

CASE REPORT

PROF-1046

A LAPRATOMY FOR MISSED IUCD: AS BLADDER STONE



DR. NABEELA ATA

Postgraduate Registrar, Gynae Unit-I
Nishtar Medical College/Hospital, Multan.

DR. ATA ULLAH KHAN

Professor of Gynaecology and Obstetrics
Nishtar Medical College/Hospital, Multan.

DR. EJAZ AHMED

Assistant Professor of Gynaecology and Obstetrics
Nishtar Medical College/Hospital, Multan.

INTRODUCTION

The intrauterine device is an effective long acting method of contraception, which is perhaps under rated in developed world. It results in a local inflammatory reaction within the cavity of the uterus, which probably, acting through tubal and uterine fluid, interferes with the viability of both sperm and eggs¹. It also inhibits implantation. Inert devices are no longer recommended, like lippe's loop. Modern copper containing devices are licensed for use over 5 (Nova T380) to Copper T380 years, after a woman reaches 40 the device need not be changed and can be removed. One year after the last menstrual period copper IUDS consisting of a plastic frame with wire round the stem and some cases copper caps on arms. The surface area of the copper determines the life span and efficacy of the device². A frame less IUD gynafix composes six copper beads threaded to hold them all in place and the sting has a knot at the proximal end which is embedded, using a special inserter into myometrium, anchoring it in place. A levonorgestrel releasing device has been licensed in 1995 under the trade name of Mirena³.

CASE REPORT

A 30 years old lady mother of 6 children presented in out patient department with the history of insertion of intrauterine copper device 2 months back and severe lower abdominal pain. On GPE her temperature was 100 F and pulse was 110 beats/minute. She was admitted in ward. Her routine investigations were sent and antibiotics and pain killer started. Her Hb% was 10 gm/dl and urine examination showed 15-20 pus cells. While doing the local examination, speculum revealed absent thread of IUCD.

USG examination showed empty uterine cavity. Her pelvic X-ray was carried out, which showed a radio-opaque shadow oval in shape in pelvis about 1x3 cm, but no definite shadow of IUCD was visible. Laparotomy was planned.

Prior to laparotomy EUA was done a hard mass in anterior fornix was felt, uterine cavity was again confirmed to be empty when curettage done. She was proceeded for laparotomy, abdomen opened by pfannenstiell incision, uterus was found to be normal. When bladder palpated, it was having hard mass. A

transverse incision in bladder was given. To the great surprise, an oval stone was removed. Bladder was stitched back. Bilateral tubal ligation was done. When stone was crushed, it shows the copper-T lying inside it. It is not understood that how the copper-T went in the bladder as it was placed by TBA, so there are chances of either perforation at the time of insertion or it occurred afterwards. Patient did well postoperative and discharged at 6th postoperative day with advice of follow up.

DISCUSSION

IUCDs are very commonly used as contraception. Efficacy of device is high with failure rate of less than 1% per year with prolonged use⁴. It is felt by many doctors that is best to insert an IUD during menstrual period because cervical canal is fully patent and patient is least likely to be pregnant. Furthermore, the endometrial cavity may be most distensible at this time in this cycle and uterine cramps, if they occur as a result of insertion will be less noticeable. However, insertion can be accomplished at any other time if this is desired or more convenient for the patient. There are certain complications of insertion, there may be moderate discomfort when IUCD inserted, mild analgesia might be helpful for several hours following IUCD insertion. Disadvantages and side effects are also common like pregnancy, expulsion, bleeding, pain, perforation and

pelvic infection⁵. Perforation is a rare event 1:1000 if it is recognized early it may be possible to remove the IUD via the laparoscope before adhesion form. For this reason it is probably wise to see woman for follow up to check the tails of the device 4-6 weeks of insertion⁶. It is documented in literature that missed IUCD was found to be omentum, rectum, and bladder occasionally.

REFERENCES

1. Alvarez F. **New insights on the mode of action of intrauterine contraceptive devices in women.** *Fertile Sterile* 1998; 49: 768-70.
2. Sivin I, Schmidt F. **Effectiveness of IUDS: a review.** *Contraception* 1997; 36: 54-57.
3. Zinger M, Thomas MA. **Using levonorgestrel IUS.** *Contem Obstet Gynaecol* 2001; 35: 35-48.
4. Trussel J. **Contraceptive efficacy.** In: Hatcher RA, Trussel J, Stewart G. *Contraceptive technology.* 17th ed. New York. Ardent Media. 1998; 254-58.
5. Grimes A. **Emergency contraception.** *Brit Med J Obstet Gynaecol* 2000; 105: 1013-19.
6. Barbosa I, Olsson SE, Odland V, Goncalves T, Coutinho E. **Ovarian function after seven year use of levonorgestrel IUD.** *Adv Contracept* 1999; 11: 85-95.