruction, appendicle perforation and mesenteric perforation. Removal of misplaced IUCD is desirable even if the patient is asymptomatic so that the future complications like intestinal obstruction perforation of intestine are avoided. Ultrasound is the initial modality in case of non-visualization of the IUCD thread. And If IUCD is not located in uterine cavity by solography /three dimensions USG, X ray with marker in uterine cavity and CT abdomen are the modalities which are helpful in coming to location of IUCD.

Endoscopic procedures has emerged as a preferred modality for the removal of all types of misplaced or malpositioned IUCDs. Devices in the uterine cavity or partially embedded in the myometrium can be easily dealt with the hysteroscopy, D and C and uterine hook. Misplaced IUCDs anywhere in the abdomen can be managed with the laparoscopy and in very few cases of misplaced IUCD's laparotomy is required.

CONCLUSION

The contraceptive measures are the need of today's era, as the population explosion in India (India is now world number one so far in population surpassing China). It is therefore very important that eligible couple use spacing method and permanent method of contraception if family is complete.

Temporary and permanent contraceptive method have their own side effect and complication. Complication are bound to happen but it should be effectively dealt with. Laparoscopic removal of Displaced IUCD is dealing very with important IUCD method of dealing with IUCD. Operative laparoscopy should be in armamentarium of all gynecologist doing practice in gynecology.

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