

Introduction

- Intrauterine devices(IUCD) are used since ages for contraception
- Uterine perforation has an incidence of 1.6 to 2.2 in 1000 IUCD insertions².
- But transvesical migration of intrauterine devices was more spectacular and rarely mentioned in literature¹.
- Patients without a history of surgery are more unlikely to experience it.
- Faulty insertion techniques might be a risk factor³

Case 1

- A 56 years old P4L4 had presented with postmenopausal bleeding.
- She gave birth four times vaginally.
- An intrauterine contraceptive device was given after her second vaginal delivery, but she doesn't recall having it removed.
- On evaluation, we discovered metal density formations in the urinary bladder lumen that pierced its anterior wall
- One part in the right adnexa that was close to the right lateral wall of the rectum.
- She underwent a combined approach of diagnostic hystero-laparoscopy and cystoscopy with successful removal of all the bits of copper T.

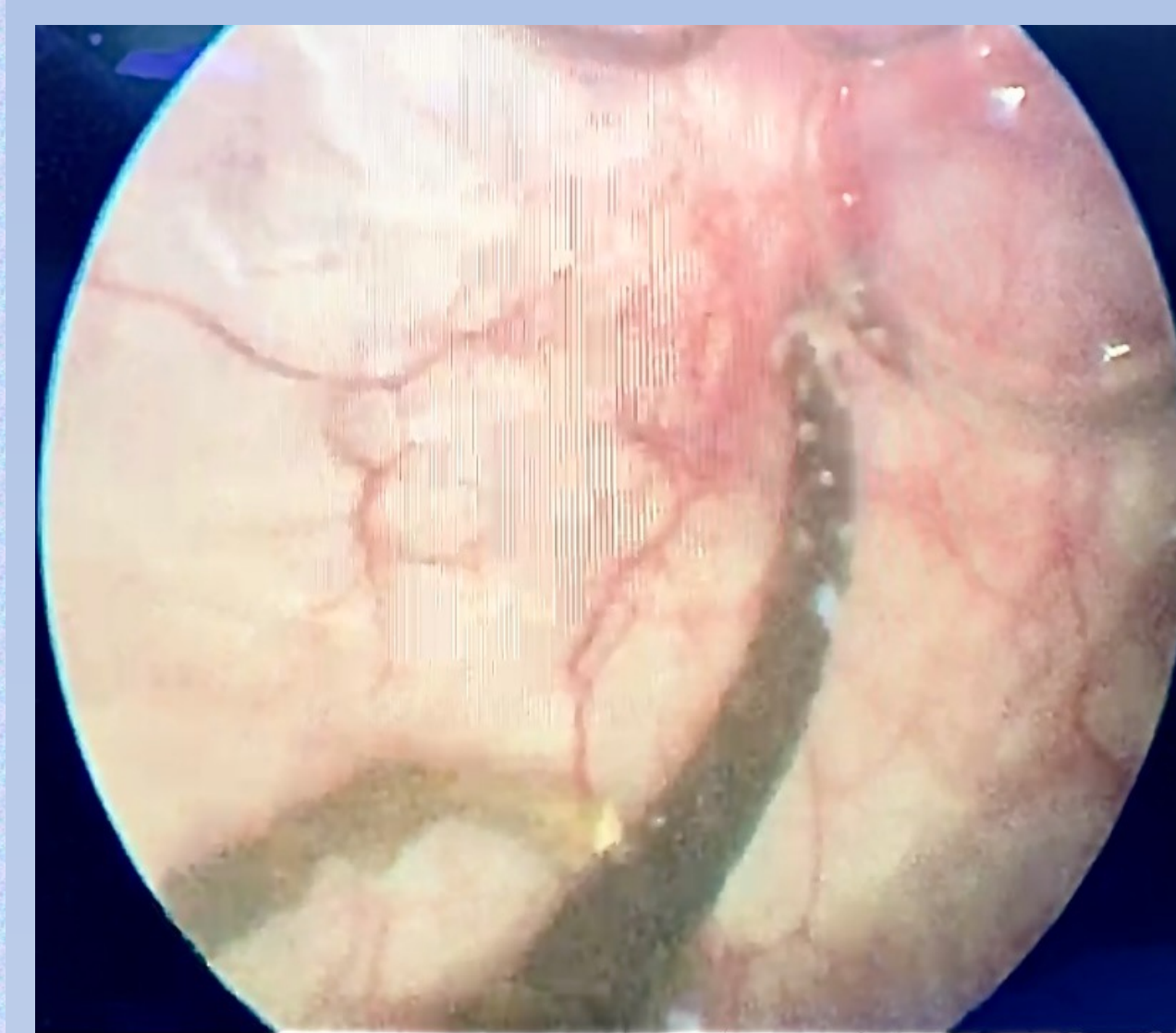


Figure 1

