PERFORATION OF UTERUS WITH COPPER "T"

(A Case Report)

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The rarity of perforation of the uterus following Copper T insertion has led to periodic reports in the literature (Tatum, 1972; Gupta *et al*, 1975; Alwani *et al* 1978; Eduljee and Basu 1978). These reports have a salutary effect in reminding us that the incidence of perforation of the uterus with Copper T has not been as negligible as it has been advocated.

The present report records a case of perforation of the uterus following insertion of Coppear T.

CASE REPORT

M. G., attended Gynaecology out patient of Govt. Medical College and SMGS Hospital Jammu on 7-10-1978 with history of moderate pain in the lower abdomen off and on, vaginal bleeding for 2 months following termination of her pregnancy of 8 weeks gestation. The patient had Copper T insertion in August 1977. Subsequent examination, 6 months after the insertion of Copper T had revealed the device to be in place. She had missed her period in July 1978. Patient could recall an episode of acute sudden pain in the lower abdomen in June 1978 while travelling in a car. The pain had subsided by itself. During medical termination of pregnancy which had been undertaken by another obstetrician in another hospital, the Cu T could not be detected and it had not been removed during termination. Patient did not volunteer any history of spontaneous expulsion.

On systemic examination the patient looked well nourished and averagely built. Her BP was 110/70 mmHg. Her haemoglobin was 11.2 gm per cent. On vaginal examination slight bleeding through the os was seen. Obviously the thread of Copper T was missing. The uterus was slightly bulky, retroverted one mobile. Although there was no growth palpable in the fornices, there was some degree of tenderness.

Investigations

Plain X-Ray of the lower abdomen with uterine sound in the uterine cavity revealed displaced Cu T. The vertical limb of the T was visible at a perpendicular to the long axis of the uterus (Fig. 1) Hysterosalpingogram revealed that the limb of the T was projecting beyond the uterine cavity which had been well outlined. Fimbrial ends of both fallopian tubes were blocked. There was no peritoneal spill. Dilatation under general anaesthesia was performed. The horizontal limb of Cu T could be caught by means of sponge forceps and the device could be removed after some manipulation.

Follow Up—On subsequent examinations the patient has been found to be in a satisfactory condition.

Discussion

Short length of Copper added to this device has made it biologically more active (Zipper 1969) thereby improving its contraceptive efficacy. The displacement of the vertical limb and its subsequent movement out of the uterine

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cavity would reduce its contraceptive efficacy. The occurrance of secondary perforation following displacement of T and the vertical limb of the T lying out of the uterine cavity, as reported by us, has been recorded. These perforations, unlike the primary perforations due to the faulty insertion of the device, are produced by the forces of uterine contractions. Pregnancy rate is high following displacement of this device.

This lend support to the view that though physiologically better adaptable to the uterine cavity by virtue of their shape, these devices have 2 or 3 rigid pointed ends which make them more perforation prone.

The episode of acute pain in the present case direct our attention towards the displacement of the device and perforation of the uterus. The vertical limb of the T got embedded in the musculature of the uterus. The patient conceived following this episode. Though the pregnancy was terminated in ideal situation, the patient had some infection of the genital organs as evident from the hysterosalpingographic findings of bilateral fimbrial block. Although, in the present case the device could be manipulated and removed through the cervix, on many occasions a laparotomy is necessary.

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See Fig. on Art Paper III