

PERFORATION OF UTERUS WITH COPPER 'T'

(A Case Report)

by

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Introduction

A significant number of women fitted with an I.U.C.D. are being referred to Hospital Gynaecological Department with the problem of strings being no longer visible or palpable on vaginal examination. Missing tails of I.U.C.D. always gives possibility of extra-uterine displacement and needs thorough examination. The present case deals with perforation of uterus by Cu 'T' I.U.C.D.

CASE REPORT

Mrs. N. K., aged 20 years, was admitted to the Department of Obstetrics & Gynaecology, Associated Group of Hospitals, Bikaner on 7-3-1980, with the complaints of missing thread of I.U.C.D. and pain in lower abdomen. She was referred by a private practitioner with the history of insertion of Cu'T' one month back. On follow-up after one month, same practitioner could not find the thread of Cu'T' on vaginal examination. The practitioner tried to remove it by curettage, failing which he referred the case to this hospital.

Patient was a primipara with 1 full term normal delivery 3 months back. Previous menstrual cycles were regular. Last menstrual period was 2 months back (lactational amenor-

hoea). On clinical examination her general condition was fair with normal vital parameters alongwith normal findings in heart, lungs and abdomen. On speculum examination, cervix and vagina were healthy and Cu'T' filament could not be visualised. Bimanual vaginal examination revealed uterus to be retroflexed, normal size, firm, mobile, left and posterior fornices were free and in the right fornix, there was thickening and tenderness. The provisional diagnosis of displaced I.U.C.D. was made. X-ray pelvis showed Cu'T' displaced to right corner of the brim of pelvis in almost transverse position (Fig. 1). Patient was posted for dilatation and curettage and if necessary laparotomy on 12-3-80.

Under general anaesthesia, dilatation and curettage was carried out. Filament of Cu'T' could not be traced. I.U.C.D. felt in the right fornix near uterus. Uterine sound passed without resistance upto five inches. Uterine perforation was suspected and Cu'T' appeared to be located outside the uterus. Immediate exploratory laparotomy was performed. Uterus and adenexa were found normal. Thread of Cu'T' was seen posterior to the uterus near the base of right broad ligament. Cu'T' was found to be burried in peritoneum posteriorly on right side of base of broad ligament. An incision was made on the peritoneum over the Cu'T' and it was pulled out. Three small puckered old scars were found, one at the top of fundus, second near right corner of the uterus and a third one on the right posterolateral wall of the uterus. After complete haemostasis abdomen was closed. Her postoperative period was normal. She was discharged on tenth post-operative day.

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See Fig. on Art Paper VIII