EXTRA UTERINE DISPLACEMENT OF INTRA UTERINE DEVICES

(A Report of Seven Cases)

by

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Introduction

Perforation and penetration of uterus by intra-uterine devices are rare compiications of most of the intra-uterine devices. CuT and Lippes loop are often found embedded in uterine wall and perhaps they are responsible for reduced expulsion rate of uterus. Most of the intra-uterine devices penetrate the uterus and reach the peritoneal cavity causing complete perforation and usually they are detected after thorough radiological search. Ectopic Lippes loop have been reported in urinary bladder (Modi *et al*, 1979) and in abdominal wall (Borkotoky and Mampilli, 1978).

Seven cases of intra uterine devices perforating the uterus and their extra-uterine displacement are reported.

Case 1:

Mrs. A aged 22 years, resident of Jodhpur was admitted to Umaid Hospital, Jodhpur, on 22-6-78 with dull pain in lower abdomen for the last 1 month. Cu T was inserted 1½ years back, nearly 3 months after the delivery.

Obstetrics History—One full term normal delivery 1 year 9 months old female child.

Menstrual History—Menarche at the age of 14 years. Cycles regular, 3-4-6/30 days, flow normal, last menstrual period 20 days back. Speculum Examination Cervix appeared healthy. Thread of IUD not visible.

Vaginal Examination: Cervix, D B, uterus Av. AF, normal size mobile, Fornices free, Thread of IUD not felt.

X-ray Pelvis—Cu T was present quite high up on one side of the Pelvis near the left ala of sacrum.

Operation—Dilatation and curettage was done but the IUD could not be located hence laparotomy decided.

Abdomen was opened by subumbilical mid line incision, uterus was visualised. There was a raw area and adhesions on the posterior wall of the uterus on left side. A search was made to locate the position of Cu T. A calcified guineaworm was seen at the infundibulopelvic ligament of the left side near its attachment to colon. When this was palpated, Cu T was discovered found embedded in the wall of descending colon. It was not visible from outside but on palpating the colon it could be traced. A nick was put in the wall of colon and Cu T was removed. It has perforated the lumen which was repaired in two layers by atraumatic catgut. Post operative period was uneventful.

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Case 2

Mrs. B aged 24 years resident of Jodhpur was admitted to Umaid Hospital, Jodhpur, on 15-5-79. Cu T was inserted 8 months back. She had pain in abdomen after 3 months of insertion of Cu T for which she had come for check up in January, 1979. History was given of dilatation and curettage done twice, one in January, 1979 and the other in March, 1979, but Cu T could not be traced.

Obstetrics History: 2 Full term normal delivery, both male, last delivery 2 years back.

Menstrual History: Menarchae at the age of 16 years, cycles regular, 7/30 days flow normal, last menstrual period—16-4-79.

Speculum Examination: Cervix appeared healthy. Thread of IUD not visible.

Vaginal Examination: Cervix D & B, uterus AV. AF, N/S mobile right fornix free. Thread of IUD not felt. Left fornix, thickening and tenderness present.

X-ray Pelvis—was taken on 4 occasions and showed variable position and shape of Cu T. The last one was taken after putting a uterine sound in the cavity of the uterus and it showed that Cu T was present in pelvis but outside the uterus.

Abdomen was opened by a subumbilical mid line incision. Peritoneum opened. Cu T was seen lying on the anterior surface of uterus between the bladder and large intestine in the adhesions. Cu T was removed after separating the adhesions from the wall of large gut and the wall repaired with atraumatic catgut in one layer.

Case 3

Patient C aged 18 years was admitted to Umaid Hispital, Jodhpur, on 2-8-79 with complaints of dull pain in lower abdomen for the last 20 days. The history of Cu T insertion done 3 months old. Patient had come for check up on 21-7-79 and as thread was not seen, an X-ray pelvis was advised for evidence of Cu T. Later when she came a futile attempt was made to remove the Cu T on 23-7-79. Second attempt was also made on 2-8-79 but as Cu T could not be removed patient came for admission to the hospital.

Obstetrics History: One full term normal delivery 10 months old, male child.

Menstrual History: Menarchae at the age of 14 years. Cycles regular, 4-5/30 days, flow normal, last menstrual period 3rd day of menses.

Speculum Examination: Thread of IUD not visible. Vaginal examination—os closed, uterus AV, AF, N/S, mobile, both lateral fornices free. In the posterior fornix some Cu T like structure was felt. X-ray pelvis—Cu T was seen little high up in displaced position.

On 6-8-79 patient was taken for dilatation and curettage first. Some Cu T like structure was felt through the posterior fornix. Uterine sound was passed in it and it went up to 4" more than the size of uterus, hence perforation was diagnosed and patient was taken for laparotomy immediately.

