

A Case Report on Partial Perforation with the Cu 375 Postpartum Intrauterine Device

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INTRODUCTION

Family planning reduces the chance of unplanned pregnancies among ladies, and it improves each maternal and foetal well-being by permitting couples to arrange and harden the pregnancies they want. As such, planning conjointly has major public health implications. The contraceptive (IUD) is that the principally used technique of birth control. it's safe and effective once inserted by trained health suppliers. However, few complications like infection, expulsion and perforation occur despite excellent female internal reproductive organ insertion. Perforation caused by associate degree prophylactic device is associate degree uncommon complication that happens in some 1/1,000 insertions [1] and it's rare with postnatal prophylactic device insertion. female internal reproductive organ perforation may be thought-about because the most serious complication as a result of it'll eventually cause birth control failure and might even result in expensive surgical intervention. Perforation with prophylactic device and surgical intervention thenceforth are demoralizing; the implications will be even additional serious. it's imperative that such serious complication is to be reduced by correct insertion by trained professionals and ensured follow-up and to not ignore shoppers complains.

CASE REPORT

We describe the case of a twenty two year previous lady, para 2, WHO visited the OBGYN clinic, Bolangir with the criticism of missing prophylactic device string with many unsuccessful try of removal. Multi-arm contraceptive (Cu 375) had been inserted Immediate Post-Partum following her last birth twenty months back. She was having regular however painful expelling for last eight months. Had episodes of severe intermittent sharp pain over right lower quadrant (RLQ) principally throughout expelling, not related to the other symptom like instinctive reflex and fever. Treated with antibiotics twofold with the presumptive designation of rubor. Found to own missing prophylactic device string fortnight back throughout routine medical examination. makes an attempt were created for removal of the prophylactic device in several hospitals however unsuccessful. Clinical examination disclosed stable very important parameters and a soft abdomen. gut sounds were gift. On gynecologic examination, the area, female genitalia and canal were traditional, the female internal reproductive organ was anteverted and of traditional size, and there was definite tenderness over right fornix behind the female internal reproductive organ with no palpable mass. On speculum examination, the cervix was healthy. The prophylactic device string wasn't seen at os. Ultrasound showed a four millimeter mucous membrane, traditional female internal reproductive organ and bilateral traditional annexa and a disjointed and position prophylactic device on the proper between ovary and also the female internal reproductive organ. Plain X-ray of the lower abdomen (right oblique view) with female internal reproductive organ sound placed within the cavum, unreal prophylactic device placed transversally right to the female internal reproductive organ. The patient was hospitalized. incision was done below spinal. The device had perforated the female internal reproductive organ wall. the 2 versatile aspect arms and also the copper-

bearing stem had fully worn into the wall and birth free within the right broad ligament. The lower finish of the device was found anteriorly. it had been faraway from the positioning of perforation on the proper lower lateral half within the posterior wall of the female internal reproductive organ. The rent was closed. Bilateral surgical contraception done for the asking of the couple. Abdomen closed layers. operative amount was placid.

DISCUSSION

IUD may be a safe, effective and wide used birth prevention, however complications will occur like different strategies. The optimum position of any intrauterine device is within the higher fundal portion of the cavum. Clinical studies have shown that so as to realize highest clinical effectiveness location of the device close to the fallopian tubes is essential and is that the principle on why some copper emotional devices have further copper emotional elements on the crosswise cross arms [1]. None of the fashionable Intra female internal reproductive organ Devices is proof against perforation. Primary perforation (perforation throughout insertion) is incredibly rare if the device is inserted properly, i.e., placed at body structure of a shrunken womb with Kelley's extractor. Displacement will take several forms: the intrauterine device will rotate on its axis or transversally with the retention arms unfolded or extended in any position. The arms of the displaced intrauterine device typically become embedded or will even perforate the female internal reproductive organ wall with the womb unceasingly trying to expel it particularly throughout catamenia wherever female internal reproductive organ forces will be a lot of severe [2]. Perforation of the womb by associate degree intrauterine device may be a rare however serious complication. female internal reproductive organ perforation and migration to the colon, bladder, ureter, or fallopian tubes are according. Such perforations area unit usually determined once the insertion is performed straightaway when epithelial duct delivery or surgery. These patients usually complain of abdominal pain or cramps, typically have emission abnormalities, and even will have pregnancies [3]. associate degree intrauterine device that migrates laterally can eventually realize its place within the Broad ligament. In our case intrauterine device was situated within the broad ligament obliquely with the free finish of the vertical stem being placed anterior and superiorly.

However, it's a lot of necessary to air a daily health check schedule and therefore the symptoms mustn't be neglected. within the casereported here, the patient had symptoms of severe lower abdominal pain many times however its reference to the intrauterine device wasn't thought of. Missing thread was detected at the time of removal. sonography might have

detected the spatial relation of the intrauterine device that eventually led to complete perforation.

Though female internal reproductive organ perforation with associate degree intrauterine device associate degree uncommon event is a very important risk that has to be mentioned with the patients. it's straightforward to stop traumatic "primary" perforation. The service supplier has got to be open-eyed throughout insertion to stop it. Again, it should be diagnosed early for timely and acceptable management. "Secondary" perforation may be a a lot of gradual method. It happens by gradual erosion. Embedment will cause partial then to complete perforation [4]. Most cases area unit symptomless and area unit recognized throughout routine follow up and even at the time of removal of the device. Ultrasound that is wide accessible ought to be used whenever associate degree intrauterine device user complains of emission drawback or pain. Routine follow-up should embrace mental image of thread at the os

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