Case report

Intra-operative detection of asymptomatic perforated Copper T- A case report

ABSTRACT

Context: Uterine perforation is a rare yet important complication of postpartum intrauterine device. Most experts recommend removal of perforated IUCD whether symptomatic or not. Asymptomatic perforations pose a management dilemma.

Case report: We report an unusual case of asymptomatic perforated copper T detected intraoperatively. A 32 year old Gravida 5 Para 4 with 4 living children presented to us for MTP with laproscopic ligation. Postpartum CuT375 was inserted 2 years back after last childbirth in a government hospital. According to the patient, she spontaneously expelled the Cu T 6 months back and was asymptomatic.

Her general physical and abdominal examination was unremarkable. On per vaginal examination, uterus was 10 weeks size and bilateral fornices were free and non tender.

Transvaginal ultrasound was done which confirmed a single live intrauterine fetus of 10 weeks 6 days. No abnormality was detected.

Patient was taken for MTP with laproscopic ligation under short general anaesthesia.. On laparoscopy, CuT thread was seen perforating through the left cornu of uterus. Decision for minilaprotomy taken in view of perforating CuT after appropriate consent from relatives. CuT thread was seen perforating at fundus near the left cornu. CuT was removed slowly by holding the thread with artery forceps through the perforation site. No active bleeding was observed and postoperative period was uneventful.

Conclusion: Though asymptomatic, but since there was no fibrosis, leaving this cu T potentially had risk of future complications. Therefore removing cu T at this time was the best option with minimum complications.

Key words: perforation, contraception, CopperT

INTRODUCTION

Uterine perforation is an important complication of postpartum intrauterine device insertion, with an incidence of one in 1,000 insertions. [1]

A perforated IUCD which is symptomatic , need to be removed by laparoscopy or laparotomy. However when IUCD perforation is asymptomatic and it is accidentally detected at the time of surgery, it poses a dilemma as whether to remove or leave it. This case report highlights management of one such a case.

CASE REPORT

A 32 year old Gravida 5 Para 4 with 4 living children presented to us for MTP with laproscopic ligation. All her deliveries were full term normal vaginal deliveries and postpartum CuT375 was inserted 2 years back after last childbirth in a government hospital. According to the patient, she spontaneously expelled the Cu T 6 months back. She did not have any complaints.

On examination, abdomen was soft. Per speculum examination revealed a healthy cervix and vagina. On per vaginal examination, uterus was 10 weeks size and bilateral fornices were free and non tender.

Transvaginal ultrasound was done which confirmed a single live intrauterine fetus of 10 weeks 6 days. No abnormality was detected.

Patient was taken for MTP with laproscopic ligation under short general anaesthesia. MTP was done by suction evacuation. On laparoscopy, CuT thread was seen perforating through the left cornu of uterus. Decision for minilaprotomy taken in view of perforating CuT after appropriate consent from relatives.

Supra-pubic 3 cm vertical incision was given and abdomen opened in layers. CuT thread was seen perforating at fundus near the left cornu. CuT was removed slowly by holding the thread with artery forceps through the perforation site. No active bleeding was observed at the perforation site. Bilateral tubal ligation was done by modify pomeroy's method. Patient was observed for 48 hours in postoperative ward and discharged on day 3.

DISCUSSION

Most experts recommend removal of perforated IUCD whether symptomatic or not.

In case report by Heinberg et al, three cases of asymptomatic uterine perforation presenting one year after insertion were managed by endoscopic removal. It was emphasised that If the IUD is deeply embedded into the myometrium or presenting within the peritoneal cavity, operative laparoscopy should be done.[2]

Another case reported by Hasan Ali Inal etal of successful conservative management of a dislocated IUCD concluded asymptomatic patients, whose vaginal examinations and ultrasonography or X-ray results reveal a dislocated IUD, may benefit from conservative management.[3]

Ministry of health and family welfare (2018) recommends:[4]

• Uterine perforation discovered within 6 weeks after insertion: IUCD embedded in the wall of the uterus (partial perforation) or outside the uterine cavity (complete perforation) should be removed immediately by laproscopy or laprotomy.

• Uterine perforation discovered after 6 weeks or more after insertion:

1 IUCD embedded in uterine wall (partial perforation), it should be removed. (hysteroscopic removal may be attempted).

2 IUCD outside the uterine cavity (complete perforation) and woman does not have any symptoms, it is safer to leave the IUCD than remove it. After 6 weeks, IUCDs that have completely perforated the uterus, may become partially or completely covered with scar tissue and this rarely causes any problems. These should be left at their place as removal of such IUCD may lead to pelvic abscess and other complications

If the IUCD is outside the uterine cavity (complete perforation) and the woman has symptoms such as abdominal pain associated with diarrhea, or excessive bleeding, it should be removed immediately by laparoscopy or laparotomy.

In our case though the IUCD was inserted 6 weeks ago and asymptomatic, but since there was no fibrosis, leaving this cu T potentially had risk of future complications. Therefore removing cu T at this time was the best option with minimum complications . Our patient did well with no post-operative complications.

CONCLUSION: Though asymptomatic, but since there was no fibrosis, leaving this cu T potentially had risk of future complications. Therefore removing cu T at this time was the best option with minimum complications.

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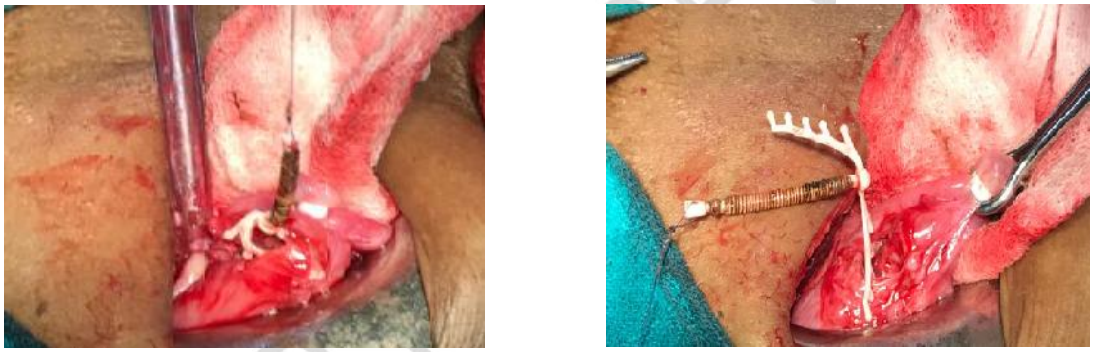

Fig 1: Embedded Cu T