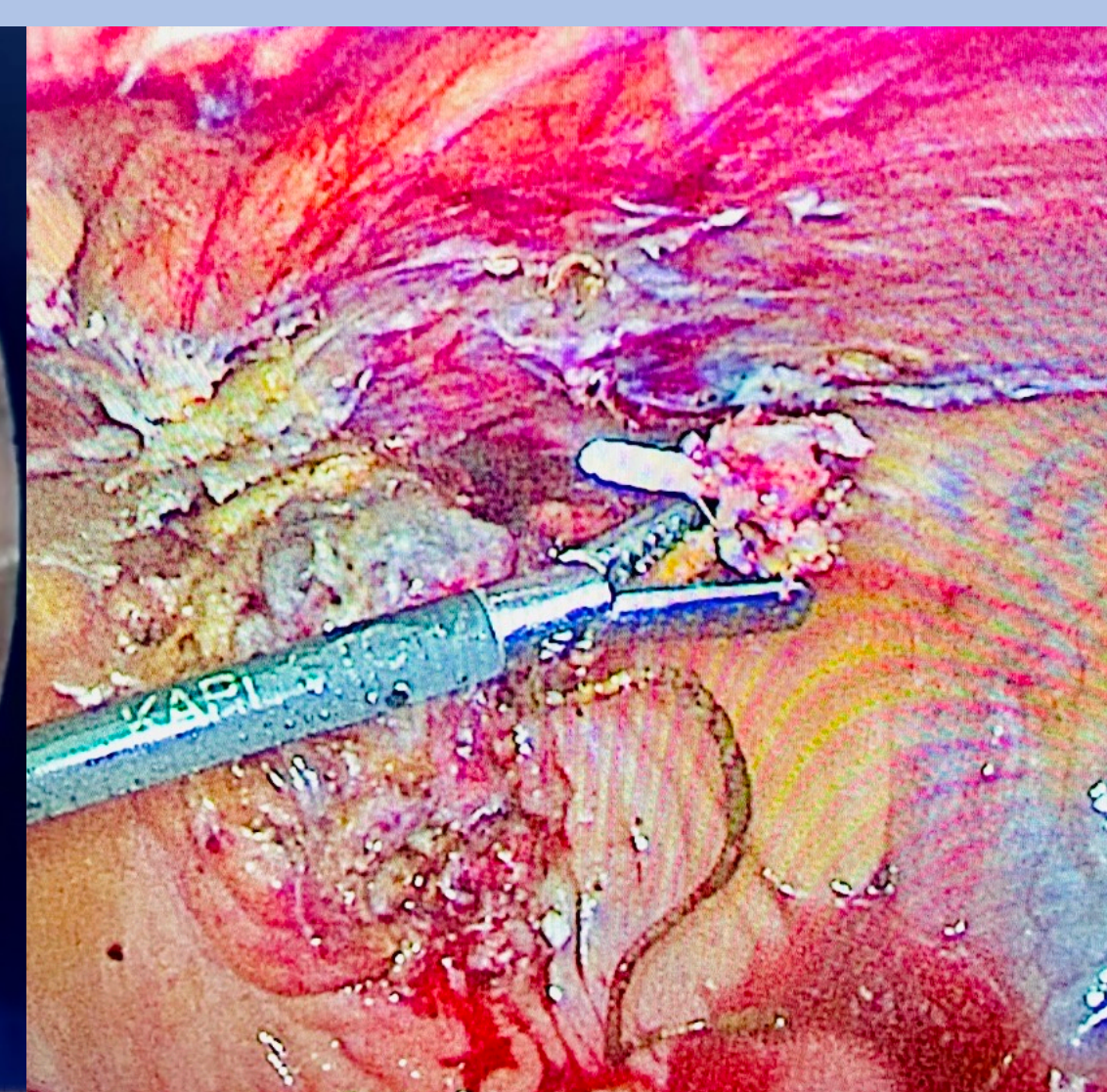


Figure 2

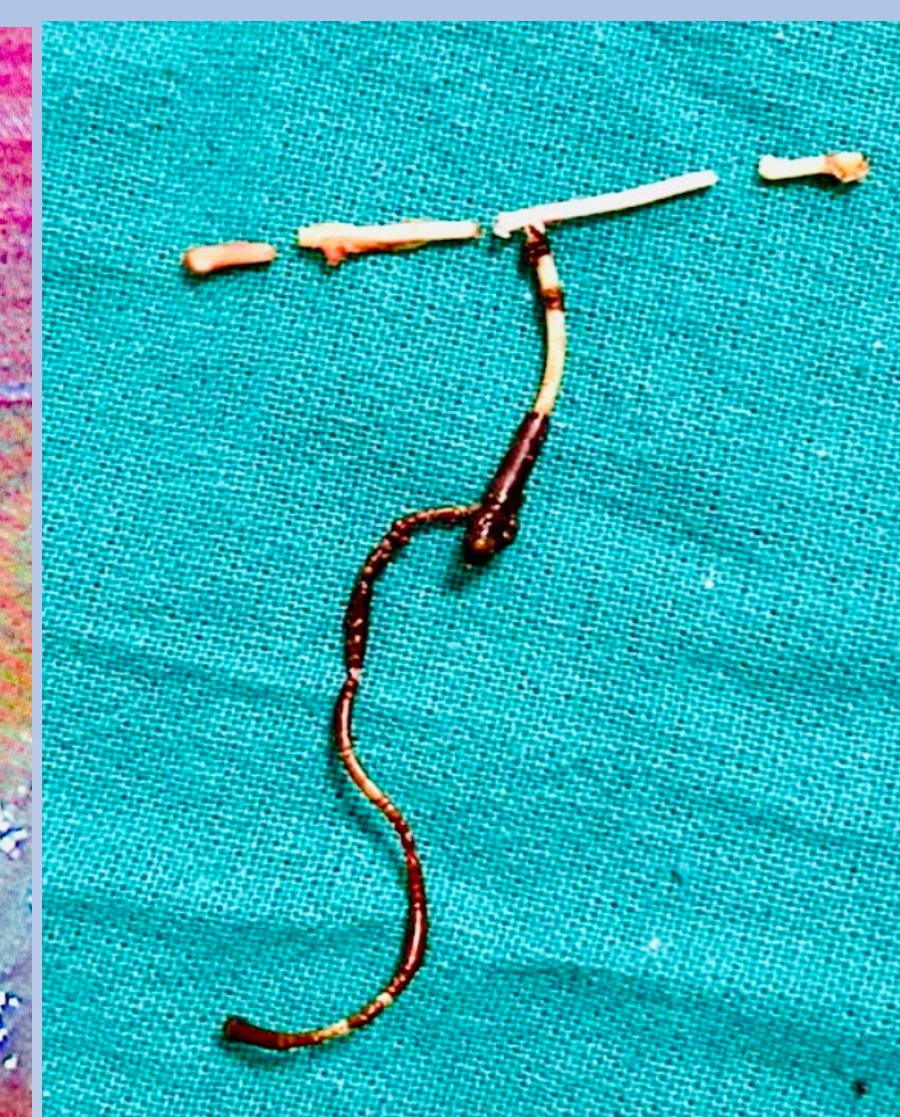


Figure 3

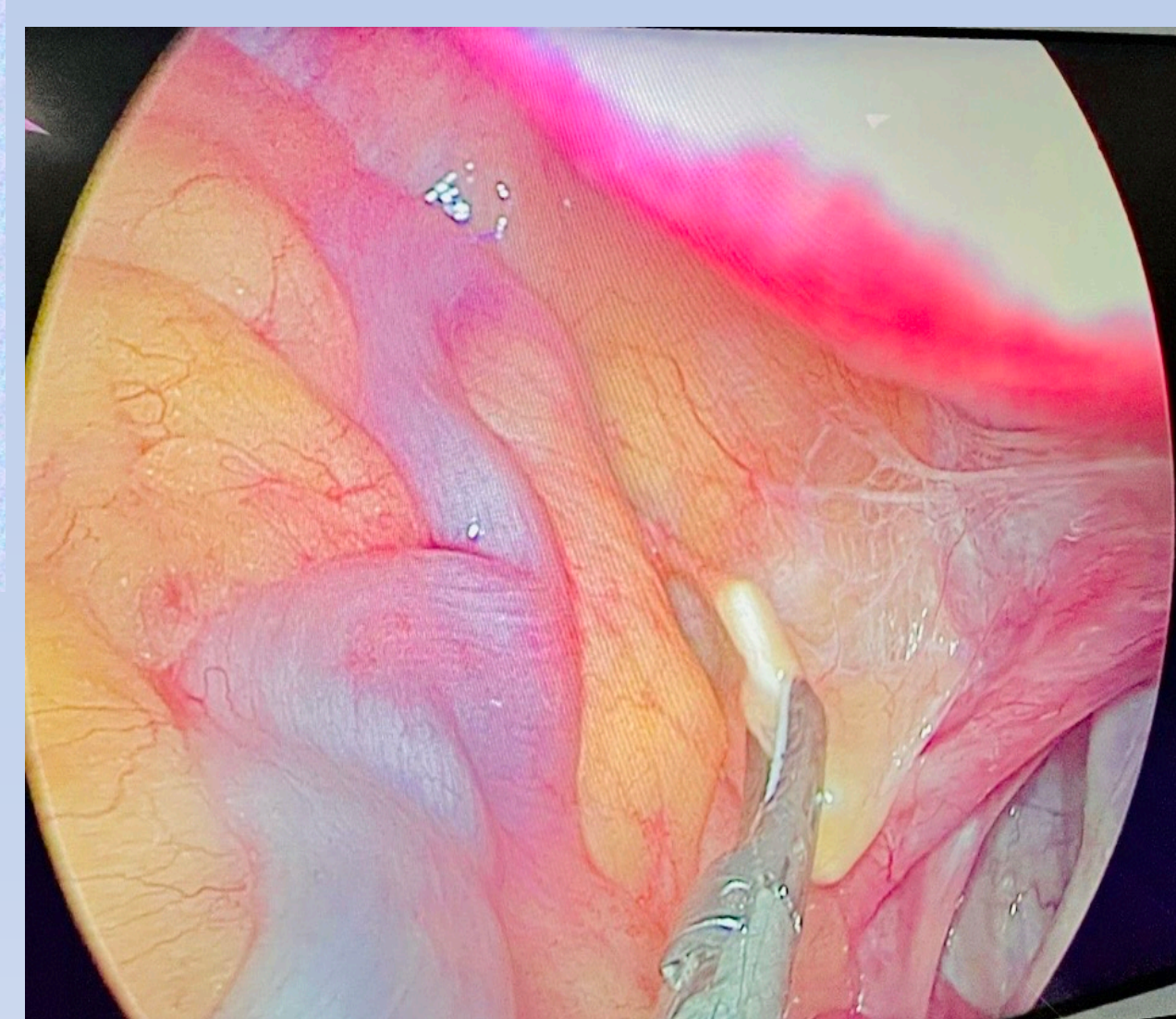


Figure 4

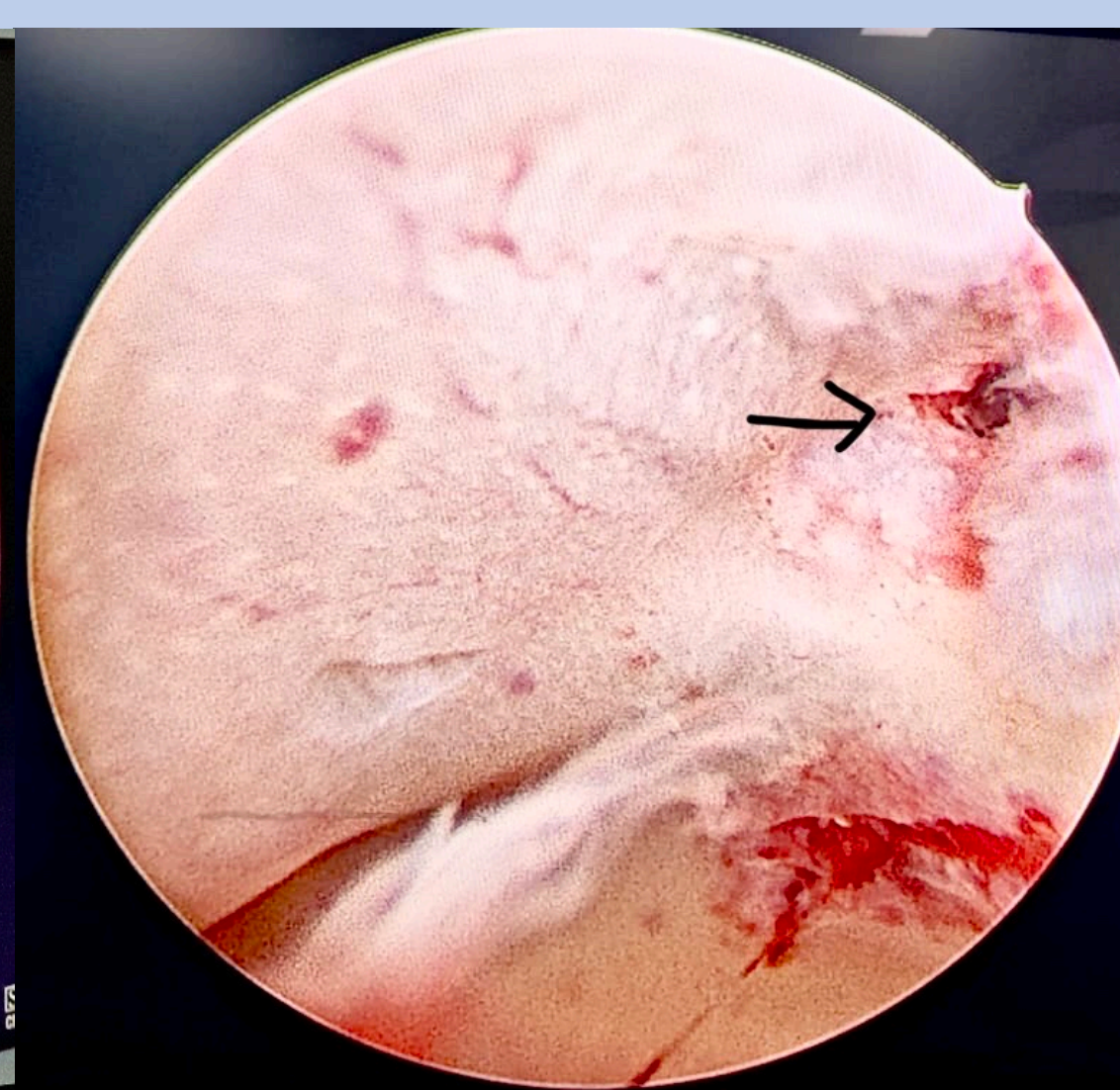


Figure 5

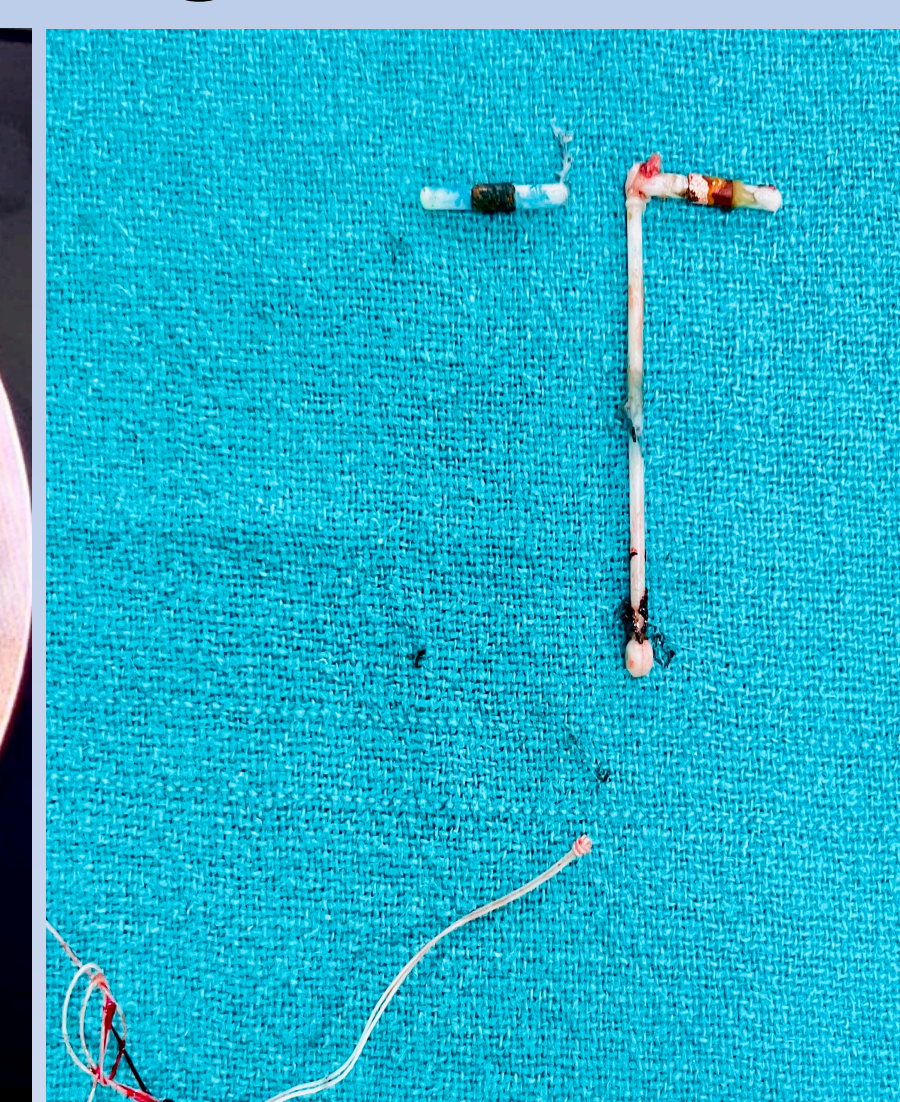


Figure 6

Figure 1: Cystoscopy showing migrated copper T with the thread embedded in bladder mucosa

Figure 2: Removal of Cu T by combined laparoscopy and cystoscopy

Figure 3: complete removal of copper T in bits

Figure 4: Missed Copper T horizontal piece found in abdominal wall

