

UNSUSPECTED PRESENCE OF INTRAUTERINE CONTRACEPTIVE DEVICES

(A Case Report)

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A case is presented whose gynaecological difficulties centered around the presence of unsuspected IUD. Seven patients with infertility associated with forgotten IUD'S have been reported by Rozin and Ekerling (1956) and Olson and Jones (1967). Porges (1973) reported 3 cases whose gynaecological difficulties were centered around the presence of unsuspected IUD'S. The present case is reported because of rarity of unsuspected presence of 2 IUD'S in the uterine cavity.

CASE REPORT

Mrs. A 40 years of age was admitted in the Gynaecological wards of J.L.N. Hospital Ajmer on 15-5-78 with the complaints of severe pain in the lower abdomen off and on and leucorrhoea for last 3 years. An IUD was inserted in some village 3 years back by some midwife. Her menstrual history was normal except for history of severe dysmenorrhoea for 3 years. She had 6 full term normal deliveries and last delivery was 7 years back. Vaginal examination did not reveal any abnormal findings but on speculum examination erosion was present on both lips of the cervix and the thread of the IUD was not seen.

As the thread of the IUD was not seen, X-ray

of the pelvis was taken which showed a Lippes loop and a circular IUD over the loop (fig. 1) in the pelvis. On 16-5-78 under general anaesthesia cervix was dilated and 2 IUD'S were removed from the uterine cavity which were entangled into each other. Of these 1 was the Lippes loop and another was the Grafenberg ring. The patient was discharged on 17-5-78 and she was interrogated again for insertion of another IUD, but she was not aware of its insertion.

Discussion

IUD'S are now being inserted in great number of women and under variety of conditions, some of which may leave the patient or the physician or both in doubt. The patient may become confused for the following reasons. A communication gap may occur when contraceptive devices are inserted under general anaesthesia or analgesics which may result in amnesia. IUD'S are now being inserted at the time of abortion by persons who are not responsible for follow up care or instruction of the patient. In some maternity units IUD'S are being inserted at the time of either vaginal delivery or postpartum examination prior to discharge from the hospital. Surprisingly even in private gynaecologic practice the patient may not be certain as to whether a device actually has been inserted. Confusion on the part of physicians may

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arise from taking of an incomplete history or the assumption that an IUD has been expelled out when no thread can be seen protruding from the cervix. The insertion of a probe into the uterus is an unreliable method for detection of an IUD. X-ray confirmation should be obtained in doubtful cases. This will reveal the presence of device within the abdomen or pelvis. The use of ultrasound or special metallic locators may be helpful. For more exact localisation, it may be necessary to obtain a hystero-

gram. In the present case only once there was history of insertion of IUD, and she was not aware of insertion of another IUD. The presence of 2 IUD'S were detected by X-ray. The Grafenberg ring must have been inserted any time before the insertion of the Lippes Loop of which the patient was not aware.

Porges (1973) reported a case whose complaint was menorrhagia. Three IUD'S Majzlin spring, Lippes loop and Saf-T Coil were present in the uterine cavity. The case was of fibroid uterus and 3 different types of devices were inserted within a period of 1 year as no

thread was seen at the time of insertion and it was assumed without X-ray confirmation that the device had been expelled. As the case was of fibroid uterus the IUD'S must have been retracted up into an enlarged cavity of the uterus. On X-ray plastic and metallic IUD'S were detected. The IUD'S were removed under anaesthesia.

So we come to the conclusion that it should not be assumed that an IUD has been expelled when the tail is no longer visible as the thread sometimes may retract up (during early pregnancy) or coil up high in the cervical canal. X-ray should always be taken to detect the presence of IUD before insertion of another one. Considering the current widespread use of IUD'S gynaecologists should be alert to the possibility that patient herself may not be aware of its presence.

References

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3. Rozin, W., and Ekerling, B.: *Fertil. steril.* 7: 363, 1956.

See Fig. on Art Paper VII