INTRAUTERINE CONTRACEPTIVE DEVICE;

Mystery

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SUMMARY… Intrauterine contraceptive device (IUCD) introduced as an effective method of contraception in 1959. Since its introduction it has been accepted as a safe, convenient and acceptable means of preventing conception. IUCD has some documented complications, notably perforation of the uterus by the device. A unique case of translocation of an IUCD was located within the lumen of the caecum is presented.

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INTRODUCTION

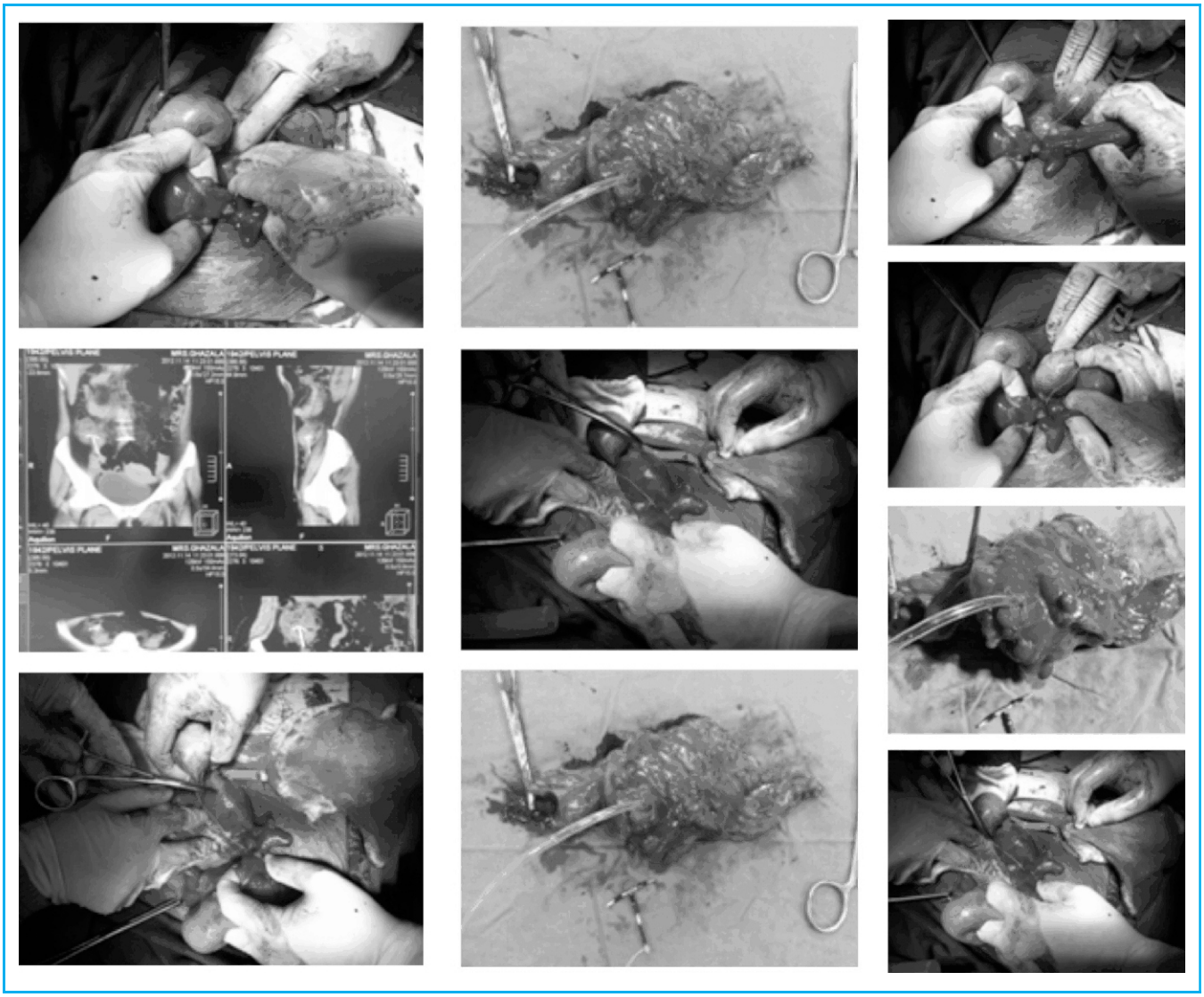
An IUCD is a small plastic device medicated with copper or progestin that is inserted into the uterus to prevent pregnancy. The incidence of uterine perforation by the intrauterine contraceptive device (IUCD) is extremely variable, from 1:350 to 1:2500. Traumatic insertion is entirely or in large cause responsible for perforation. Perforation is invariably silent and heals quickly. The IUD may slip out of the uterus, either partially or entirely. This is more likely to happen to women who are younger and who have never had a baby (2-10% higher probability). If the IUD gets displaced, pregnancy can happen. A patient in whom the IUCD was found wholly within the lumen of caecum is described:

