An Unusual Case of Misplaced Cu-T (Utero-Rectal Fistulous Tract)

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Patient A, 27 years female belonging to rural background was admitted in Dayanand Medical College & Hospital, Ludhiana on 15.1.2001 vide CR. No. 34019 for MTP having an amenorrhoea of 13 weeks and misplaced Cu-T. She had X-ray exposure at 9 weeks of gestation for misplaced Cu-T which was later found in the abdomen.

No h/o urinary or bowel complaints.
Obstetrical History : G4P2A1.
Menstrual History : 4/30, regular average losses, painless, LMP: 16.10.2000
Contraceptive History : Cu-T was inserted one year back by a private practitioner. No syncopal attack at the time of insertion, no regular check up.

On GPE : Pulse : 80mt, BP : 110/70mmHg. No pallor, No edema feet.
P/A : Uterine height 14 weeks, no other mass palpable, no tenderness.

On 15.01.2001 before the admission to the hospital, the patient had got USG done which showed single live foetus corresponding to 13.4 weeks. Placental localisation posterior and not praevia. Amount of amniotic fluid was normal. No comments on misplaced Cu-T. The USG was repeated on 16.01.2001 in the hospital which showed single live foetus corresponding to 14 weeks gestation. FHR 158/mt. Placenta fundoposterior with grade 0 maturity. A bright linear structure Cu-T seen, embedded in the posterior wall of uterus.

On 17.01.200, Emeredil instillation was done followed by escalating doses of syntocinon. Foetus was expelled followed by placenta after 27 hours but Cu-T was not seen in the expelled products.

On 19.01.2001 USG was again done which showed enlargement of uterus and small amount of air in endometrial cavity. Cu-T was seen along with the posterior wall of uterus & appeared to be sub-serosal in location. No fluid in POD.

Diagnostic laparoscopy was decided to visualise the Cu-T.

On Diagnostic Laparoscopy

Cu-T was visualised in the posterior wall of uterus covered with flimsy adhesion. A second port made in the anterior abdominal wall & Cu-T taken out. Lower end of Cu-T was contaminated with faecal matter. So, a decision in favour of laparotomy was taken.

On Laparotomy

Adhesiolysis was done. A fistulous tract between rectum and uterus was seen. Fistulous tract excised & rectum sutured. The tract on the uterine side cauterised. The patient kept nil orally for six days.

Post-operative period was uneventful. The patient was discharged in a satisfactory condition on 28.01.2001.