

A Migrated Intrauterine Contraceptive Device In Intestine - A Case Report

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Abstract

Background

Intrauterine contraceptive devices are the most commonly used effective and reversible birth control method. Even though it is relatively safe, it has its own complications and risks. Clients with misplaced iucd may present with pregnancy or lost strings or they may be asymptomatic diagnosed accidentally on imaging for other issues. The aim of reporting this case report is to educate the clients about the regular examination of iucd threads and adequate training of healthcare providers to diagnose misplaced iucd earlier and prevent further complications.

Keywords - iucd, misplaced, perforation, inflammation, migration.

A 35yrs old p3l3 came to gynaec opd with lower abdominal pain after a blunt trauma 1 week ago. X ray abdomen and pelvis taken, which revealed strings of misplaced copper t. She had a history of copper t insertion 8yrs back and after 3yrs when she went for missing threads of iucd to a nearby rural health center, pelvic examination done and without any imaging she was assured that it was expelled. Now pelvic sonogram taken, it showed iucd was not in the uterus and appear to be in the abdomen with bowel gas shadows. Linear colpotomy was performed and iucd was removed followed by resection and anastomosis of sigmoid colon done. Antibiotics were given. Postoperative period uneventful. Patient discharged and follow up visit revealed no complaints and normal pelvic examination.

Conclusion

In developing countries like India with large number of populations, family planning services are essential. So every effort should be made to bring down the failure and complications of contraception, so that more couples can be drawn towards these services. Educating the clients about benefits, adverse effects and complication and regular self-examination of threads of iucds are mandatory.

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I. INTRODUCTION

Contraception is essential in a developing country. Intrauterine contraceptive devices are most frequently used reversible mode of contraception [9]. Misplaced IUCD is a common complication reported. Sometimes unusual presentations and occasionally catastrophic complications are reported in cases of misplaced IUCD. About 1 out of 5 women in reproductive age all over the world use IUCD [10], while in India, it corresponds to only about 3 in 100 women [11], copper devices being the most popular. Efforts to increase its effectiveness have led to advances and improvements in the original copper-releasing devices to such an extent that presently the failure rates for different models vary between 0.2 and 0.6%. Although the Indian government offers IUCD services free of cost, it still remains largely underutilized. According to NFHS-3, IUCD account for only 1.2–1.6% of the total contraceptive usage in the country [12], the main reason being the lack of accurate information. The advantages are understated, the disadvantages and side effects tend to be exaggerated, and there are numerous myths and misconceptions. The high discontinuation rate is due to problems related to provider's knowledge and skills leading to improper selection of clients, poor counseling, and lack of follow-up, all contributing to the decreased use and increasing discontinuation of such an easy, affordable, and effective method of contraception. The incidence of uterine perforation varies especially during insertion. It is rare but fatal. IUCDs can become embedded in the uterus and later be forced through the walls by uterine contractions and then migrate across uterine wall. There is high chance of chronic inflammation surrounding the misplaced IUCD which leads to perforation, adhesions formation and transmigration [6].

II. CASE REPORT

A 35yrs old P3L3 came to Gynaec OPD with lower abdominal pain after a blunt trauma 1 week ago. She has persistent dull aching pain for which she has been taking over the counter medications for 5 days.

She had given birth to three female children at 2011,2014 and 2015 and underwent copper T insertion at nearby PHC. She didn't undergo regular followup examination. Her husband died at 2018 and later she went to PHC for copper T removal.They couldnot trace the threads of copper T and assured the patient that the device might have expelled out . No imaging is done since she is asymptomatic. Now (2023),she presented with lower abdominal pain after a blunt trauma.

Her past and family history was not significant except for childhood seizures. General physical and abdominal examination was unremarkable.

After explaining the procedure and with informed written consent, Speculum examination done and it revealed normal cervix and vagina. On bimanual pelvic examination uterus was found to be normal in size and retroverted and no threads of IUCD visible or felt.

X ray abdomen and pelvis taken , which revealed strings of misplaced copper T.[fig 1]. Pelvic sonogram showed-IUCD was not in the uterus and found to be in abdomen obscured by bowel gas shadows.

After explaining the condition and obtaining the consent ,Laparotomy was performed and abdomen opened in layers. From an adhesive complex of omentum and after lysis of adhesions, an IUCD string was noted to be protruding from the wall of sigmoid colon [fig 2&3]. IUCD was palpable and mobile within the bowel lumen. No scarring on uterus seen. NO pus or abscess visible.

Linearcolpotomy was performed [fig 4&5] and IUCD was removed followed by resection and anastomosis of sigmoid colon done. Antibiotics were given. Postoperative period uneventful.Patient discharged and follow up visit revealed no complaints and normal pelvic examination.

FIG 1: Plain radiograph showing misplaced IUCD



FIG 2&3 :IUCD adherent to omentum and sigmoid colon



FIG 4&5: IUCD removed by laparotomy by linear colpotomy.



III. DISCUSSION

Transmigration of IUCD is a rare catastrophic event that has different manifestations depending on location. Incidence of uterine perforation is estimated to be less than 0.1% especially during the time of insertion by faulty technique and poorly trained personnel [1]. Asymptomatic perforation and its migration to adjacent organs occurs in 15% of cases years later [2].

Transmigration of IUCD to hollow viscera is facilitated by at least three mechanisms- Primary penetration, migration and inflammation [7]. Inflammation is the most common cause in copper containing IUCDs.

Misplaced IUCDs have been reported from several neighbouring organs such as the intestinal tract and urinary bladder leading to vesical calculus[4], sometimes leading to perforation of appendix[5]. They may also be found embedded in the omentum. Sometimes mistakenly inserted into rectum or bladder by untrained staffs.

In patients with lost strings of IUCD, thorough investigation is needed. A Plain radiograph of abdomen and pelvis must be done to detect any misplaced IUCD. Uterine sound can also be used. Laparotomy is needed even in asymptomatic cases of intraperitoneal copper containing IUCD and it should be removed because of omental or peritoneal reactions [8].

It is important to emphasize the women to feel the IUCD thread intermittently after periods as a routine followup [3]. In patients with IUCD, if she develops pain in abdomen after a blunt trauma, the possibility of uterine perforation and penetration to GI tract should be considered and aggressive diagnosis by imaging is required.

IV. CONCLUSION

In developing countries with large number of populations, family planning services are essential. So every effort should be made to bring down the failure and complications of contraception, so that more couples can be drawn towards these services. Educating the clients about benefits, adverse effects and complication and regular self-examination of threads of IUCDs are mandatory.

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