

## Misplaced Intrauterine Contraceptive Device- Uncommon Presentation- A Case Report.

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**Abstract:** Contraception is a national emergency, 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 or rarely with hematuria as in our case.

**Keywords:** Misplaced IUCDs, Copper-T in the urinary bladder, Hematuria.

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### I. Introduction

A cases of misplaced IUCD being reported because of their unusual presentations and because of their impact on the acceptance of the family planning services. This case is a atypical presentation, as the transuterine and the transvesical emigration of an IUCD is a rare complication. patient was presented with hematuria for one week.

### II. Case Report

A 32 years old P3L2D1 sterilised presented to the gynaecology outpatient department with the complaint of hematuria for one week. After 2 live child she had copper T insertion immediate postpartum period. One year later her first child expired due to some illness. So she went to a ANM for copper-t removal. Her per speculum examination failed to reveal any threads of the IUCD. She was convinced that the copper-t must have been fallen out without notice. She got conceived spontaneously and delivered vaginally. Last child's age is 7 years now. Copper-t was inserted 8years back. The patient had a soft abdomen, with regular bowel habits and hematuria for one week. She had no other complaints.Per vaginal examination was normal. An Abdomen Xray was taken which revealed an IUCD inside the bladder.



Figure 1.X-ray abdomen showing an intravesical IUCD .



**Figure 2:** MRI Abdomen showing an intravesical IUCD.

Cystoscopic guided IUCD removal was done. And the patient was discharged on 7 th post op day.

### **III. 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 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] and probably into the urinary bladder, as this case report has suggested.

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.

### **IV. Conclusion**

In India, 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 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 centres should be made compulsory, so that they are able to provide safe and better family planning services.

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