

# THE MISPLACED INTRAUTERINE CONTRACEPTIVE DEVICE RECOVERED FROM URINARY BLADDER

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## ABSTRACT

The case report describes successful removal of misplaced Intrauterine Contraceptive Device (IUCD) from urinary bladder. X-ray and ultrasound of the pelvis showed IUCD to be lying outside the uterus and on laparotomy IUCD was removed from urinary bladder.

**Key Words:** Intrauterine Contraceptive Device (IUCD), Urinary bladder, Laparotomy.

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## INTRODUCTION

The intrauterine contraceptive device became available from 1909 when Dr. Richter of Walsenburg described the method. IUCD has been described as the most effective reversible form of contraception available. There are 3 types of IUCD: inert, copper bearing and hormone (levonorgestrel) releasing. IUCDs are indicated in any woman who requests for the method, and has no contra-indication to its use<sup>1</sup>. Common contra-indications to its use are a history of pelvic inflammatory disease, fibroids, congenital abnormality of the uterus, pregnancy. Complications include displacement, expulsion, pelvic inflammatory disease, perforation, bleeding and ectopic pregnancy. An intrauterine device is inserted into a woman's uterus through her vagina. The IUD normally stays within the uterus like a seed within a shell. Rarely, the IUD may come through the wall of the uterus and rests in the abdomen. This is probably due to a mistake during insertion and not due to slow movement through the wall of the uterus. The IUCD never travels to any other part of the body.<sup>2</sup>

## CASE REPORT

A 25 years old woman married 4 years with one alive issue presented to us with the complaint of pain lower abdomen and dysuria for the last 3 weeks. Ac-

cording to the patient, she had IUCD insertion 2 years ago & she had regular menstrual periods but she had constant lower abdomen pain. 3 weeks ago she developed dysuria and severe pain hypogastrium.

On abdominal examination she had mild tenderness in the hypogastrium and on pelvic examination no thread of IUCD was felt. Uterus size was normal and no adnexal pathology was detected. On investigation urine examination was also found normal.

Ultrasound of the pelvic showed empty collapse cavity but IUCD could not be found in the uterus. Hysteroscopy was done and it also did not show IUCD in the uterus and finally laparotomy was decided, as Laproscope was not available at that time in the hospital. On laparotomy IUCD could not be found out anywhere in the pelvis or abdomen neither in the wall of the uterus nor in the pouch of Douglas. Finally urinary bladder was thoroughly palpated in the search of IUCD and it was found to be lying the urinary bladder. After grasping between the two fingers a small pinpoint nick was given over the stem of the Cu-IUCD and by holding the stem with artery forceps. IUCD was brought out through this hole and hole was closed with 2/0 catgut.

## DISCUSSION

Intrauterine device (IUCD) is among the most ef-

fective form of birth control available, with important advantages over other methods of contraception. The most striking adverse event associated with IUCD use is uterine perforation and migration of the device. Contrary to what one might assume, Perforation is often silent and the wayward device is either detected after further sequelae or found incidentally by imaging.

The incidence of uterine perforation is very low, but in the literature nearly 100 cases are reported about the extra uterine localization of IUCD.

Migration may occur to the adjacent organs. IUCD with stone formation in the bladder has been described after IUCD migration, although technically impossible, IUCD placement into the bladder should also be considered in cases of misplaced IUCDs<sup>2</sup>. Patients with misplaced intrauterine contraceptive device (IUCD) may remain asymptomatic for years<sup>3,5,6</sup>.

In one series of 324 cases with misplaced IUCD one in: 258 (79.93%) cases Copper-T was found in the uterine cavity and in 47 cases (14.51%) it was removed from cervical canal. In only 18 cases (5.56%), it was translocated<sup>4</sup>.

The accepted treatment for displaced IUCDs is surgical removal because of the putative risk of adhesion formation or of damage to the intestine or urinary bladder<sup>7</sup>.

In a study by Trivedi SS et al on a 38 patients with intra-uterine devices with lost strings, hysteroscopic aid was required after routine retrieval procedures failed. Thirty five intra-uterine devices could be removed easily with hysteroscope. Laparotomy was required in only one patient, for an extra-uterine Copper-T<sup>8</sup>.

The purpose of this case report was to show that unusual migration of IUCD can occur to the urinary bladder & one must search thoroughly for misplaced IUCD before closing the abdomen.

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