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Successful removal of missed copper-t: A case report

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Abstract
Copper t is one of the most common family planning method used in developing country. Rarely it is associated with complications such as perforation and migration to the adjacent organs. Here we are presenting a case of P2L1 with previous caesarean section, came with missed copper t. Usg showed presence of copper t in inguinal canal, laparotomy procedure done and copper t was successfully removed. Post-operative period uneventful.

Keywords: IUCD, uterus, perforation, inguinal canal, laparotomy

Introduction
Intrauterine device for contraception was first introduced by Richter in 1909 which was further developed and deployed. It is highly effective in preventing pregnancy but like other methods of contraception it has side effects which maybe serious, such as menorrhagia, uterine perforation, ectopic pregnancy, pelvic inflammatory disease, leading to anaemia and quality of life will be disturbed. Although uterine perforation is a potentially serious complication of Copper-T, it is uncommon and is often asymptomatic. The reported incidence of perforation varies from considerably from 1 in 350 to 1 in 2500 [11].

Case Report
A 28-year female, P2L1 non tubectomised with previous lscs, came with c/o missing copper T thread. On examination general condition fair, a febrile and per vaginal examination shows, uterus normal size, anteverted, b/l fornices free, non-tender. On per speculum thread was not seen-ray abdomen and pelvis showed copper t in pelvis. On ultrasonography and CT pelvis found to be in the right inguinal canal with vertical limb in the peritoneum and horizontal limb in the subcutaneous plane. The Copper T was removed by laparotomy.

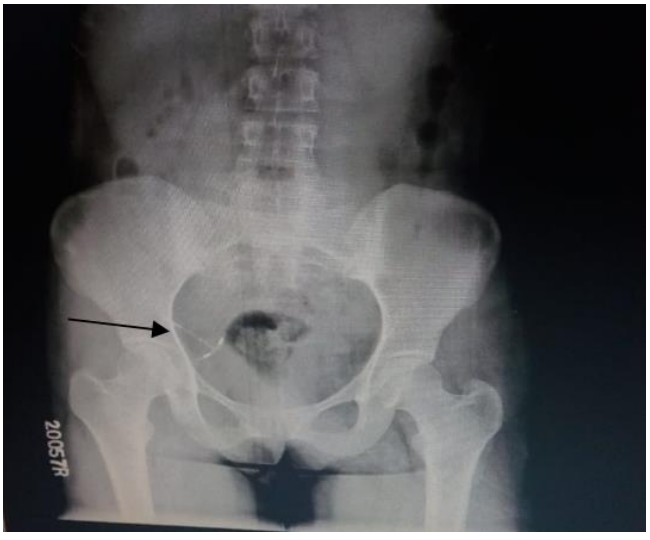

Fig 1: X- ray of erect abdomen showing an usg abdomen and pelvis showing Extra uterine COPPER T.

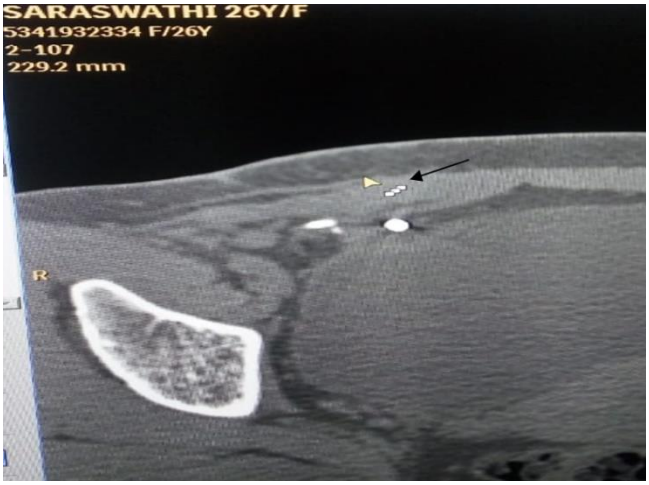

Fig 2: Ct Scan Showing Copper T at Right Inguinal Canal

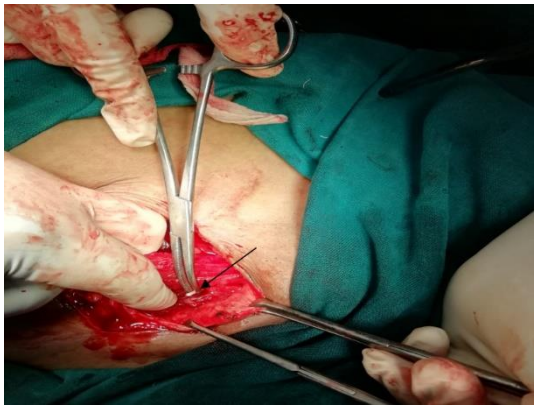

Fig 3: Removal of Ectopic Copper T by Laparotomy

Discussion

IUCD are the second-generation contraceptive devices. IUCD is the most common method of contraception in India and risks of perforation is 0.87 per 1000cases, varying from 0.05 to 13 per 1000 insertions [9]. IUCDs are inserted usually after complete involution of uterus in puerperal individuals in order to prevent the risk of expulsion, and for others D4 to D7 of menstrual cycle after ruling out the contraindications for copper t insertion like pregnancy, puerperal sepsis, PID, Endometrial or cervical cancer, Undiagnosed genital bleeding, uterine anomalies etc. The Perforation and menorrhagia is most dreadful complication with IUCD usage, perforation can occur when inserted with faulty technique or by inexperienced persons. Chances of migration into the bladder, bowel and rectum is also dreadful. Perforation can be diagnosed clinically by non-visible of copper t thread at external os associated with external pelvic symptoms. Oldest technique will be x ray abdomen after inserting the uterine sound in to the uterine cavity. A radio opaque shadow found away from the uterine sound is suspected to be perforated IUCD. Usg abdomen and pelvis is the better technique than x-ray in perforated IUCD conditions.

The mechanism of migration is thought to be the insertion procedure itself or a chronic inflammatory reaction with gradual erosion through the uterine wall. There are Chances of migration of IUCD into the bladder, bowel and rectum can result in dreadful complications. The incidence is influenced by several factors, which include the timing of the insertion, the parity, a history of previous abortions, the type of IUCD which is inserted, the experience of the operator and the position of the uterus [7]. A delayed onset of symptoms supports a secondary migration [1]. The duration between the insertion and appearance of symptoms of perforation has been reported to vary from 6 months to 16 years [10].

Investigations

Treatment

The treatment of the misplaced IUCD is surgical. If copper T is in within myometrium it will be removed hysteroscopically or with copper t hook. Extra uterine copper T will be removed by laparoscopy or laparotomy. Copper t Withdrawal of the migrated IUCD is advisable even if its migration has not given rise to any clinical symptoms [8].

Conclusion

In India, where the population stood at more than 1.2 Billion at the last count, family planning is the need of the hour. It is therefore essential, that every effort should be made to bring down the failure and the complication rates of the contraceptive measures, so that more couples can be drawn towards these services. An IUCD is a safe method of contraception. The caregivers should ensure that a mere insertion is not the end point of their services. They should also educate the clients about the potential benefits, adverse effects and the complications of the device. A regular self-examination for the “missing threads” should be made mandatory.

Proper training of the paramedical staff at the apex centres should be made compulsory, so that they are able to provide safe and better family planning services.

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