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Case Report

Misplaced IUCD

M. P Kinker[1,*], Abhilasha Kinker[1]

[1] *Dept. of Gynecology and Obstetrics, Kinker Laparoscopy & IVF Centre, Kota, Rajasthan, India*

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ABSTRACT

The intra uterine device (IUD) is a popular family planning method worldwide. Some of the complications associated with the insertion of an IUD are well described in the literature. The frequency of IUD perforation is estimated to be between 0.05 & 1B per 1000 insertions. There are many reports of migrated intrauterine devices, but for fewer reports of IUDs which have penetrated into the rectum. Among the options available the multi-year cost of the copper T380A. IUD makes it one of the most cost-effective contraceptive options available. According to the World Health Organization Medical Eligibility Criteria, an IUCD can be inserted in the 48 hours postpartum, referred to here as Postpartum IUCD (PPIUCD), or after four weeks following a birth. With increased use of intra-uterine devices (IUDs) for contraception, an increase in the number of related problems are reported. A frequent clinical problem is the loss of filament at the external cervical os, the 'lost tail'. The disappearance of the string or marker heralds potential problems such as retracted or turn off tail, misplacement within the cavity, intra-mural penetration or extra-uterine location.

1. Introduction

Among the options available, the multi-year cost of the copper T380 IUD makes it one of the most cost effective contraceptive available. According to WHO Medical Eligibility Criteria, an IUCD can be inserted in the 48 hours post partum referred to here as a PPIUCD, or after 4 weeks following a birth. With increased use of Intra-uterine devices (IUDs) for contraception, an increase in the number of related problems are reported.

A frequent clinical problem is the loss of filament at the external cervical Os, the 'lost tail'. The disappearance of the string or marker heralds potential problems such as retracted or torn off tail, misplacement within the cavity, intramural penetration or extra-uterine location. IUDs maybe misplaced in as many as 5% of cases. Procedures for Retrieval of a misplaced device include extraction with a metal hook, artery forceps thread retriever or dilation and curettage. However, success is not ensured with above methods; failure and uterine trauma may occur. Hysteroscopy as a diagnostic and operative technique has enabled safe retrieval of misplaced IUDs. The study was planned to analyze the etiology and management of cases with misplaced or translocated intrauterine devices (IUDs) into the abdomen or into the wall of the uterus.

2. Case Report I

A 20-year-old female presented in the outdoor department with the c/o pain abdomen since last 3-4 days. She had no other complain. She had obstetrics history of 2 FTND 9 months before f/b insertion of PPIUCD. Her PA examination done seen of soft upper abdomen but tenderness at lower abdomen. P/S examination didn't show any thread of IUCD. P/V = Cx↑ ut. RVRF mobile fx free X-ray abdomen show IUD in side abdomen USG pelvis =

* *Corresponding author.*
E-mail address: drabhilashakinker@gmail.com (M. P. Kinker).

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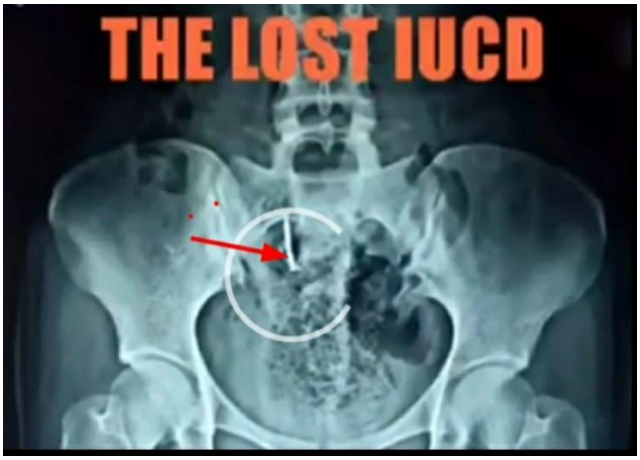

Fig. 1:

UT normal with thick endometrium.

