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Case Report

Uterine Perforation Caused by Migration of Intrauterine Devices

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Abstract: The intrauterine device (IUD) remains the mainstay of family planning measures in developing countries, however it is associated with serious complications such as bleeding, perforation and migration to adjacent organs. Although perforation of the uterus by an IUD is not uncommon. We report here a case of perforation of the uterus by an IUD.

Keywords: Intrauterine device (IUD), uterine perforation.

INTRODUCTION

The intrauterine device (IUD) is the most widely used contraceptive method in the world. Its transuterine migration is a rare complication. It most often occurs towards the abdominal cavity. More rarely, it occurs towards the pelvis [1].

CASE REPORT

We report the case of a 40-year-old patient with no particular medical history, who had an IUD inserted sometimes ago. She consulted for severe abdominal pain and guarding.

An emergency abdominal and pelvic CT scan revealed peritonitis due to uterine perforation caused by an IUD. (Fig. 1-2-3)

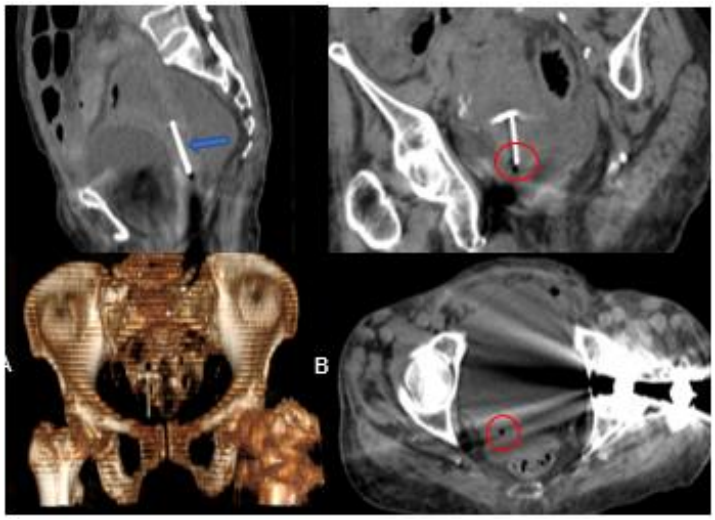

Figure 1: (A) A CT image illustrates the displaced IUD (arrow). (B, C) A CT scan image shows the point of uterine perforation by the IUD with an air bubble nearby (circle). (D) CT 3D reconstruction exhibits that the IUD is located to the right of the pelvis

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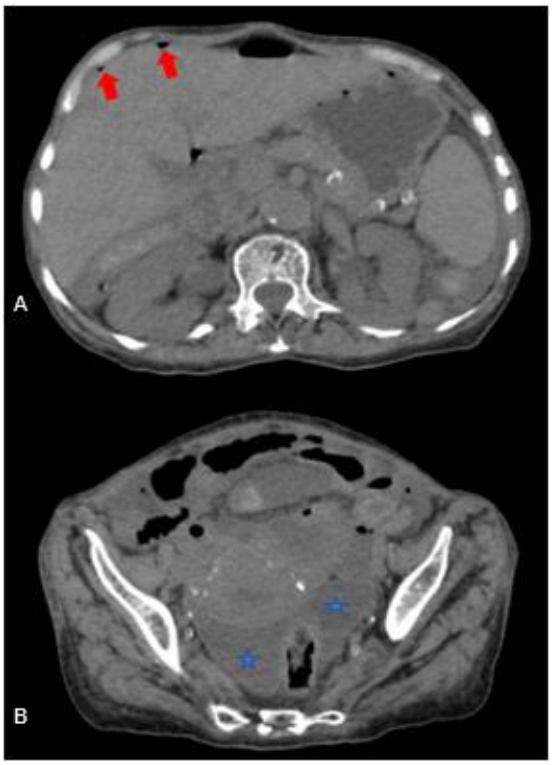

Figure 2: Axial view; We can see the pneumoperitoneum bubbles in the perihepatic region (arrows) with intraperitoneal effusion (stars)

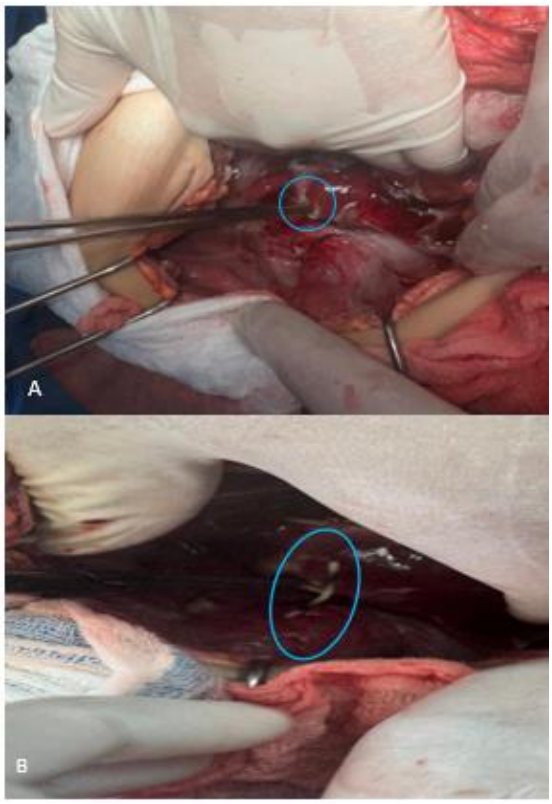

Figure 3: The intraoperative photograph shows the IUD exit point (circles)

DISCUSSION

Partial or total perforation of the myometrium during IUD insertion is all the more frequent when there is an anomaly of the myometrium (scarred uterus in particular) or due to a hypoplastic uterus, retroversion or unrecognized hyperanteversion [2].

Secondary migration will be favored by the local inflammation caused by copper IUDs [3].

Perforations can be partial, when only part of the IUD pierces the uterine wall or cervix, or complete, when the IUD penetrates the uterine wall to enter the abdominal cavity [4].

In the case of an ectopic IUD, the appearance of clinical symptoms such as abdominal pain, diarrhea, fever, or urinary tract infections should alert the clinician to the possibility of intestinal perforation. The diagnosis of perforation of a hollow organ may also be made in the presence of complications such as bowel obstruction or peritonitis. [5].

CONCLUSION

Transuterine migration of an IUD may be revealed by clinical symptoms indicating its complication. Appropriate management requires proper localization of the IUD and screening for any associated complications.

Declaration of Competing Interests: The authors declare no conflict of interest.

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