

Case Report: Misplaced Copper - T Device

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Abstract: *Intrauterine contraceptive devices(IUCD) are safe and effective form of contraception used worldwide¹. IUCD is the second most common, safe and most effective method used for family planning after female sterilization². Few cases have been reported with misplaced copper T. Here we report a case of 25year old woman with misplaced copper T. Ultrasound and X-ray revealed the presence of copper T in the peritoneal cavity in the right iliac fossa. Laparoscopic retrieval of copper T was done.*

Keywords: copper t, IUCD, Laparoscopy

1. Introduction

Intrauterine contraceptive devices (IUCD) are safe and effective form of contraception used worldwide¹. IUCD is the second most common, safe and most effective method used for family planning after female sterilization². In developing countries it is the most popular reversible method of long term contraception due to easy availability and low cost. Although it is relatively safe, it is associated with heavy bleeding, irregular bleeding, infection and rarely it can lead on to uterine perforation^{3,4}, extrauterine migration of copper-T, an IUCD is well reported in literature. Mostly, it is a chronic form of migration to nearby structure⁵. Here we report a case of misplaced copper T.

2. Case Report

A 25 year old female Para3 living3 was referred to M.S.Ramaih Hospital on 24th April 2014 with misplaced IUCD. She got copper T inserted in December 2014. Her menstrual history was regular. She went to private clinic with complains of backache and right flank pain for past one month. On examination her vitals were stable, systemic examination was normal. Per speculum examination copper T thread was not visualized, no discharge noted. Per vaginal examination revealed uterus anteverted, normal size, right fornicial tenderness noted. Ultrasound revealed missed copper T in peritoneal cavity in right iliac fossa. X-ray revealed the same findings (figure 1). Laparoscopy revealed copper T has perforated through right cornu of uterus and was embedded in the mesosalphingnx, copper T retrieved by laparoscopy and adhesiolysis was done. Postoperative period was uneventful and discharged on postoperative day 3.

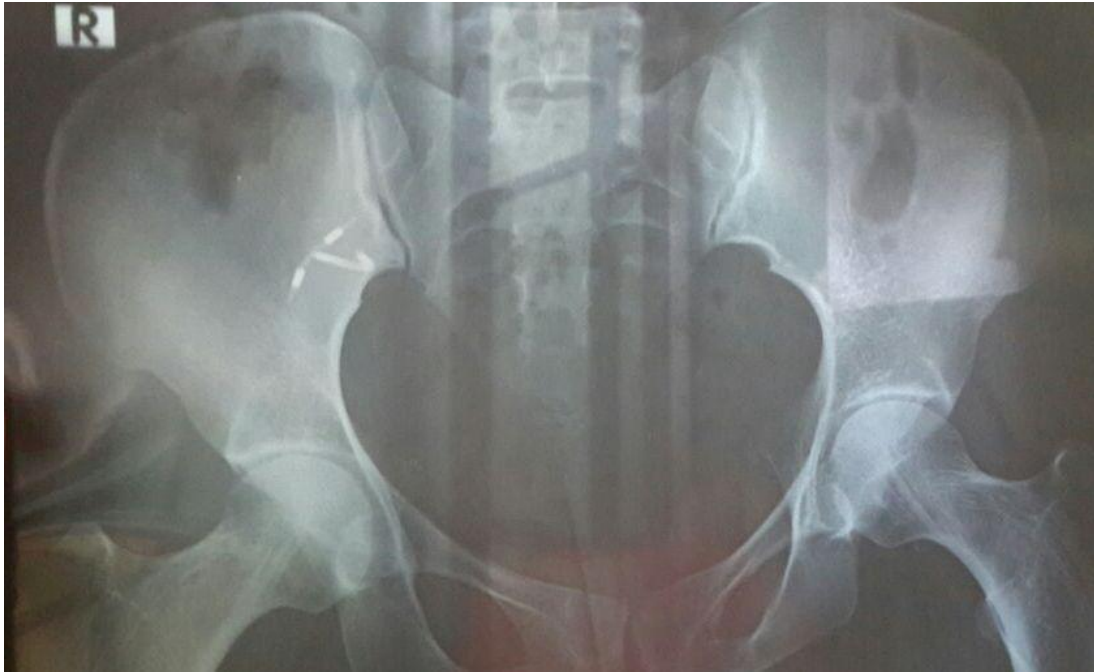
3. Discussion

The mechanism and etiology of IUCD perforation and translocation to sites far from uterine cavity remains controversial. In addition to primary perforation at the time of IUCD insertion, complete extrusion of IUCD through myometrium may be aided by spontaneous uterine contraction and hydrostatic negative pressure differences between the low intraperitoneal pressure and relatively higher intrauterine pressure⁶. The migration and movement of the device in the peritoneal cavity may also be aided by

