

THE GREAT IUD ESCAPE: A MULTI-ORGAN MIGRATION MYSTERY

EP02.40 COMPLEX MISADVENTURE: A CASE REPORT OF INTRAUTERINE DEVICE DISPLACEMENT INVOLVING THE FALLOPIAN TUBE, OVARY AND COLON

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When a routine contraceptive device embarks on an extraordinary anatomical journey through fallopian tube, ovary, and colon - mechanism likely related to tubal peristalsis

The Mystery Begins

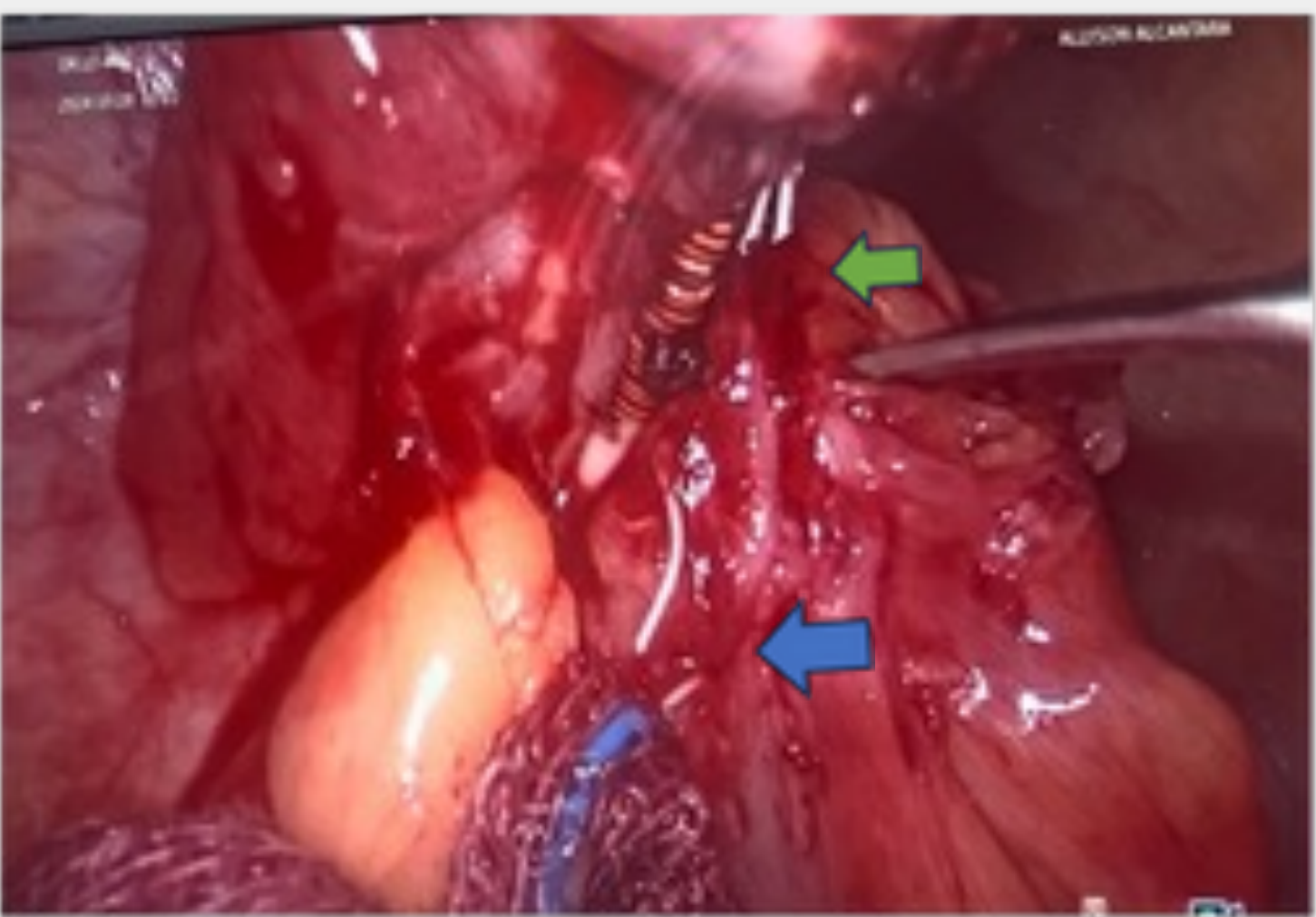
After delivering her 4th child, the patient received a copper IUD for contraception. Six months later, a **routine ultrasound** showed no IUD in place. She later became pregnant again and delivered her fifth child, but persistent anxiety over the **missing IUD** led to further imaging.