CASE REPORT

A 37 year old lady, married for last 12 years, having four children alive and healthy presented in surgical outpatient department with complaint of pain in right iliac fossa associated with nausea off and on and vague abdominal discomfort for last two and half months. Her appetite was normal with no bowel complaints and weight loss. Her personal history was not significant except she placed intrauterine contraceptive device two years back and interestingly she conceived and delivered a healthy baby 1 year after that. Her general physical examination was unremarkable. Abdominal examination revealed a firm rounded well defined non tender mass of 6x9 cm in the right iliac fossa. A provisional diagnosis of iliocaecal mass most probably Appendicular or due to Tuberculosis was made. Her base line labs were with normal limits with ESR of 12 mm 1st hour. Her plain X-Ray abdomen revealed a Copper-T shadow in the right iliac fossa closely related to the air shadow in the caecum. Ultrasound examination of the abdomen gave a strong suspicious of IUCD lying within the cavity of the caecum. She was explored through a lower midline incision. There was a mass in right iliac fossa which actually was caecum, omentum was adherent with the mass. Thread was protruding from the mass, that was followed and gently we pulled out the whole Copper-T from the caecum. Limited right hemicolectomy and primary iliocolic anastmosis performed. Post operative course remained uneventful. She was discharged on 7th post-operative day.

DISCUSSION

There are two postulated mechanisms for perforation of the uterine wall. First is immediate traumatic perforation; and second is gradual erosion of the uterine musculature. After complete perforation IUCD may intrude any neighboring viscera or may lie free in peritoneum cavity. Case reports in the literature show that IUCDs have been found in the anterior cul-de-sac, posterior cul-de-sac, lateral pelvic wall, iliac fossae, and broad ligament and in greater omentum. Contiguous organs frequently involved are the recto sigmoid colon, small bowel and urinary bladder.



In a review of the literature in 356 cases of uterine perforation, 41 cases involving the intestinal tract were found. In 5 out of those 41 cases, IUCD had found its way in to the caecum or appendix or both.

In the present case it is possible that the device had perforated the caecum due to immediate traumatic perforation of the uterus, and settled there in the caecum. The patient was extremely lucky, an inflammatory process started there after a subclinical leak leading to formation of an inflammatory mass. Patient conceived after the insertion of IUCD and delivered a healthy baby that suggests that the IUCD had never been placed in the uterine cavity.

In general, a reasonable diagnostic search should be adapted, once string is missing. Plain X-Ray abdomen and Ultrasound examination of abdomen in the hands of an expert operator is good tool to locate the missing IUCD.

REFERENCES

1. T.R. MOODLEY SA MEDIESE TYDSKRIF DELL 66 2 1984.

2. Mishell DR jun. **Current status of contraceptive steroids and the intrauterine device.** Clin Obscer Gyneco11974; 17: 35-51.

3. Esposito JM, Zarou DM, Zarou GS. **A Dalkon Shield imbedded in a myoma: case report of an unusual displacement of an intrauterine contraceptive device.** Am] Obsuc Gyneco11973; 117: 578.

4. Zakin D, Stem WZ, Rosenblatt R. **Complete and partial uterine perforations and embedding following insertion of intrauterine devices: I. Classification, complications, mechanism, incidence, and missing string.** Obsrec Gynecol Surv 1981; 36: 335-353.

5. Kirkpatrick D, Schneider J, Peterson EP. **Large-bowel perforation by intrauterine contraceptive devices.** Obsrec Gyneco11975; 46: 610-612.

6. Rubin A. **Complications due to Lippes loop: report of a death and other complications seen over an 18-month period at Baragwanath Hospital.** S AfTJ Obscec Gynaecol1972; 10: 45-48.

7. Verma U, Verma N. **Ovarian embedding of a transmigrated intrauterine device. A case report.** Arch Gynecol obstet.2009 Aug; 280(2):257-8.doc:10.1007/S00404-008-2. Epub 2008 Dec.19.

8. Neeboz US, Ozcakir HT,Uyar.Y, Carqlar H. **Migration of intrauterine contraceptive device to sigmoid colon.** Eur J cotracept Reported HealthCare . 2003 Dec8;(4): 229-32.

9. Sepulveda WH, Ciuffardil. Olivari A. **Sonographic diagnosis of bladder perforation by an intrauterine device. A case report.** Gallegos.o. j Repord Med. 1993 Nov;38(11):911-13.

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Sometimes the best way to get some ones attention is to stop giving them yours.

Unknown