

## VESICAL CALCULI—A RARE COMPLICATION OF DISPLACED I.U.D. USED FOLLOWING HYSTEROPLASTY

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### *Introduction*

Millions of IUCDs have been inserted with low complication rate, the most common serious complication of I.U.C.D. is perforation of uterus. Many cases have been reported of translocated IUCD migrating to different sites, like anterior surface of uterus and omentum (Tiwari *et al* 1982), abdominal wall (Barkotoky *et al* 1978), broad ligament (Mallick, 1968), Sigmoid colon (Joseph, 1981) rectum (Vani *et al* 1967), perforation of uterus by IUCD and related problem of embedding are extensively reviewed by Zakin *et al* (1981), but migration of IUCD in urinary bladder and formation of vesical stone is rare.

Displacement of IUCD to urinary bladder while used to aid hysteroplasty has not been documented yet. A case is reported here of vesical stone caused by migrating lippes loop from the reconstructed uterus.

### CASE REPORT

S.M., 15 years, had two stage reconstructive operation vaginoplasty and uteroplasty on

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November 1976 and February 1977 respectively, suffering from absence of vagina and uterus, a lippes loop was kept to maintain patency of uterus. Regular follow-up for 1 year confirmed the loops position in uterus, then she did not attend following clinic for 4 years. In August 1981 she was treated for U.T.I. without much relief. On examination it was found that her vaginal length has decreased due to fibrosis in upper part of vagina for which the reconstructed cervix could not be seen and position of loop could not be verified.

She was admitted on 7-12-82 for excision of Bartholin Cyst. On 16-12-82 at the time of doing Bartholin cyst excision gritty sensation was felt while passing a metal catheter and vesical calculus was suspected, subsequent straight X-ray of K.U.B. region revealed a 7 cm x 4 cm radiopaque calculi was an attached radiopaque spiral shadow. Laboratory investigation showed pyuria with klebsiella infection. On 16-1-83 stone surrounding the lippes loop was removed from urinary bladder by transvesical retropubic cystotomy. Laparotomy showed atrophic reconstructed uterus and normal vesical walls without any apparent rent. Recovery was uneventful.

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*See Figs. on Art Paper VIII*