

A case report:-Ovary penetration by a Multiload-Cu 375 intrauterine contraceptive device.

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Abstract

Contraception is essential in a developing country like India. Intrauterine Contraceptive Devices (IUCDs) are amongst the most frequently used methods of contraception. The patients with misplaced IUCDs may present with pregnancies or 'lost strings' or they may remain asymptomatic.

Keywords: Misplaced IUCDs, Copper-T in the ovary,

INTRODUCTION

CASE REPORT

This article presents a case report involving a misplaced IUD in a 26-year old woman, Para 2. The woman consulted a gynaecologist because she could not locate the thread of her IUD, a Multiload-Cu 375 intrauterine contraceptive device, which had been inserted 16 months earlier. 2 attempts to remove the IUD failed, done at district hospital. The patient had a soft abdomen, with regular bowel habits. Her per-rectal examination was normal. An X-ray of her abdomen revealed that the copper-T was in the left side of her abdomen{ Fig-1}. Hystero-graphy revealed the IUD to be in the pelvis, away from the uterus. Ultrasonography shows empty endocavity, complex mass on left side adnexa 5x6cm. While the vertical arms of the copper IUD are also fully echogenic, At laparotomy, the IUD was located hidden in the tubo-ovarian mass. Ovary along with fallopian tube and omentum adherent, formed complex mass and was removed by dissecting a piece of the ovary. Inspection of the uterus failed to reveal a macroscopic defect that could suggest the perforation through which the IUD passed into the pelvis. In addition, histologic examination of the resected ovary showed no reaction to any foreign body. The patient discharged after 5 day and became pregnant 3 month later and gave birth to a healthy infant at term.



Fig-1 The patient had a soft abdomen, with regular bowel habits. Her per-rectal examination was normal. An X-ray of her abdomen revealed that the copper-T was in the left side of her abdomen

DISCUSSION

IUCDs have been in wide use since 1965 [1]. IUCD migrations from the uterus occur with a reported incidence of 0.5-1%/1000 IUCD insertions [2]. Misplaced IUCDs have been reported from several neighbouring organs such as the ovary, intestinal tract [3] and the urinary bladder, which lead to the formation of vesical calculi [4]. They may lead to perforation of the appendix, thus mimicking appendicitis [5]. They may also be found embedded in the omentum [2]. They may have been mistakenly inserted into the rectum [6]

The mechanism of migration is thought to be the insertion procedure itself or a chronic inflammatory reaction with a gradual erosion through the uterine wall. The incidence is influenced by several factors, which include the timing of the insertion, the parity, a history of previous abortions, the type of IUCD which is

inserted, the experience of the operator and the position of the uterus [7]. A delayed onset of symptoms supports a secondary migration [1]. The mechanism of an incorrect placement can only be attributed to an incomplete and faulty training, as well as the reliance of the patients on the untrained or inadequately trained paramedical staff instead of a well trained doctor/gynaecologist.

A plain radiograph of the abdomen is usually the initial examination of choice, for verifying the presence of an IUCD in the pelvis. Once it is found, an ultrasound examination can be done to determine the location of the IUCD which is relative to the uterus. The treatment of the misplaced IUCD is surgical, either laparoscopy or laparotomy. Withdrawal of the migrated IUCD is advisable even if its migration has not given rise to any clinical symptoms [8], so that further complications like a bowel and bladder perforation or a fistula formation may be averted.

3 possible explanations are proposed for the IUD misplacement noted in this case: 1) the uterine perforation during insertion was incomplete, and completed several months later; 2) the perforation happened progressively by imbedding of the IUD in the uterine wall; and 3) the perforation occurred during the first 2 unsuccessful removal attempts (which seems improbable given the lack of recent scar tissue on the uterus). It is recommended that, in cases of misplaced IUDs, the device should be removed by laparoscopy or laparotomy.

CONCLUSION

In India, where the population stood at more than 1.33 Billion at the last count, family planning is the need of the hour. It is therefore essential, that every effort should be made to bring down the failure and the complication rates of the contraceptive measures, so that more couples can be drawn towards these services. An IUCD is a safe method of contraception. The caregivers should ensure that a mere insertion is not the end point of their services. They should also educate

the clients about the potential benefits, adverse effects and the complications of the device. A regular self examination for the “missing threads” should be made mandatory.

Proper training of the paramedical staff at the apex centers should be made compulsory, so that they are able to provide safe and better family planning services.

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