

**Missed intrauterine device with rectal penetration; case report**Sami M. Al-Rubaye<sup>1\*</sup>**Abstract**

Intrauterine contraceptive device has been used widely as a method of contraception but it is not without complications and here we report a case of migration into the rectum.

**Keywords:** Intrauterine device, rectum, uterine perforation

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**Introduction**

Intrauterine contraceptive device is a safe, cheap and effective method of contraception. Follow up is important after insertion as complications reported with ICUD is missing it. ICUD may migrate inside peritoneal cavity either via uterus or fallopian tubes. Depending on site and severity of involvement migration may cause varying symptoms and signs or remains asymptomatic. Retrieval of migrated ICUD may done either by open or laparoscopic approaches depending on expertise facilities and nature of migration.

**Case report**

A 25-year old lady (Para Living ) who underwent ICUD insertion by specialist gynecologist months after the rd delivery .She started to complain of lower abdominal pain and backache and consulted many

physicians and gynecologists about these symptoms and told her that the ICUD was extruded and it is not present and she got pregnant and delivered the th baby, after that she noticed a thread emerging through her anus and consult us about that, so we did pelvic x-ray views and U/S, CT of abdomen and pelvis which reveal ICUD migrating to the rectum so exploratory laparotomy was performed after failed colonoscopy attempt to extract it due to dense adhesion and the patient recovered from operation uneventfully after primary suturing of the penetration sites.

**Discussion**

ICUD is one of the effective and safe methods of the long term contraception but me be associated with some complications like uterine perforation which occurs in per to per insertions.

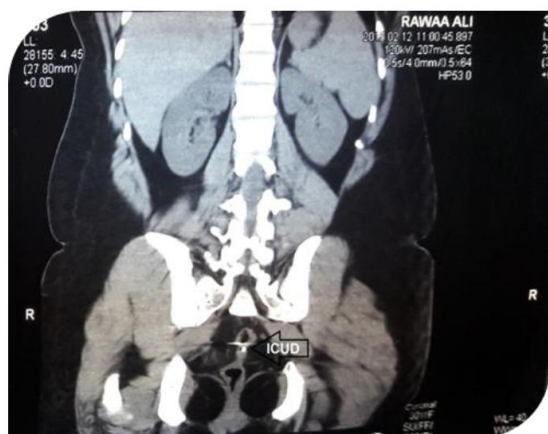


Fig.1 : C.T Coronal Section Shows ICUD In Rectum



Fig.2: C.T Sagittal Section ICUD In Rectum

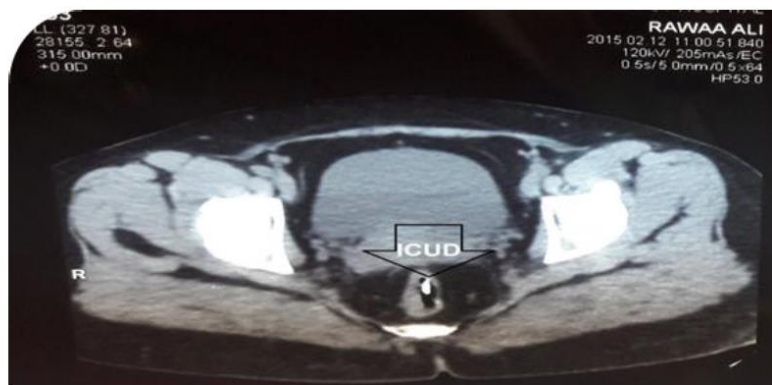


Fig.3 : C.T cross section shows ICUD in rectum

The risk factors for migration are use in nulliparous, postpartum or post abortion insertion, faulty technique of insertion, and irregular follow up, but our patient is not included in these criteria as the IUCD was inserted months after uneventful delivery. Migrated ICUD to colon may present with wide range of symptoms ranging from no complain to perforation but current case come to us differently as she noticed a thread emerging from her anus. Laparoscopy can be used as it can localize and assist in extraction of the ICUD but it depends on surgeon, s skills and resources availability.

## Conclusions

ICUD is still an effective method of contraception but close monitoring and follow up is recommended to detect complications and proper management. In term of management, endoscopy can be used as diagnostic and therapeutic tool for colon cases and laparoscopy is still the gold standard method for intraabdominal migration but conversion to laparotomy should be kept in mind.

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