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Title: A Case Report of Successful Retrieval of Intravesical Copper T

Introduction

- Among many complications of Intrauterine devices (IUD), migration of IUD outside uterus is a rare complication(1).
- Uterine perforation and migration of the IUD occur in approximately 1– 2 per 1000 insertions(2), commonly occurs to pelvic and abdominal cavity or adjacent organs following perforation of the uterus(4).
- Intestine, bladder, and omentum are the most common sites of migration(3).
- Patients may be asymptomatic or they may present with site specific symptoms.
- Here we present the case of 36 years old female, with history of CuT insertion 8 years back, complaining of pain abdomen and hematuria and CECT abdomen suggestive of a metallic structure in urinary bladder.

Objective

To discuss the complications and challenges of migrated Intrauterine device.

Case operation Procedure

- Age-36 years old female, Parity- P2L2
- Presented to our centre with chief complaints of pain abdomen for four months and episodes of burning and increased frequency of urination followed by hematuria for 2 months.
- History of CuT insertion 8 years back
- No other significant medical and surgical history
- Ultrasonography W/A done was suggestive of echogenic linear object in bladder
- CECT abdomen indicated a metallic T shaped structure in urinary bladder
- Hysteroscopy was done that was s/o normal appearing endometrial cavity
- Cystoscopy was done, CuT was retrieved successfully and patient was discharged in stable condition. She was followed up in OPD after 14 days and 6 weeks, patient was asymptomatic. She has no urinary complaints till date and doing well.

Discussion

- Uterine perforation may occur immediately after IUD placement or as a delayed event.
- Migration may occur in pelvic or abdominal cavity and sometimes it may even get lodged in nearby structures like bowel or bladder(1).
- Migration to bowel may be asymptomatic or may lead to pain abdomen or rarely intestinal obstruction, perforation, stricture or fistula formation(2).
- Migration to bladder can cause lower urinary tract symptoms, stone formation around the IUD, uterovesical fistula(5).
- Intrauterine device in the abdominal cavity may cause inflammation resulting in adhesion formation, intestinal obstruction, abdominal pain and bowel perforation. Therefore, patient should be counselled to examine intrauterine device periodically and whenever in doubt medical advice should be sought.
- Ultrasound is a simple, rapid and non-invasive imaging method to assess the position of the intrauterin dedive(2).
- Alternatively, an abdominal and pelvic imaging with CT can be done. Patient can be managed via laparoscopy, cystoscopy or laparotomy depending on the site of migration and surgeon's expertise(2).

Fig 1: coronal section showing copper T in bladder

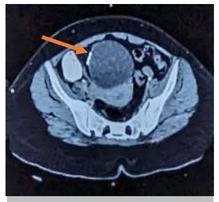

Fig 2: Transverse section showing Copper T

Conclusion

Uterine perforation and migration of an intrauterine device (IUD) are rare and often late-detected complications. Clinicians and patient should be vigilant after IUD insertion and a routine follow-up after IUD placement is recommended.

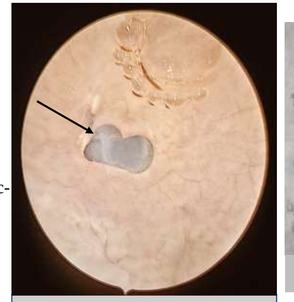

Fig 3: intravesical copper T on cystoscopy

Fig 4: specimen

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