

Case Report: Iatrogenic Infertility Due to Missed IUCD

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ABSTRACT

IUCD is a widely accepted contraceptive prevalent among Indian Women. IUCD can lead to iatrogenic infertility. Such cases pose a challenge in diagnosis and treatment of patients. This is important in women where IUCD insertion is done by health workers, and patients are not exactly aware of its presence. CASE -A 42yr old woman complaining of Abnormal uterine bleeding. Abdominal X-ray showed a radio-opacity which resembled IUCD. Hence we did a Hysteroscopy, confirmed, localised and removed the missing device. CONCLUSION-Proper utilization of X-ray and Hysteroscopy helps to localize an IUCD for further management of patient to restore the fertility in patient and give them a chance to conceive again.

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Introduction:

IUCD is a widely accepted contraceptive prevalent among Indian Women. IUCD provides safe, long-term contraception equivalent to tubal sterilization⁽¹⁾. It is one of the most effective form of birth control⁽²⁾. Apart from providing contraception IUCD have also been used to prevent & treat menorrhagia, adenomyosis, endometriosis⁽³⁾, chronic pelvic pain⁽⁴⁾, dysmenorrhoea⁽⁵⁾, Anaemia⁽⁶⁾ and to prevent adhesions after intra uterine procedures like dilatation and curettage. The widespread use and easy availability of IUCD have made them a popular contraceptives in both rural and urban areas. IUCD insertion is a simple procedure which can be carried out on outdoor basis by doctors, nursing staff or any trained health worker. Patient is usually counselled at the time of insertion to check the thread on periodic basis to confirm its presence. Regular follow up examination by gynecologist is recommended at fixed intervals. As with the other methods of contraception, IUCD insertion is also not entirely free of some associated complication like uterine perforation, PID, irregular menstrual patterns, pain, spontaneous expulsion, ectopic pregnancy etc.

Many time inserted IUCD gets migrated/misplaced to intrauterine or extra uterine positions. Such cases are really troublesome and pose challenges to diagnosis especially when patient herself is either unaware of its insertion or its presence. Missed IUCD can lead to iatrogenic infertility. Such cases are treatable cause of

infertility. This is more important in context of women in rural areas where IUCD insertion is done by health workers, and patients are not exactly aware of its presence and how to confirm it and when to change it or withdraw it. Here a case of misplaced IUCD reported in which hysteroscopy was beneficial.

Case Summary:

A 38 yr old, female patient admitted in shyam shah medical college, Rewa with complain of: - bleeding per vaginum on and off since 2 month and-pain in abdomen since two month. Initially as per her history she was diagnosed with as case of AUB with primary infertility. On examination patient was of average built, pallor 2+, pulse rate-96/min and regular, B.P-116/82 with normal respiratory and cardiovascular system.

On Perabdomen examination examination everything was normal.

Perspeculum examination revealed slight bleeding through os. Pervaginum-uterus bulky, retroverted, firm, mobile, bilateral fornices free, nontender, Os downward and backward.

Initially patient was admitted and routine laboratory investigations and special investigation were done

Investigations:

Hb%-8.6 gm%.

RBC-3.8 million /cumm

RBS-92mg/dl

DLC-P-70% L-25%E-02%M-03%

S.bilirubin-0.4

S.creatinine-0.7

Urine R/M- within normal limits.

USG Findings - Uterus measures 93.3mm x 57.4mm x 62.8mm.

Anterior wall fibroid is seen .The endometrial canal thickness appear normal -hepatomegaly with? hydatid cyst of liver .

Treatment- patient was started on T. albendazole 400mg as per surgeon's advise for 21 days. Further she was subjected to X-ray abdomen erect view for further localisation of hydatid cyst as per surgeon opinion. A radiopaque shadow of shape resembling IUCD was noticed in X-ray abdomen.



Fig: 1. X-Ray Abdomen

Upon repeat history patient revealed a history of induced abortion in hospital 18 yrs. (1996) back which she initially did not mentioned to the attending doctor, but she did not confirmed any IUCD insertion anytime in past and the patient was not able to recall exact sequence of events at that time. Patient also revealed 2 more instances of dilatation and curettage in 2002 and 2003 in private nursing homes for fertility.

To confirm the presence of IUCD in the patient and its location the patient was taken to hysteroscopy

On hysteroscopic examination an Cu-T IUCD was noticed lying transversely at fundus and one sided transverse limb impacted in left cornua. The Cu-T was removed with the help of Cu-T hook with little bit traction. On examination Cu-T had vertical & transverse limb without copper. The patient was then subsequently discharged on 2nd day of admission and advised to attend OPD.

Discussion:

Various modalities for localization of foreign body like USG, X-ray, CT SCAN, MRI, HYSTEROSCOPY, and LAPAROSCOPY. Cu-T missed on USG because no copper was present on it. But CT & MRI are not widely available and also reporting is required which can delay the intervention in the patient & they add on to the cost

of treatment & might not be affordable to poor patients. Removal of the device should also be performed by a qualified medical practitioner. After removal, fertility will return to previous levels relatively quickly⁽⁷⁾. A Hysteroscopy is simple, noninvasive procedure which can be performed in an office or procedure room setting with minimal discomfort and at a much lower cost than in a surgical center or a traditional operating room⁽⁸⁾. However exact extrauterine localization of IUCD is limitation of Hysteroscopy. But it can have role in patient with missed devices which are intrauterine.



Fig: 2. Hysteroscopic View

Conclusion:

Three essential things for IUCD insertion is informed consent of the patient, Training of the healthcare provides and proper follow up. The judicious use of hysteroscopy in patients can prove to be beneficial specially in cases of treatable intauterine pathology. Finding and removal of IUCD in patient of iatrogenic infertility with hysteroscopy can prove to be a boon to the patient; especially belonging to low socioeconomic section, by cutting the cost of treatment and time. IUCD removal can also pave a way towards restoring fertility of the women and blessing someone's desires towards happy family life.



Fig: 3. Removed CU-T

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