The Search Continues

Advanced ultrasound revealed hyperechoic linear structure posteromedial to the left ovary, long arm piercing **ovarian stroma**, with its short arm encased beneath the **rectosigmoid serosa**, suggesting potential bowel involvement - a complication occurring in only **1 per 1,000** IUD placements.

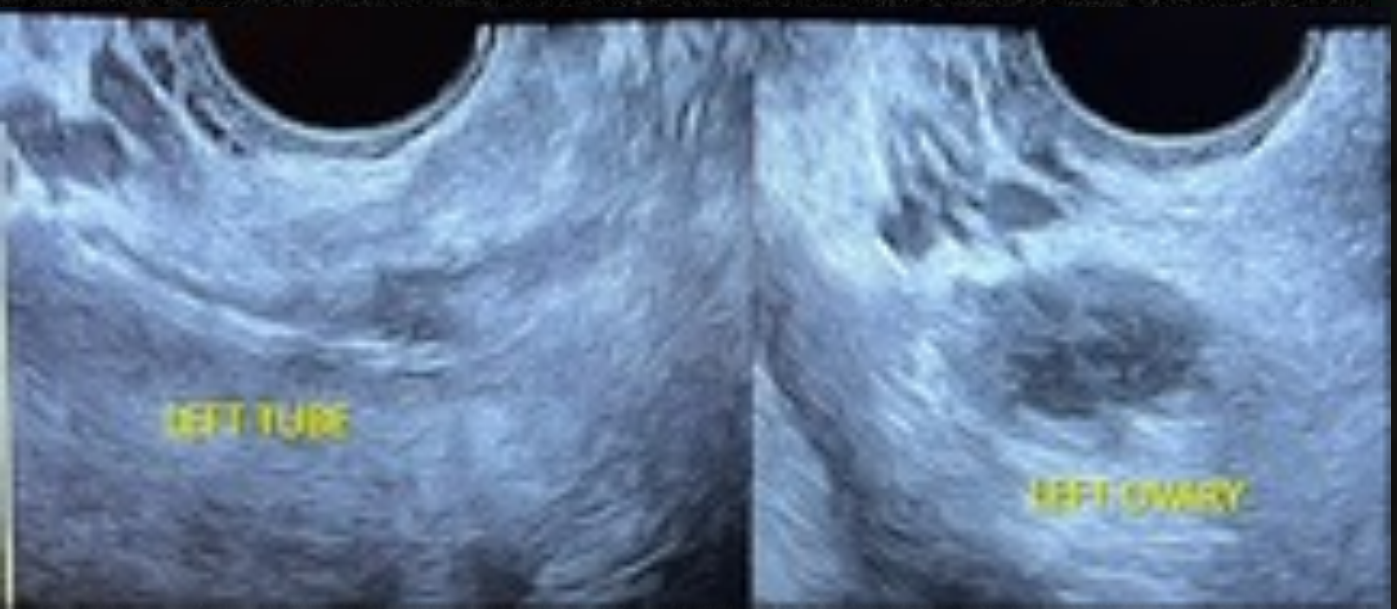
Surgical Resolution

Diagnostic laparoscopy was performed, successfully extracting the



displaced copper IUD. Hospital course was uncomplicated; discharged after 24 hours.

Conclusion: This case highlights the importance of regular follow-up care and advanced imaging when contraceptive devices go missing. Early detection and surgical intervention prevented serious complications including bowel perforation.



Case Timeline

IUD PLACEMENT

Copper IUD inserted postpartum after 4th delivery

6-MONTH FOLLOW-UP

Ultrasound shows no IUD in situ - presumed lost during menstruation

5TH PREGNANCY?!

Patient conceived and delivered 5th child

DISCOVERY & TREATMENT

Transvaginal ultrasound located displaced IUD; laparoscopic extraction performed