

PERFORATION OF THE UTERUS BY COPPER 'T' DEVICE

(A Case Report)

by

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and

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Introduction

Perforation of the uterus by an IUD is reported from time to time. This complication does not usually produce symptom. This case report is of perforation by Copper T device, which after perforation had entered into the sigmoid colon.

Mrs., M., a 24 years old woman was admitted on May 2nd, 1978 for removal of a Copper 'T' device. Patient had no other complaints.

Menstrual History: Patient attained menarche at the age of 13. Her periods were regular, 3-5/30, moderate and painless. L.M.P. was on April 29th, 1978.

Obstetric History: She had been married for 2 years. The first delivery was a full term natural delivery, in October, 1976. Patient had had regular antenatal check up. There were no antenatal, intranatal or postnatal complications. Three months after delivery i.e. January, 1977, patient had a Lippes Loop inserted at the same hospital. She had no postinsertional complications and had regular menstruation till October 25th 1977. This was followed by 2 months amenorrhoea for which she was given E.P. Forte Tablets. As there was no withdrawal bleeding, patient was referred to this hospital for termination of the pregnancy.

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On examination patient was found to be 12 weeks pregnant. The threads of the loop were not visualised. However no X-ray was taken at that time as the patient defaulted. On 25-1-78 suction evacuation of the products of conception was done and a CuT was inserted without a check X-ray.

On the 3rd March, 1977, the patient presented with a history of not feeling the threads of the CuT. A plain X-ray abdomen showed, both the Lippes Loop and the CuT in the pelvis fig. 1. The Lippe's Loop was removed per vaginum at the O.P. Department. The threads of the CuT could not be located. A Hysterosalpingogram was done. It showed the CuT lying outside the uterine cavity fig. 2.

Patient was admitted on 5-3-78 for CuT removal. The same could not be done however due to unavoidable reasons. She was asked to come one week later but she did not report.

On 8-5-78 laparotomy was done. Under general anaesthesia abdomen was opened by a right paramedian incision. The CuT had migrated through the uterine wall near the right cornual end, had burrowed into the posterior wall of the sigmoid colon just short of the lumen of the bowel. The stem of the CuT which was adherent to the uterus was released by blunt dissection and the uterine rent was closed with mattress sutures. The muscle of the posterior wall of the sigmoid colon was incised and the transverse limb of the CuT was released. The threads of the CuT which were embedded in the mesocolon were also released and the CuT removed. The opening in the wall of the colon was closed in layers with 3'0 catgut with alternative needle. The sigmoid mesocolon was closed. The mucosa of the colon was not perforated by the CuT device.

See Figs. on Art Paper VII