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MIGRATION OF INTRA UTERINE DEVICE IN THE ABDOMINAL CAVITY, EXPLORATION STRATEGY AND LAPAROSCOPIC MANAGEMENT ABOUT A CASE

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ABSTRACT

The intra uterine dispositive (IUD) is a famous mechanical reversible contraception device. Moreover, some rare complications may occur like uterine perforation and also it migration into gynecologic, urinary or gastro-intestinal organs. In our department we report a case of a 30-year-old woman Gravida 3 Para 3, with three vaginal births. Who came to our gynecologic unit to remove the IDU she kept for 5 years, the IUD's string wasn't found. An ultrasonography showed an empty uterine cavity with the IDU in the abdominal cavity, other radiologic examinations were made to localize the device. Laparoscopy was used to remove the IUD successfully.

INTRODUCTION

The intrauterine device (IUD) is a non-definitive common effective mechanical contraceptive method. It insertion is a simple medical procedure, but can be a source of major complications[1] such infection, migration to cervix or uterus expulsion, ectopic pregnancy, bleeding, including perforation of uterine wall and also migration into the abdominal cavity or neighboring organs.[2] Knowing that uterine perforation using IUD is a rare but serious complication, with an incidence reported to be <4 per 1000 insertion.[3,4] The therapeutic modalities depend on the location of the IUD and it complications. We describe the case of a woman with a migration IUD that had laparoscopic removal.

CASE REPORT

30-year-old woman Gravida 3 Para 3, three vaginal births who presented to our gynecologic unit during her period, to remove the IUD she kept for 5 years, The IUD's threads during the gynecologic examination wasn't found; we thought about a spontaneous expulsion, so we performed an ultra-sonography revealing no IUD in intra uterine cavity, with an ectopic IUD image, ovaries were normal. (fig1)

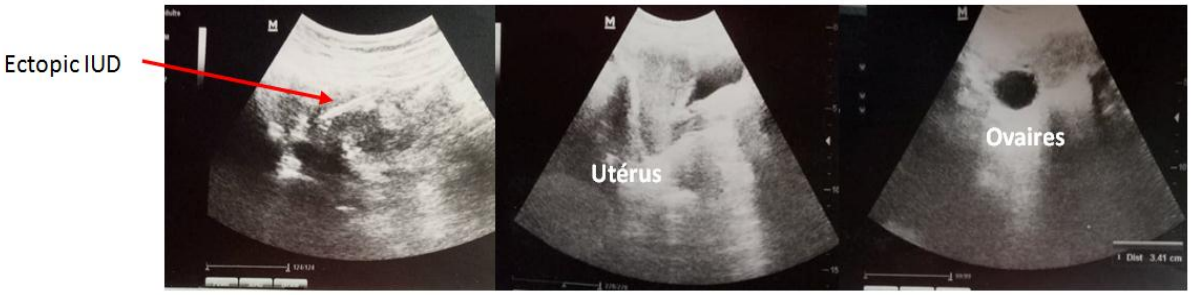

Figure 1: abdominal ultra-sonography showing an ectopic IUD. with normal uterus and ovaries.

We sent the patient to radiology where a CT scan of the pelvis and abdomen was realized, confirming the migration of IUD outside the uterus, with no other pelvic anomalies. (Fig2)

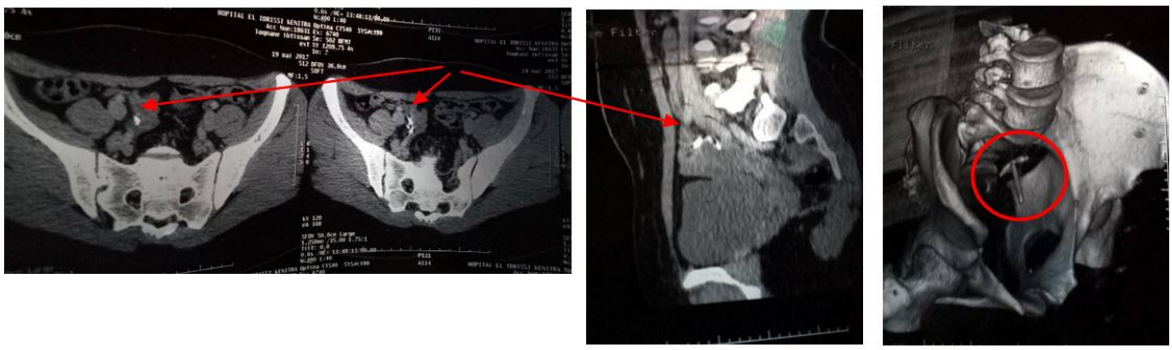

Fig. 2: CT scan showing an ectopic IUD between the uterus and right ovary.

The patient underwent laparoscopy, we used a 5 mm optic in supraumbilical after insufflating with "Veress" needle, IUD was found near the right fallopian tube in the abdominal cavity, with some intestine around. Some adhesions were dissected easily and IUD removed. Post-operative recovery was uneventful.

DISCUSSION

IDU migration is most often done to the abdominal cavity[5], and also into others organs like the Bladder or digestif tract.[6] The symptomatology depends on the nature of IUD and it localization. Clinically the patient may be asymptomatic in most of the cases[7], like our patient who carried the IUD for 5 years without any symptoms. In case of complications with migration into digestif or urinary tract, symptomology might occur, like abdominal pain, fever, recto vaginal fistula etc.[8] Clinically the migration is suspected when you can't find the mark thread in the exocervix.[6] A confirmation of migration requires an abdominal Xray and ultrasonography. The endo-vaginal ultrasound is the most effective way to study the uterus and adnexa. In some cases, it can accurately locate the position of the IUD with the presence of hyperechoic image and acoustic shadows[9]; like in our case ,the ultrasound scan done showed approximatively the site of the displaced IUD. The abdominal X ray, is affordable and easy examination that should be carried outside pregnancy, it eliminates the possibility of expulsion of the IUD.[10] In our case abdominal Xray wasn't necessary since we discovered the ectopic IUD through ultra-sonography directly. The use of CT scan gives precision about IUD localization and MRI is indicated in some cases for better topographical characterization, especially in cases of associated pregnancy.[8,11] In our situation CT scan provided the exact place of IUD. In case of difficulty or low-resource settings, we might suggest the use of endoscopic examinations such cystoscopy, hysteroscopy or even by laparoscopy.[12]

The withdrawal of the IUD is always required even in asymptomatic situation, using in the first line, endoscopic or laparoscopic methods.[13]

Laparotomy will be considered in some cases or the failure of endoscopy.[14] For our patient we used laparoscopy which confirmed radiology findings and we were able to remove the IUD safely.

CONCLUSION

The IUD is an effective contraceptive way, its insertion is a simple medical process, but can lead to many complications. An appropriate management requires the location of the IUD and it complications associated with an endoscopy or laparoscopy removal that is considered safe and effective approach in case of migration of IUD.

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