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Case Report

Misplaced IUCD: a case report

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ABSTRACT

In a developing country like India where population census is crossing the limits, contraceptive methods are the necessary measures for the population control. Intrauterine Contraceptive devices (IUCDs) are the second most commonly used method of contraception after sterilization. Misplaced IUCDs usually present with the missing thread and remain asymptomatic in most of the cases. A case of a misplaced IUCD in the pouch of Douglas is reported which was managed laparoscopically.

Keywords: IUCD, Laparoscopy, Misplaced

INTRODUCTION

IUCDs are the main pillars of contraceptive measures in the developed as well as developing countries. They are one of the most reliable and cheapest contraception methods.¹ Misplaced IUCD is termed as the condition when IUCD thread is not visualized through the cervical OS.² Malpositioned IUCD is a condition where, although the IUCD is present within the uterine cavity but its placement is eccentric and part or the whole of it may be embedded in the myometrium.³ Transmigration of IUCDs is a very rare but a dangerous complication. The incidence of uterine perforation varies and is around 1-3/1000 insertions.⁴ A case of misplaced IUCD is reported to emphasize the importance of its removal even when the patient is asymptomatic.

CASE REPORT

A 28-year-old female, Para 2, referred to our center for non-visualization of an IUCD thread on speculum examination. The patient was asymptomatic. She had two previous normal vaginal deliveries with last delivery 3 years back and IUCD was inserted after 6 weeks of the

last delivery. There was no history suggestive of expulsion of IUCD.

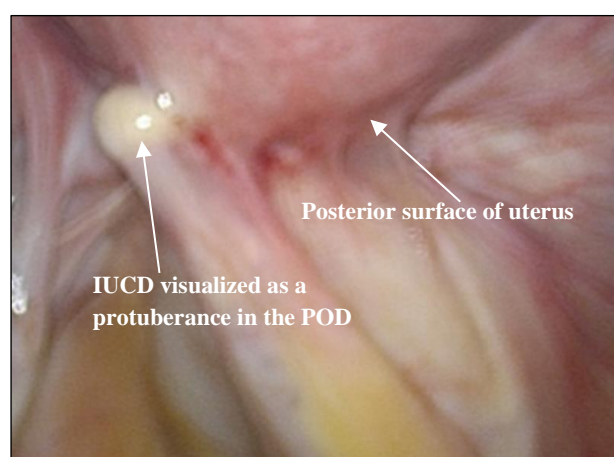


Figure 1: Laparoscopic view showing a IUCD as a protuberance in the POD.

Her past and family history was not significant. General physical and abdominal examination was unremarkable.

Speculum examination revealed normal cervix and vagina. On vaginal examination, uterus was anteverted and normal in size. A hard-knobby structure was felt in the pouch of Douglas (POD). Ultrasonography of the pelvis showed normal uterus with the IUCD located outside the uterus in the POD. Laparoscopic removal of IUCD was planned. Per-operatively only a protuberance was seen in the POD and the bowel was adherent over it (Figure1).

After adhesiolysis incision was given over the protuberance and IUCD was removed. Her post-operative period was uneventful and the patient was discharged on the 2nd postoperative day.

DISCUSSION

IUCDs are the most acceptable, safe, efficacious, reversible and widely used contraceptive method but it may be associated with menorrhagia, irregular bleeding, pelvic inflammatory diseases, ectopic pregnancy and silent uterine perforation.^{5,6} The reported incidence of the transmigration of the IUCD from the uterus to the neighboring organs is 1-3/1000 IUCD insertions.²

The incidence of transmigration is affected by the several factors which includes parity, timing of IUCD insertion, uterine position, past history of abortions, type of IUCD and the operator experience.⁵ Out of these risk factors, chance of uterine perforation is maximum at the time of IUCD insertion.⁷ Moreover the incorrect positioning of the IUCD is the result of faulty technique and insertion by insufficiently trained staff. Review of the literature suggested various mechanisms for the migration of IUCDs which includes the faulty insertion technique or the chronic inflammatory process due to the copper content of the IUCDs which leads to the erosion of the uterine wall.⁸ Copper-containing devices are known to cause massive tissue response and thus leading to complications once lying in the peritoneal cavity.¹ The complete extrusion of the IUCD through myometrium is facilitated by the uterine contractions and the pressure difference between the uterine (high) and the peritoneal cavity (low).⁶ The movement and the migration in the peritoneal cavity is facilitated by the contractions of the abdominal organs i.e. urinary bladder, intestine as well as movement of the peritoneal fluid.^{1,6}

Patient with the misplaced IUCD remain asymptomatic in 85% of cases and there is no effect on the adjacent organs.⁷ But in 15% of the cases it may present with unwanted pregnancy, irregular vaginal bleeding and abdominal pain. Dangerous complications associated with the misplaced IUCD include bowel perforation, rectovaginal fistula, rectal strictures, bladder perforation, bowel obstruction, appendiceal perforation and mesenteric perforation.⁹

Removal of misplaced IUCD is desirable even if the patient is asymptomatic so that the future complications

like perforation of the adjacent organs or any fistula development can be avoided.⁴ WHO also advocates the removal of the misplaced or malpositioned IUCD because of the risk of injury to the adjoining organs and medicolegal issues.

Nowadays ultrasound is the initial modality in case of non-visualization of the IUCD thread. This can precisely tell the location and the correct dexterity of the IUCD if present in the uterine cavity or pelvis. In places where there is non-availability of the ultrasound or cost problem, plain radiograph of the abdomen can be done to see its presence in the pelvis or abdomen (especially when there is non-localization of the IUCD on pelvic USG). To see the exact distance of the IUCD from the uterine cavity, uterine sound can also be used during radiographic examination.

Endoscopic procedures have 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. 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 census is going beyond limits in India. It is therefore very important to reduce the complications and the failure rate of these measures so that more couples can be counselled about these services. To reduce the failure rates, the health staff should be adequately trained. This case report explains the need for surveillance in cases of misplaced IUCD. Ultrasound as well as plain radiograph of the pelvis and abdomen are the important modalities to diagnose the condition.

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