

Laparoscopic Removal of Intrauterine  
Device from the Wall of Sigmoid Colon

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## Abstract

Laparoscopy is a suitable method for the diagnosis and surgical retrieval of the perforated IUD. A case of uterine perforation caused by an IUD is presented. The IUD was located by using x-rays, and ultrasonography. Laparoscopy was performed to locate the IUD and to remove it without complications.

## Introduction

This paper presents a case in which laparoscopic surgery was performed in Mansoura University Hospital, Egypt, to treat IUD migration following uterine perforation. An informed written consent was taken from the patients. The IUD was found invading the wall of the sigmoid colon. A video and pictures will document this work.

## Case Report

A 31-year-old, gravida 3, para 3 woman with the last vaginal delivery 4 months ago. She had a copper-T (IUD) inserted in the uterus about two months back by a local general practitioner. She presented with inability to find the IUD thread in vagina since few days. During speculum examination, the strings of the IUD were not visible. Pelvic ultrasonography showed a normal empty uterus with no abnormality. A pelvic x-ray also revealed that the IUD is seen within the pelvis.

Laparoscopy was performed. During laparoscopy, the tip of one arm IUD was seen in the sigmoid colon near its mesentery. The tip of the IUD arm was grasped & the IUD is extracted with twisting & gentle traction. A gastro-entology surgeon was consulted to inspect the site of IUD removal from the sigmoid wall and he approved that the wall is intact and advised inserting an intraperitoneal drain. The drain was free and removed after 12 hours. The patient was discharged home the next day. Her postoperative course was uneventful.

## Discussion

The intestines are most often involved in up to 15% of IUD migrations following uterine perforation. Involvement of intestine may result in obstruction, perforation, ischemia, mesenteric injury, strictures or fistulae [1]. Very few reports exist on IUD being displaced into colon [2,3].

In cases with IUD migration, ultrasound examination of the abdomen and the pelvis must be performed. If on ultrasound the IUD is not seen within the uterine cavity, x-rays of the pelvis and abdomen should be obtained.

In all cases, even if asymptomatic, removal of an IUD that has migrated into the peritoneal cavity must be considered, to avoid peritoneal adhesions that results in bowel obstruction and infertility. Laparoscopy is the best method for the surgical management of the migrated IUD, allowing for the localization and removal of these devices, while avoiding the prolonged recovery time associated with laparotomy [4].

## Conclusion

Every specialized gynecologic surgeon should be familiar with using surgical laparoscopy for management of perforated and ectopic IUD, that permit the patient's rapid return to health.

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