

Case Report

MISPLACED IUCD

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Abstract: The Copper IUCD is a type of long acting reversible contraception. It is also the most effective nonhormonal contraceptive device. These are highly effective with failure rates of less than 1 per 1000 women per year.¹ The T-shaped models with a surface area of 380mm² of copper have the lowest failure rate. The effectiveness of copper IUCD is comparable to tubal sterilization however the effects of copper IUCD are reversible. It is the second most common method after sterilization.² They are suitable for lactating mothers as it has no effect on quality and components of breast milk.³

Key words: Failure rates of less, sterilization.

Case Discussion

Mrs. Safoorah W/o Zabiullah, 28 year, P3+0 with previous I C/Section was admitted on 22-03-2014 through OPD with complaint of oozing from the site of pfannensteil incision scar for last 1-1/2 year. Patient was P3+0 with first 2 SVD and last C/Section 2 year ago. 4 months after C/S she had a multiload insertion from some local center. She developed oozing from the wound of c/section off and on since the surgery. For evaluation, she was admitted in services hospital 1-1/2 year ago and her sinus tract excision was done. The patient, at that time, requested for the removal of copper T and she was told that everything is fine. After excision of the sinus tract she was not cured and she kept on visiting doctors and was admitted again on 22-03-2014 with the complaint of discharge from the wound. Her various investigations were carried out.

Lost IUCD is a rare complication. It usually perforates the uterus and is found in the peritoneal cavity. This rare case of misplaced IUCD was in the subcutaneous tissues below the pfannensteil incision. Actually the patient presented P3+0 with (c/section 1-1/2 year back) sinus formation. She was operated one year back and the sinus tract was removed but she did not recover. Again she presented in Services Hospital Lahore with the same complaint of discharge from the wound. Her complete general and local physical examination was carried out and various investigations were carried out.

Her general physical examination was unremarkable and on local examination there was purulent discharge oozing from her pfannensteil incision making a sinus tract. On local examination the thread of IUCD was missing. USG report showed that the IUCD lay in between intramural / subfacial plane in longitudinal direction from which a sinus

tract was seen extending into skin. Length of sinus tract was 3.5cm. Laparotomy was done, multiload removed from the subcutaneous tissues above the rectus sheath, the sinus tract excised and BTL done. The site of perforation was near the fundus. She was kept on injectible antibiotics and discharged after two days on oral antibiotics. She was called after six days and the stitches were removed. Now there was no oozing from the wound. Actually the sinus previously formed was not healing because of the thread of multiload below the tract of the sinus which was a continuous source of irritation and was not allowing the sinus to heal. Post operatively recovery was uneventful. Investigations; HB: 11.1g/dl, WBC: 08, Platelet: 349, BSR: 115mg/dl

Discussion

Cu- IUCD is the most widely used reversible birth control method. The most recent data indicates that there are 169 million IUCD users around the world. In addition to T-shape copper there is U shape copper multiload also present. Perforation of the uterus with IUCDs has been reported. They perforate the uterus and enter into the pelvic cavity. IUCD can be inserted at any time as long as patient is not pregnant and does not have pelvic infection. Usually IUCD is inserted at the 4th or 5th day of menses because the patient is not pregnant and the cervical os is dilated and insertion is easy. The Copper IUCD is a type of long acting reversible contraception. It is one of the most effective forms of contraception.⁴ The primary mechanism of action of copper IUCD is to prevent fertilization. Copper acts as natural spermicide in the uterus. The presence of copper increases the level of copper ions, prostaglandins and white blood cells within the uterine tubal fluid.⁵ Its primary mechanism of action is contraceptive not abortifacient. A missing string is the first sign of perforation in approximately 80% of cases.⁶ Primary diagnoses of a "lost string" include:

IUCD in situ, unrecognized expulsion, and perforation of the uterus.⁷ Very rarely the IUCD can move through the wall of the uterus. Risk of perforation is mostly determined by the skill of practitioner and is 1 per 1000 insertions or less. Although the perforation is rare but it almost always occur during insertion.⁸ Lost IUCD has to be removed because of the risk of adhesions or perforation of organs (bladder or intestine). Most of time lost IUCD is removed from the peritoneal cavity either free or adherent to omentum. IUCD should be removed if the uterus has perforation.⁹ Rare possibilities include:

fragmentation of the IUCD with expulsion of the fragment bearing the string, and migration of a linear IUCD into the uterotubal junction.¹⁰ Cases of invasion of cu-T into bladder have been reported. Very few cases of even stone formation over copper T in the bladder have also been reported. This is a very rare case in which the multiload has invaded through the rectus sheath and entered into subcutaneous tissue below the Pfannenstiel incision.

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