

PERFORATION OF THE UTERUS BY THE COPPER 'T' INTRAUTERINE CONTRACEPTIVE DEVICE

(Report of 4 Cases)

by

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Introduction

The I.U.D. has proved a useful addition for family welfare programme in the developed and developing countries. The Grafenberg and Ota rings and their modifications represent the first generation of I.U.D.'s. The second generation of I.U.D.'s on the other hand, are represented by Lippe's loop, achieved a marked success within a short period. A definite further improvement appeared with the introduction of copper bearing devices, which may be considered representational of a third generation of I.U.D.'s.

The management of perforation of the uterus and ectopic location of I.U.D.'s is becoming an increasing problem. The present report records 4 cases of perforation of uterus following insertion of copper 'T' and its management.

CASE REPORTS

Case 1

Mrs. S., a 23 years old female para II had copper-'T' insertion in July 1979 on 9th day of her menstrual cycle. There was no history of

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pain or vaginal bleeding after the insertion of copper-'T'. This patient never got herself checked from the gynaecologist after its insertion or never saw copper-'T' expelled. Patient came on 4th October 1980 with pain in lower abdomen. General examination revealed nothing. On speculum examination cervix and vagina were healthy, thread of copper-'T' could not be visualized. On bimanual examination, uterus was of normal size, retroverted retroflexed, mobile, firm and fornices were clear.

Plain x-ray of the lower abdomen with uterine sound in uterine cavity revealed displaced copper-'T'. The vertical limb of the 'T' was visible out of the uterine cavity at left corner of the pelvic brim (Fig. 1).

Hysterosalpingogram revealed that the limbs of the copper 'T' were projecting beyond the uterine cavity, which has been well outlined (Fig. 2).

Laparotomy was done on 9th October 1980 under G.A. Uterus, both tubes and ovaries were normal. A loop of omentum was adherent to left infundibulopelvic ligament and the copper-'T' was palpable. The adherent loop of the omentum and copper-'T' were removed. A small scar was identified on the fundus at the top, which could be the site for perforation of copper-'T'.

Her post-operative period was uneventful

Case 2

Mrs. V., a 22 years old female, para II had copper-'T' insertion at M.Y. Hospital, Indore 6 weeks after normal delivery, into a uterus of normal size without any difficulty. Patient came at her first check-up 11 months after insertion

with low abdominal pain and lactational amenorrhoea. On speculum examination, no thread could be seen, cervix and vagina were healthy. Bimanual examination revealed uterus retroverted, normal size. Sounding was done, copper-'T' was not felt in uterine cavity.

X-ray abdomen and pelvis demonstrated copper-'T' displaced up in the pelvis (Fig. 3). Dilatation and curettage was done under general anaesthesia. Laparotomy was done under general anaesthesia. Copper-'T' was found entangled in greater omentum and also embedded in myometrium at right corner. Copper-'T' was removed by separating the fibrous tissue. Haemostatic catgut stitches applied.

Post-operative period was uneventful.

Case 3

Mrs. U., a 24 years old female, para II had Copper-'T' insertion 6 weeks after normal delivery into a retroverted uterus, without any difficulty. On the first visit, 6 months after insertion, the tail of the I.U.D. was not seen. Vaginal examination revealed a normal sized retroverted retroflexed uterus. Tenderness was present in left and posterior fornices. Sounding was done, uterus found empty. Plain x-ray pelvis and abdomen demonstrated copper-'T' lying laterally on left side of uterus in lower pelvis. Laparotomy was done under general anaesthesia, copper-'T' was found entangled in greater omentum and also embedded in myo-

metrium at right corner. Copper-'T' was removed by separating the fibrous tissue. Haemostatic catgut stitches applied.

Post-operative period was uneventful.

Case 4

Mrs. P., 23 years old female para III was referred from a District Hospital where dilatation and curettage was done under general anaesthesia for removal of copper-'T', 3 days prior to admission. The device was inserted 6 weeks after a normal delivery. In a routine check-up after 6 weeks, the thread of the device was not seen, so dilatation and curettage was done and patient referred to M.Y. Hospital, Indore. X-ray abdomen and pelvis demonstrated copper-'T' lying at the pelvic brim on right side of the sacrum. On laparotomy omentum was adherent at right corner of the uterus. On separating the adhesions it was found that device had perforated through the right corner of the uterus. Copper-'T' removed and raw area stitched.

Post-operative period was uneventful.

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See Fig on Art Paper VII