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Case report

A Case of Copper IUD Migration to Bladder

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Abstract

This is a case of a housewife from Erbil city in northern Iraq. It highlights one of the rare complication of inserting a coil for contraception. Coil perforation and migration is a recognized complication. The overall incidence of perforation is 0.4/1000 solid devices. The presenting symptoms are very variable and can be very minimal indeed. Radiological methods can help to confirm the diagnosis and also to plan treatment. While few advocate laparoscopic surgery to retrieve the lost coil, most think that laparotomy is the best approach to achieve effective removal of the migrated coil.

Introduction

We like to report this unusual complication of copper contraceptive device (IUD) insertion. It is a case of a housewife from Erbil/Iraq who presented with mild lower abdominal pain twelve days following the insertion of copper Intrauterine Contraceptive Device (IUD) in gynecology outpatient department. She is 22 years old, had three children normally without any previous history of gynecological or medical problems.

Beside the consistent mild lower abdominal pain since fitting of the coil there was no other complaint. On examination, there was soft abdomen, mild suprapubic tenderness, no guarding. Over a period of three days she was investigated extensively and had both abdominal x ray and pelvic ultrasound. Pelvic ultrasound had shown that the uterine cavity is empty however the abdominal x ray had confirmed that the coil had migrated intra abdominally with? location. Therefore, a decision was made to go for explorative laparotomy and that had identified a band of omentum extending from uterus to bladder, on careful inspection the coil identified to be buried within bladder wall with local tissue infection. She had uneventful recovery and went home after three days.

Discussion

While the effectiveness of IUD as contraceptive devices is well proven, they can be associated sometimes with few unwanted complications. These complications can be either related to the technique used for insertion or as direct consequence of the body reaction to this foreign body.

Among the advantages of IUD are ; once an IUD is inserted you can forget about contraception, it does not interfere with sex, It is not a hormonal method so it has no side-effects on the rest of the body and finally most women can have an IUD if they wish.

Our case report is concerned mainly about one risk of IUD and that is perforation and migration of IUDs.

The overall incidence of perforation was 0.4/1000 sold devices, varying annually from 0 to 1.2/1000. Demographic characteristics in the Cu-IUD and LNG-IUS groups were similar. Kaislasuo et al has found that more than half of the devices (55%) were inserted at <6 months post-partum. Breastfeeding at the time of insertion was common, comprising 32% of all patients. Moreover, of the breastfeeding women, 90% had delivered within 6 month prior to insertion [1].

The most important issue is what does next? While most clinicians prefer to interfere surgically, there is controversy about the method of interference. Some advocate laparoscopic surgery for removal of migrated IUD [2], others advocate laparotomy to achieve that especially where perforation has been complete [3]. Where perforation has occurred and the IUD has only entered incompletely into the pelvis, it is possible to pull it out under hysteroscopy control through the vagina if laparoscopy has demonstrated that there are no local adhesions attaching it to neighboring organs [3].

Conclusion

This complication though it is relatively rare, it can be associated with continuous morbidity in addition to the loss of the contraceptive value of the coil. High index of suspicion is always necessary especially in the presence of non remitting symptoms.

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