

TRANSLOCATION OF I.U.C.D. (COPPER T) IN BLADDER

(A Case Report)

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Introduction

Translocation of I.U.C.D. in bladder is a rare incident and mostly it is diagnosed during a laparoscopy or laparotomy. Rarely a vigilant gynaecologist may suspect a translocation of I.U.C.D. in bladder on close scrutiny of symptoms.

Case Report

A primipara aged 25 years had come to O.P.D. on June 1983 with complaints of vomiting, pain in abdomen and history of M.T.P. of 1½ months and 2 months later Copper-T insertion at family planning centre by a nurse. She gave history of post I.U.C.D. insertion pain.

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On speculum examination, Copper-T threads were not visible. Bimanual examination revealed uterus A/V, normal sized and mobile. No mass was palpable. On sounding of the uterus, I.U.C.D. was not identified. X-ray abdomen pelvis with diaphragm with sound in utero; A.P and lateral views were taken which showed Copper-T anterior to uterus.

On laparotomy there were adhesions of omentum at utero-vesical pouch. On separating adhesions, one transverse bar of I.U.C.D. was found embedded in omentum. Carefully utero-vesical peritoneum was opened; I.U.C.D. was separated from cervix and part of I.U.C.D. which was buried in wall of bladder was removed by sharp and blunt dissection, partial omentectomy was done to remove partially embedded I.U.C.D. in it. Bladder injury was in muscular wall only, mucosa was not damaged. Bladder was repaired by atraumatic 1-0 chromic catgut in two layers. Old perforation was found on anterior wall of cervix. Utero-vesical peritoneum was closed. Abdomen was closed in layers and Foley's catheter was kept for 10 days.