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Title: Clinical Challenges in the Management of Missing Intrauterine devices: Two case reports

INTRODUCTION

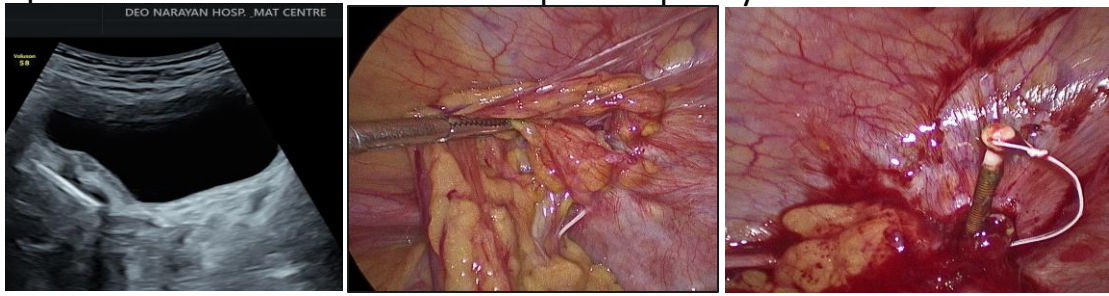
Intrauterine contraceptive devices (IUCD) are used worldwide since 1965. It is an effective and economical method of contraception with low-complication rates. Rarely it can migrate to adjacent organs such as intestine (sigmoid colon, appendix), urinary bladder or omentum. Incidence of migration is about 0.5 to 1/1000 only. Patients with lost IUCD may present with lost strings, pregnancy or may remain asymptomatic for years.

CASE 1

The patient was a 35 year old woman presenting with lower urinary tract symptoms mainly in form of burning sensation and occasional haematuria. USG showed a foreign body in urinary bladder which was piercing the bladder wall. Cystoscopic removal was planned but due to firm adhesions and the T of the IUCD lying extravesical, was difficult to retrieve cystoscopically.It was removed through suprapubic cystostomy eventually.

Case 2

The patient was a 44 year female with complaints of lower abdominal pain and tenesmus. She had undergone total abdominal hysterectomy 2 years back for dysfunctional uterine bleeding. USG showed a foreign body in the vault stump. Diagnostic laparoscopy was performed which revealed an IUCD densely adherent to the pelvic floor which was removed laparoscopically.



DISCUSSION

Uterine perforation can occur at the time of the insertion or at any other time after the insertion. Uterine size, position, timing of the insertion, congenital uterine anomalies and former operations are various causes which decide the uterine perforation. Spontaneous migration of the IUD can result due to physiological mechanisms like spontaneous uterine contractions, bowel peristalsis and bladder contractions.

CONCLUSION

Ideally IUD should be inserted 3 months after delivery. Even hormone releasing IUDs can also cause uterine perforation.USG of pelvis is the commonest diagnostic tool. NCCT is useful in cases where fistula formation is suspected.The treatment of misplaced IUCD is surgical (laparoscopy / laparotomy).