Figure 5: Hysteroscopy showing rent in the anterior uterine wall after removal of Copper T

Figure 6: Copper T removed completely

References

- 1.Singh I. Intravesical Cu-T emigration: an atypical and infrequent cause of vesical calculus. Int Urol Nephrol. 2007;39(2):457-9. doi: 10.1007/s11255-006-9021-9. PMID: 17205369.
2. Harvey H, Richenberg J. Silent uterine perforation by an IUCD inserted during the puerperium. BMJ Case Rep. 2011 Jul 20;2011:bcr0220113840. doi: 10.1136/bcr.02.2011.3840. PMID: 22689596; PMCID: PMC3143331.
3. Barsaul M, Sharma N, Sangwan K. 324 cases of misplaced IUCD--a 5-year study. Trop Doct. 2003 Jan;33(1):11-2. doi: 10.1177/004947550303300107. PMID: 12568511.

Case 2

- A 39-year-old P3L3 presented with altered vaginal discharge.
- On examination, an intrauterine device was found perforating the anterior wall of uterus.
- Her hystero-laparoscopy revealed that the intrauterine device (Cu-T) had perforated the uterus anterior wall and was seen in the abdomen.
- Cu T was removed in 2 parts :
 - one part of horizontal limb laparoscopically
 - remaining part with threads hysteroscopically .

Results

- Both patients symptomatically improved at the follow-up visit
- There were no immediate or late complications reported.

Discussion

- Spontaneous migration of intrauterine devices is a rare complication.
- Postmenopausal women presenting with bleeding per vaginum should be properly evaluated
- Endoscopic removal of migrated devices has advantages of minimal complications and better outcomes.