

# Rare Presentation of Copper-T Following Uterine Perforation

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A case of rare complication of a Copper-T uterine contraceptive device (IUCD) producing uterine and rectal perforation is reported. A review of literature revealed only eight cases of perforation of the rectosigmoid by an IUCD (Ref Table I) in which the device was removed per rectum, and this report documents the second case to be reported involving Copper-T. Proctosigmoidoscopic examination is recommended whenever perforation of the rectosigmoid by an IUCD is suspected since it may select those cases from whom rectal recovery of the IUCD is feasible, thus avoiding unnecessary surgical intervention.

be of normal size and retroverted. Fornices were clear and healthy and nothing could be palpated in the pouch of Douglas. On per-rectal examination one of the two horizontal limbs and the vertical limb of the copper-T with the threads were palpable in the anal canal with the other horizontal limb embedded in the anterior wall of the lower rectum.

X-ray of the pelvis revealed the copper-T lying in the sacral hollow and to the left (Fig. 1 and Fig. 2).

**Table - 1, Rectal and Anal Presentation of Ectopic IUCD**

Author	Type of IUCD
Ismail (1977)	Dalkon Shield
Abdalla (1984)	Lippes Loop
Tushuizen & Ubachs (1973)	Lippesloop
Beard (1981)	Copper-7
Bromham et al (1984)	Copper - 7
Haloob (1986)	Copper - 7
Hogston (1986)	Copper - 7
Sep'Ulveda Wh (1990)	Copper-T

MB, 30 years of age, Para 2, Hindu female housewife from Bankura referred to the surgical OPD from gynecological outpatient department with the history of missed Copper-T since last one month and threads of Copper-T protruding from the rectum. Copper-T was inserted 10 years back and total ligation was done one year after insertion of copper-T at the primary health center.

On examination vitals were within normal limits. Examination of the abdomen did not reveal any significant abnormality. Pre-vaginal examination revealed uterus to



Fig. 1: X-Ray of the pelvis showing Copper-T lying in the sacral hollow (Lat. View)



Fig 2: X-ray pelvis showing Copper-T lying in the sacral hollow and to the left. (AP view)



Fig. 3: Copper-T in the process of extraction

**Management** – The copper-T was manually removed by digital rectal extraction in the OPD itself and the patient was discharged after observation for 24 hours. (Fig. 3)

**Follow-up** - The patient is doing well after 8 months of follow-up.

**Comments** – One wonders why the copper-T was not removed at the time of tubal ligation.

#### References

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