She was advised for diagnostic laparoscopy for the management of her complain. The patient had a soft abdomen with regular bowel habits.

The pt. was scheduled to undergo a diagnostic laparoscopy to look for an intra abdominal IUD.

Intra-operative IUD was not seen in POD but the thread was seen coming out through the bow wall through the rectum, the uterus & adenexa were normal.

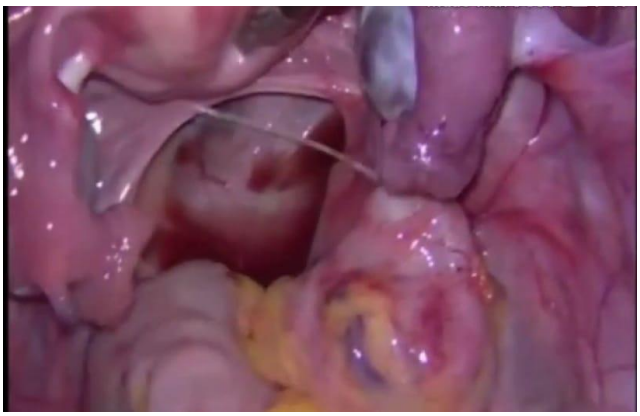

Fig. 2:

Hysteroscopy put in rectum, inflated by Co2 multiload seen in rectum, embedded in tissue, dissection done. Multiload free & taken out from rectum. Laparoscopically stitches are put in rectum at rent side. Again Co2 inflated in colon. No bubble seen, wash done, port closed.

3. Case Report II

A 20-year old P1 A0 L1 woman presented in the outdoor department with the C/O pain abdomen since last 3-4 days. She had no other complain ; she had h/o IUD 6 months before f/b insertion of PpIUCD. Her PA examination done s/o soft upper abdomen but tenderness at lower abdomen P/S didn't show any threads of IUCS. PV s/o Cx ↑ ut RVRF mobile fervices. She was advised for diagnostic laparoscopy for thr management of her complain.

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 side of abdomen.

Intra operatively, it was found that the thread of multiload was seen in POD which was coming from rectum. Hystereoscopy put in rectum in inflated by Co2 multiload was embedded in rectal tissue, dissection done. Multiload taken out from rectum.

Laproscopically – Stitches are put in rectum at rent side. Again Co2 inflated in colon. No bubble seen, wash done port closed.

4. Discussion

Misplaced IUCDs have been reported from several neighbouring organs such as the intestinal tract & the urinary bladder, which lead to the formation of vesical calculi. They may lead to perforation of appendix, thus mimicking appendicitis. They may also be found embedded in the omentum. They may have been mistakenly inserted into the rectum & probability into the urinary bladder. 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. It is influenced by several factors, which include the timing of the insertion, the parity, history of previous abortions, the type of IUCD which ins inserted, the experience of the operator & the position of the uterus.

The symptoms of an IUD perforation are diverse varying from a subsequent unwanted pregnancy[1,2] to irritant lower urinary tract symptons,[3,4] chronic pelvic pain, peritonitis, and fistulae or abscess formation depending on the organ of penetration and the internal since penetration & pt's response. USG & plain x-ray are diagnostic for echogenic & radio opaque foreign body. WHO has recommended removal of a dislocated IUD as soon as possible by endoscopic techniques such as colonoscopy, hysteroscopy, & cystoscopy for diagnosis & t/t depending on the location of IUD.

5. Conclusion

In Indian, where the population stood at more than 1.2 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 & the complication rate of contraceptive measures so that more couples can be drawn toward these services. An IUCD is a safe method of contraception. The caregivers should ensure that a more insertion is not the end point of their services. They should

also educate the clients about the potential benefits adverse, effects & the complication of the device. A regular self-examination for the "missing threads" should be made mandatory.

6. Source of Funding

None.

7. Conflict of Interest

None.

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Author biography

M. P Kinker, MBBS, DGO

Abhilasha Kinker, Gynecologist

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