

UTERINE PERFORATION WITH COPPER 'T'

(A Case Report)

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The new intrauterine contraceptive device shaped like 'T' was designed by Tatum in 1966 and preliminary study (Tatum, 1968) of the device showed that side effects like bleeding, pain and expulsion were much less as compared to other types of intrauterine contraceptive devices, though pregnancy rate was high. Then a short length of copper (Zipper, 1969) was added and that improved the contraceptive efficacy also. In addition to these advantages it was found that the incidence of perforation with these devices was almost negligible (Tatum, 1972) and there has been only one case report so far (Koetswang, 1973), perforation of the proximal part of the cervical canal, has been reported in earlier series (Lehfelddt, 1971) and that was explained on the basis that the inserter had a fixed flange which limited the introduction of the insertion tube to no more than 4.4 cms above external cervical os.

This device is being used at the contraceptive testing unit, Department of

Obstetrics and Gynaecology, Postgraduate Institute of Medical Education and Research, Chandigarh, since November, 1971 and upto date 475 first insertions have been done. Perforation of uterine body with Copper 'T' device is an unusual complication and hence the present case report.

CASE REPORT

Patient U.R.K., aged 21 years, para 2, had a normal delivery on 7-1-1972 and Copper 'T' device was inserted on 22-2-1972. She complained of slight pain in the lower abdomen after insertion. Patient had no symptoms and continued to have lactational amenorrhoea. From June, 1972 she had fever and lower abdominal pain off and on for which she received antibiotics and supportive treatment at the local health centre. As the thread was not visible, a plain X-ray of the abdomen was taken in November, 1972 which showed the device, lying transversely. Though the thread was not visible it could be located inside the uterus, but attempts to remove the device by pulling on the thread were not successful. Laparotomy done on 17-11-72 revealed that there was a perforation at the fundus of the uterus, with the transverse limb outside the uterus. There were dense adhesions of the pelvic colon and bladder at the site of the perforation. Adhesions were separated, and the device removed. The perforation in the uterus was repaired as also a small injury to the pelvic colon. Bilateral tubo-ovarian masses 5 cms x 3 cms were present also adherent to intestines on both sides. Postoperative period

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was complicated by pyrexia and wound sepsis but patient was discharged well on 4-12-1972. She was subsequently given a course of short-wave diathermy and butazolidine and has remained asymptomatic. She started having normal periods from February, 1973. Last examination on 30-7-1973 showed that the abdominal scar was healthy and pelvic examination showed no abnormalities other than slight induration in the left fornix with a slightly restricted mobility of the uterus.

Comments

It is presumed that in this case, the perforation probably occurred at the time of insertion and remained asymptomatic for about four months. Subsequently, she developed pelvic inflammatory disease and bilateral salpingoophoritis was confirmed at laparotomy. After perforation of the uterus, the vertical limb of the 'T' remained partially inside the uterus. The displacement of the device could be confirmed by plain X-ray of the abdomen.

Perforation of the body of the uterus

is an extremely rare complication with the Copper 'T'. Since the uterus was noted to be retroverted at the time of insertion and the perforation was on the anterior wall, it could be that the uterine sound used to measure the length of the uterine cavity prior to insertion produced the perforation and one end of the transverse limb passed through this perforation.

References

1. Koetswang, S.: *Contraception*, 7: 307, 1973.
2. Lehfeltdt, H., Wan, L. S.: *Obst. and Gynae.* 37: 826, 1971.
3. Tatum, H. J. and Zipper, J. A. (1968): The 'T' IUCD and recent advances in hormonal contraception. 6th North-East Obst. and Gynaecology Congress, Oct. 4-9, Bahia, Brazil.
4. Tatum, H. J.: *Contraception*, 6: 179, 1972.
5. Zipper, J. A., Tatal, N. J., Medel, M. and Rivera, M.: *Am. J. Obst. and Gynec.* 105: 1274, 1969.