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Missing IUCD: A Case Report

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Abstract
Intra-uterine contraceptive devices are one of the long-acting reversible contraceptive methods which are highly acceptable by patients. These are well tolerated by patients and serious complications like perforation rarely occur, but if such complications remain undetected, they can cause major morbidity to the patient. We report one such case of missing IUCD, which was found to be in pelvis outside of uterus, that was detected on routine post-insertion follow-up. Patient was operated immediately and is now doing well. We through this case report, want to emphasize the importance of proper counseling of the warning signs of perforation like pain abdomen and missing threads along with post insertion follow -ups for early identification of perforated IUCD thus, minimizing the patient morbidity.

Introduction :
IUCD is one of the most prescribed and accepted methods of birth control worldwide which have been around for years (1). Usually, IUCD are well tollerated by patients. Complications like discomfort while insertion, heavy menstrual bleeding, expulsion of the device are common, serious complications like perforation are rare and is seen in around 0.5% (2). Symptoms following IUD migration may be non-specific. Pelvic discomfort may be the only presenting symptom, any such symptom should not be neglected. Counceling of warning signs and symptoms is very important for early identification of complications.

Case report :
A patient para 2 came to contraceptive clinic for post IUCD insertion follow up. She chose IUCD for contraception and it was inserted one month back from the time of presentation. IUCD insertion was unevetful. Patient came to contraceptive clinic as part of post insertion follow-up. She said that she had continuous pain lower abdomen 2 weeks after insertion which setteled spontaneously. She also complained of deep dyspariunea. She was vitally stable at presentation. Per abdominal examination was un-remarkable. On per speculcum examination, IUCD threads were not seen. USG pelvis showed an empty uterine cavity and IUCD was outside the uterus in pelvis. Patient was taken up for surgery, after discussing the USG findings. Initially procedure was started as laparoscopy, but due to technical difficulties was coverted into laparotomy. IUCD threads were seen in POD (Figure 1) and IUCD was deeply embeded in broad liagament with formation of reactionary mass around it. Tissues around IUCD was carefully

dissected and IUCD removed. Patient had an uneventful post-op recovery and was discharged on 2nd post-op day with alternative contraception.

Discussion :

Intrauterine contraceptive device (IUCD) is one of the most prescribed and accepted methods of birth control worldwide which have been around for years (1). LARC method failure rates rival that of tubal sterilization at <1% for IUDs and the subdermal implant. For these reasons, IUDs and implants should be offered as first-line contraception for most women (3).

Usually, IUD are well tollerated by patient with common complications like discomfort while insertion and heavy menstrual bleeding. Serious complications as like perforation are rare (2). Risk factors for uterine perforation include lactation, recent postpartum status, uterine abnormalities, suspected adenomyosis and clinician inexperience with IUD placement (4). Our patient was in her lactation period, the rationale for perforation in postpartum and lactation period is attributed to uterine involution and contractility (5).

Symptoms following IUD migration may be non-specific. Pelvic discomfort may be the only presenting symptom. Our patient did have lower abdominal disomfort and dyspariunea , but she neglected those symptoms. She did not chcek for IUCD threads. Self-examination for the IUD thread is important as it helps in early detection of migration, as most patients maybe asymptomatic. In our case, patient came to contraceptive clinic for post insertion follow-up and then perforation was diagnosed.

A neglected perforated IUD can cause intestinal obstruction, erosion into adjascent structures like colon or bladder, also can result in infection and abscess formation. Prompt removal of all intraperitoneal IUDs were advoacated in study by Andersson K et al, as most complications were encountered in patients with a remote history of IUD placement and with few if any symptoms (5).

Hence, it is very important to check for the presence of your IUD string after every period or once a month if no periods. In our clinic, it's part of post IUD insertion protocol to follow-up patient in the contraceptive clinic one month after insertion. Because of this protocol we could find out perfortaion at an early stage and act immediately otherwise, patient could have suffered severe mrobidity. Its very important to teach patient how to feel for threads as perforations can happen after subsequent months of insertion though the chances are very much reduced.

Proper counseling of the warning signs of perforation like pain abdomen and missing threads along with post insertion follow -ups, are important in early identification of perforated IUD thus, minimizing the morbidity.

Conclusion :

IUCD is one of the most prescribed and accepted methods of birth control worldwide. IUCDs well tollerated by patients and serious complications like perforation rarely occur, but if undetected can cause major morbidity to the patient. Proper counseling of the warning signs of perforation like pain abdomen and missing threads along with post insertion follow -ups, are important in early identification of perforated IUD thus, minimizing the morbidity.

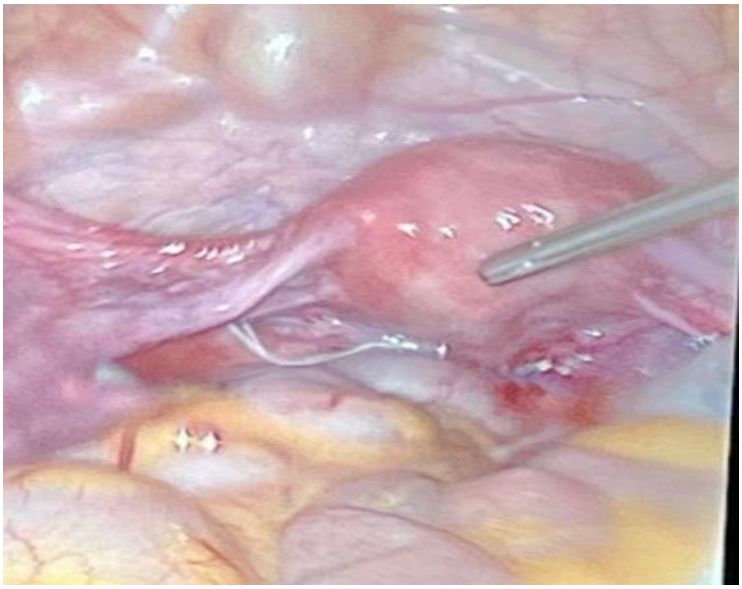

Figure 1 – Laparoscopic image in which IUCD threads seen in POD

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