Abdomen was opened by subumbilical midline incision. There was little free blood in the peritoneal cavity. On visualising the uterus there were two old perforations on the body of uterus, one on anterior wall and the other on posterior wall nearly at the same level. A search was made for locating the Cu T. It was found embedded on the anterior wall of the rectum, sharp dissection was done to take out the Cu T and the wall of rectum was repaired with atraumatic catgut. Both the perforations in the uterus were closed, abdomen closed in layers.

Case 4

Mrs. V, Hindu female of 29 years was admitted to Umaid Hospital, Jodhpur on 13-6-80 with the history of passage of clots and IUD thread at 1.30 P.M. Patient also had amenorrhoea of 1½ months duration. IUD was inserted 10 months back.

Obstetric History: Two full term normal deliveries, both female, last delivery was 1 year back.

Menstrual History: Menarchae at the age of 13 years 7/30 days, regular, last menstrual period 1½ months back.

Vaginal Examination: Os closed, uterus AV, 8 weeks size, soft mobile fornices free, bleeding present.

A provisional diagnosis of pregnancy with IUD was made. Medical Termination of Pregnancy was done, no IUD or Cu T was felt or seen. Abdomen was opened and Cu T was lying in the posterior wall of uterus. Left ovary had multiple haemorrhagic cyst of 1½" size, attached to it. Cu T was separated from adhesions and removed. Haemostatic Sutures applied and abdomen closed.

Case 5

Mrs. C., Hindu female aged 25 years was admitted to Umaid Hospital, Jodhpur on 29-5-80 with the complaints of pain in abdomen of one month duration. IUD inserted 9 months back and it was displaced since last one month.

Obstetrics History: Two Full term normal delivery, last delivery 1½ years back.

Menstrual History: 3/30 days, regular, last menstrual period 15 days.

Speculum Examination: No thread was seen.

Vaginal Examination: os closed, uterus AV, AF, N/S mobile, fornices free.

Removal of loop was tried at District Hospital, but loop could not be removed.

X-ray showed displaced position of loop. Dilatation and curettage with laparotomy and repair of perforation was done. As soon as sound was inserted, perforation occurred as no loop was felt in uterine cavity.

On opening abdomen, perforation was present at the fundus near right cornu. There was another old perforation near left cornu. Both perforations were repaired. Loop was lying badly entangled in the omentum and it could not be removed from it, hence a piece of omentum alongwith loop was removed.

Case 6

Mrs. L. a 32 years, Hindu female was admitted to Umaid Hospital, Jadhpur on 29-5-80 with the history of loop insertion 3 years back. X-ray was taken and loop was displaced. Dilatation and curettage was done at some Urban Family Welfare Centre. No loop was removed and patient was brought to us with the complaint of vaginal bleeding and in condition of shock.

Vaginal Examination: Os closed, uterus AV. soft, mobile, IUD felt in right fornix, left fornix free. Bleeding present.

Dilatation and curettage was done and products of conception were removed completely. Laparotomy was undertaken and loop was removed from right side of broad ligament anteriorly. Repair was done.

Case 7

Mrs. S., a 30 years female came to Urban Family Welfare Centre on 25-9-79 with the complaint of amenorrhoea of 2 months duration. IUD was inserted one year back at some Primary Health Centre. She remained well for 6 months and then she had amenorrhoea of 2 months for which dilatation and curettage was done, no IUD thread seen or felt and it was not removed. Patient believed that probably IUD has been expelled out.

Patient again had amenorrhoea of 2 months, for which she came for check up.

Vaginal Examination: Uterus larger than normal size, both adnexae free, no IUD thread seen or felt. X-ray showed transverse position of IUD so dilatation and curettage was done presuming that IUD is in uterus, because of its larger size. Only product of conception were removed. Repeat X-ray showed IUD lying on inner side of right pelvic region. Laparotomy was done and IUD was removed from omentum.

Discussion

Seven cases of extra-uterine displacement of Cu T and Lippes loop are reported. Cu T is supposed to be the best and the safest contraceptive, but in the last 2 years (June 1978 to June 1980) we have come across 4 cases of Cu T and 3 cases of loop located at extra uterine sites. In 2 cases Cu T was found in rectum, and descending colon and in 2 cases Cu T were found on anterior and posterior surface of uterus. One Lippes loop was detected in broad ligament and 2 were detected badly entangled in omentum.

In such cases of doubt regarding the position of the presence of IUDs, X-ray should be taken to locate their exact position. It would be further informative if a sound is put in the uterus before taking a skiagram.

In all the cases reported here it does not appear that Cu T or loop perforated the wall of uterus at the time of insertion or immediately after. It appears that IUDs have penetrated gradually and finally they have caused complete perforation. History of gradually increasing pain in most of the patients suggest the

piercing action of Cu T arms or tip of loop in uterine wall.

In 5 cases under study, Cu T and loop were inserted in early postpartum period or during lactational period. In this period uterus is soft and flabby, which further facilitates the penetration and perforation by IUD. Rarely a IUD may migrate by reverse peristalsis through fallopian tube into peritoneal cavity. Rao (1972) has reported a case in which IUD was visualised emerging from the fallopian tube.

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