contraction of abdominal viscera i.e. urinary bladder and small and large intestines. The myometrium has long been established as capable of spontaneous contractions in nonpregnant and puerperal states⁷. Another possible mechanism is movement of peritoneal cavity⁶. Pelvic ultrasound should be performed in every patient with unexplained lower abdominal pain who is known to carry IUCD⁸. Factors raising suspicion of uterine rupture include insertion of the device by inexperienced persons, inappropriate position of IUCD, susceptible uterine wall due to multiparity, and a recent abortion or pregnancy⁹.

References

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X-RAY SHOWING COPPER T IN RIGHT ILIAC FOSSA

Figure 1

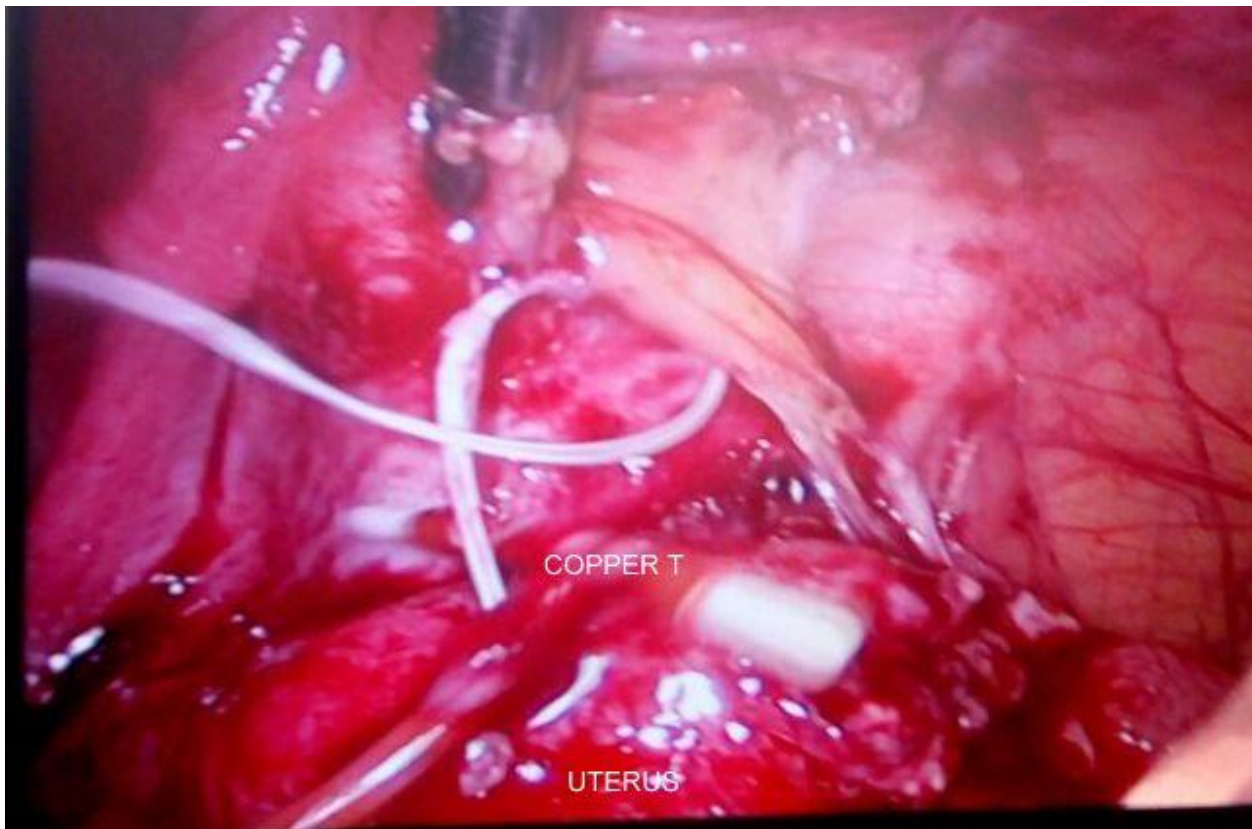


Figure 2: