

HAZARDS OF LOST IUCD

By

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SUMMARY

In three years, 33 cases with missing threads of IUCD were admitted. The IUCDs were removed by laparotomy in 17 cases, by laparoscopy in 9 cases and under general anaesthesia per vaginum in 7 cases. On laparotomy in 7 cases IUCDs were entangled in the omentum and in one case IUCD was found adherent within the mass formed by bladder wall, appendix and sigmoid colon. The uterine cavity was opened in 4 cases. In one case hysterotomy was done for second trimester termination of pregnancy and in three cases for removal of embedded IUCD in the wall of uterus. In two of these cases IUCD could be removed from the uterus, but in one case IUCD was not found in the uterine cavity and was later on discovered entangled in the omentum. This study reveals that IUCDs have potential dangers.

Introduction

There is no doubt that benefits of IUCD use outweigh the risks for most women desiring contraception. It is true that IUCD can indeed be satisfactorily used by women. It is well known that IUCD is not an ideal contraceptive.

Materials and Methods

From 1983 to 1986 there has been a steady increase in cases reporting with absent thread of IUCD. 33 such cases were admitted in the Department of Obstetrics and Gynaecology, Maulana Azad Medical College and associated LNJP Hospital, New Delhi. They are included in this study.

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Observation

The age of the patient varied from 20-30 years except two cases of 40 years, with parity of 1 to 9. The interval after insertion and diagnosis of missing IUCD thread was 1 to 11 years. In 26 cases, it was interval insertion and in 7 during lactational amenorrhoea. These insertions were carried out in a Dispensary or Hospital in North India. These cases included 25 Copper T, 6 Lippe's Loop, 1 Copper 7 and 1 Sonawalla Y.

The diagnosis of missing IUCD was made in 20 cases on follow-up, 8 cases diagnosed themselves as they could not feel the threads and 3 reported with amenorrhoea. In two cases the presence of IUCD in pelvis was accidentally diagnosed by X-Ray taken for pain in abdomen.

The diagnostic procedure after admission included sounding of uterine cavity,

X-Ray abdomen and pelvis, screening with uterine sound, ultrasonographic examination with uterine sound, examination under anaesthesia with exploration of uterine cavity, diagnostic laparoscopy and laparotomy. The definite diagnosis of misplaced IUCD was not easy in all the cases.

Results

Removal under general anaesthesia—In 7 cases it was possible to remove IUCD under general anaesthesia from the uterine cavity per vaginum, including two cases of fragmented Lippe's loop.

Removal by Laparoscope—In 9 cases IUCD's were found in pouch of Douglas with flimsy adhesions and could be removed with laparoscope.

Removal by laparotomy—17 cases needed laparotomy. In 7 cases Copper T was embedded in the wall of sigmoid colon. It needed repair of muscle and serosa of sigmoid. In 4 cases a mass was formed by appendix and sigmoid with IUCD which needed appendisectomy, IUCD was found embedded in the omentum in 3 cases and it was removed by partial omentectomy. The uterine cavity was opened in 4 cases, in one case hysterotomy was done for termination of pregnancy and in 3 cases IUCD's were removed and in one case IUCD was not found in the uterine cavity and this IUCD was recovered from the omentum. In one case IUCD was found adherent within the mass formed by bladder wall, appendix and sigmoid colon with good amount of granulation tissue, Copper T was taken out, sigmoid repaired and the raw area with granulation tissue on the bladder wall was covered by a graft from the omentum. The general surgeon had to give helping hand in 6 cases where sigmoid, appendix and bladder wall was involved.

Site of perforation—In 3 cases the site of perforation in the uterus was located at internal os anteriorly, 2 cases posteriorly, and in one case at the fundus near right cornu. In the rest 27 cases the exact site of perforation in the uterus could not be localised.

Fortunately there was no operative morbidity or mortality. All the cases with laparotomy and laparoscopic removal left the hospital after 7 days and 48 hours respectively.

Discussion

Perforation of IUCD may take place through cervix or fundus. Cheema and Avasthi (1986) reported 3 cases of perforation with Copper T 200, two cervical perforations and one uterine perforation. It is not always possible to locate site of perforation. Tatum (1973) found that incidence of perforation with copper T was 1 in 5000 insertions. Alwani *et al* (1978) reported 1 in 1400 insertions. Randhawa *et al* (1981) in their series reported that 0.7% of cases had perforation of cervix by transverse arm of Copper T. Bhattacharya and Dutta (1986) reported perforation with Lippe's Loop 0.32% and copper T 0.14%.

IUCD has been reported in abdominal wall (Borkotoky and Mampilli, 1978); has been visualised emerging from fallopian tube (Rao 1972). Modi *et al* (1979) reported a case where Lippe's Loop was found in bladder. Translocation of Copper T in bladder has been reported by Pandya and Shah (1987). Presence of IUCD has been reported in sigmoid colon (Joseph and Phillips 1981, Tiwari and Mathur 1982). Bhattacharjee and Dutta (1986) reported a case where Copper T was diagnosed in anterior rectal wall by proctoscopy. Presence of IUCD

has been reported in pouch of Douglas, broad ligament and omentum.

In the present series psychological manifestations of women who had extra-uterine IUCD were of such a nature that the device had to be removed. The risk involved in the removal operations were medically acceptable. Moreover in view of the marked peritoneal reaction surrounding intraperitoneal IUCD, especially Copper T with a tendency for granuloma formation, elective surgical removal of all extra uterine IUCD's is recommended.

IUCD may cause perforation at insertion. Proper insertion technique, routine checkups and timely investigations on suspicion may help in early diagnosis and management. The topic of IUCD safety is a very sensitive issue. Discussion regarding hazards of lost IUCD based on assessment of cases is presented. Hazards of lost IUCD are likely to be influenced by medicolegal problems in future.

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