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Title: AN ATYPICAL CASE OF VESICULAR TRANSMIGRATION OF IUCD





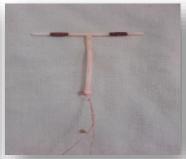
## INTRODUCTION

IUCD is best known contraceptive device for its longevity, effectivity, and reversibility. It is safe but complications may occur like abnormal uterine bleeding, infection, expulsion, failure and rarest of all, migration into adjacent pelvic structures.

## **AIM AND OBJECTIVE**

This case aims to describe an unusual occurrence of vesicular transmigration of IUCD. The objective is to introduce this rare complication and its management with proper diagnostic techniques and treatment plan.





## **CASE REPORT**

A 37 year old female P2L2 came to our hospital with complain of frequency, urgency of urination, intermittent straining, dysuria since 8 months, there was no history of haematuria or pyuria. On examination patient was vitally stable, per abdomen was soft nontender. Per speculum IUCD thread visible through external Os. Patient was advised USG pelvis and urology consultation. USG pelvis and X-ray abdomen and pelvis suggested IUCD perforating anterior wall of uterus and posterior wall of urinary bladder causing foreign body granuloma in urinary bladder, with calculus of size 20 mm in urinary bladder lumen. Patient was admitted for proper evaluation. After proper evaluation she was operated, cystoscopy done, calculus with vertical segment of IUCD (CuT380-A) removed by performing cystolithotripsy, vaginally dilation of cervix done, through hysteroscopy horizontal segment of IUCD removed. Foley's catheterization was done for 10 days, with gradual improvement in urinary symptoms and her menstrual cycle coming back after 3 weeks.



## CONCLUSION

This case illustrates a rare entity and a rare complication that can be considered while managing urinary symptoms with history of IUCD, more with missing devices. Previous uterine surgery may trigger the process of migration of IUCD. USG, full urinary bladder scan and X-ray abdomen is sufficient to locate the migrated IUCD. Early diagnosis and surgical intervention are indispensable for preventing long term complication. The endoscopic approach for removal is considered safe and effective.