

Unusual Presentation of Misplaced Copper-T

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Copper-I may occasionally get misplaced and lodge at unusual sites like urinary bladder, fallopian tube, sigmoid colon, broad ligament etc. In this communication we report another presentation of misplaced copper-T.

A 24-years-old female presented with complaints of irregular vaginal bleeding, lower abdominal pain and dyspareunia of two months duration following an unsuccessful attempt at copper-T removal at a private clinic. She had severe pain, profuse sweating, vomiting and fainting during the procedure.

Her general physical and systemic examination was unremarkable. Per speculum examination revealed hypertrophied posterior cervical lip, a mucosal fold hanging from posterior vaginal wall near the vault and the tip of the copper-T protruding between the two. Anterior cervical lip was visualised with difficulty. Copper-T threads were not visible. Per vaginum examination revealed a closed os, normal sized anteverted uterus, tenderness in the lateral fornices and blood stained mucoid discharge. Pelvic ultrasonography revealed hypoechoic area (suggestive of blood) and copper-T in the lower part of uterine cavity. One limb of the copper T

was embedded in the posterior uterine wall. A diagnosis of misplaced copper T with pelvic inflammation was made. Dilatation and curettage was done under paracervical block, intravenous sedation and antibiotic cover. Copper-T was removed and threads were found to be coiled up around its vertical limb. Post-operative period was uneventful.

Thus, in the present case silent perforation of copper-T through the posterior cervical wall between the vaginal mucosal fold and hypertrophied posterior cervical lip created a false impression of it being present at external os. In retrospect, the severe vasovagal symptoms experienced by the patient at an earlier unsuccessful attempt to remove copper-T was possibly due to pulling this misplaced copper-T.