

ACCIDENTAL INSERTION OF MULTIPLE INTRA-UTERINE DEVICES

(A Case Report)

by

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Introduction

One of the iatrogenic complications of the IUD, is the accidental insertion of two or more IUDs into a single uterus. The insertion of multiple IUDs may remain asymptomatic, but they usually cause pain in the lower abdomen, and/or excessive vaginal bleeding. This complication deserves more clinical awareness, because it may lead to unnecessary discomfort to the patient, and may have undesirable consequences. We are presenting a Case Report of this complication.

CASE REPORT

Mrs. J. R., 32 years old, Para 4+1, attended the Family Welfare Clinic, Lady Reading Hospital, on 11-2-74, for an IUD insertion. She had no history of menorrhagia, and the pelvic findings were normal. A Lippes loop was inserted on 11-2-74. She reported to the Clinic on 2-4-75, after 14 months, with the statement that the Lippes Loop had been expelled 5 months earlier and requested for another IUD insertion. On pelvic examination, no threads were visualised, and the pelvic findings were normal. Expulsion of the Lippes loop was accepted. A Cu-T was inserted on 2-4-75. It

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being the 7th day of her menstrual cycle. The patient came for a check-up on 2-6-75, and was asymptomatic, and the Cu-T was in-situ. She again attended the hospital on 25-11-75, with the history of having expelled the Cu-T, 4 days previously, which she had clearly seen. She requested for a replacement of the Cu-T. A pelvic examination was done. No strings were visualised, and Cu-T was reinserted.

The patient reported on 25-1-76 to the Clinic, with the complaints of profuse vaginal bleeding during the period, and lower abdominal pain. A pelvic examination was done and the Cu-T was in place, and pelvic findings were normal. She was put on conservative treatment, and advised to come again, if symptoms persisted. She attended the Clinic, on 3-2-76, with continued vaginal bleeding, and severe lower abdominal pain. The Cu-T was subsequently removed. During its removal, the Lippes loop inserted on 11-2-74 was seen in the cervical canal. It was also removed quite easily. The Lippes loop was displaced, in the uterine cavity, and therefore the threads were not visible, on previous pelvic examinations. A plain x-ray of the pelvis confirmed, that no IUD was present in the uterus.

Her symptoms of heavy vaginal bleeding and lower abdominal pain were dramatically relieved. Three months later, she became pregnant, and had a full term normal delivery, at the same hospital. Her husband subsequently underwent vasectomy.

Discussion

A rare complication of accidental insertion of two IUDs has been reported. The usual symptoms of multiple inser-

tions of IUDs are pelvic pain and/or heavy vaginal bleeding. These symptoms are expected because of the bulk of material in the endometrial cavity, as stated by Davis (1971) and Tatum (1972). In the 7 cases of multiple IUD insertions, reported by Millen and Bernstein (1976), 5 had pelvic pain, and 3 had associated abnormal bleeding. Two cases, however, were asymptomatic. In the present case, the patient had two IUDs from 2-4-75 to 3-2-76, but developed symptoms only after the second Cu-T had been inserted a second time, on 25-11-75.

The history of an IUD expulsion should not be accepted unless the patient presents the device, or at least has clearly seen it. The possibilities to be considered, when IUD strings disappear, are pregnancy, unnoticed expulsion, perforation and displacement of the IUD in the uterine cavity, as occurred in the present case. After excluding pregnancy, probing the uterus with the sound should be done. If the device cannot be detected in this

manner, a plain x-ray of the pelvis and lower abdomen should be taken, as a final confirmation of expulsion of the device. Further, to avoid this unnecessary complication, the patient must be informed about the insertion of an IUD, especially when it is done during an abortion, and/or under anaesthesia.

Summary

A case of accidental insertion of two IUDs has been reported, causing abnormal vaginal bleeding and pelvic pain. The causal factors and their avoidance have been discussed, in order to make practitioners more aware of this complication.

References

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