



Extrauterine Displacement of an Intrauterine Device

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Clinical Image

A 32-year-old woman, gravida 3, para 2, abortus 1, reported on-and-off left lower quadrant abdominal pain in the recent month. She had an Intrauterine Device (IUD) placed at a local clinic last month following the cessation of a 6-month breastfeeding period for her second baby. Since then she had experienced lower abdominal pain, and was treated with empirical antibiotic treatment for suspected pelvic inflammatory disease. Upon examination, the patient was afebrile with minimal vaginal discharge and normal laboratory data. Both transvaginal ultrasound (Figure 1) and abdominal X-ray revealed a displaced IUD to left lower pelvic area, but flexible hysteroscopy showed an empty uterus along with both a missing IUD and string. A leftward displaced IUD was found upon computed tomography, at the level of the cervix, without bowel involvement (Figure 2). Yellowish inflammatory ascites and a completely displaced IUD were noted upon laparoscopic surgery, with the IUD embedded in the medial side of the left uterosacral ligament at the Douglas pouch (Figure 3A). IUD removal was performed successfully via laparoscopy without any complications (Figure 3B). Intra-operative cystoscopy and left ureteral catheter insertion up to 20 cm confirmed ureter patency. Her abdominal pain subsided after surgery.

Uterine perforation is an uncommon complication for IUD placement, occurring around one per 1000 insertions. Perforation may be complete, or partial, with varying degrees within the uterine wall, resulting from immediate traumatic perforation or gradual erosion through myometrium [1]. When an IUD is missing upon pelvic exam but present in imaging, thorough evaluation must be done to assess correct anatomical location and removal method of the IUD.

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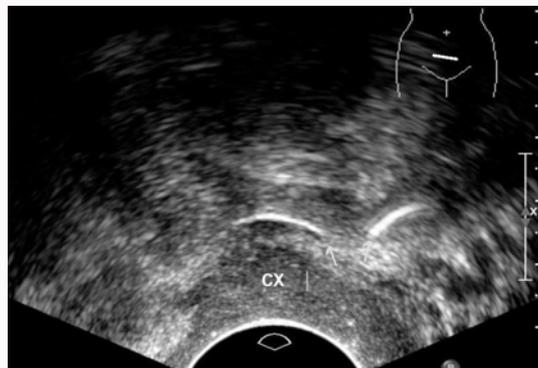


Figure 1: Both transvaginal ultrasound and abdominal X-ray revealed a displaced IUD to left lower pelvic area.

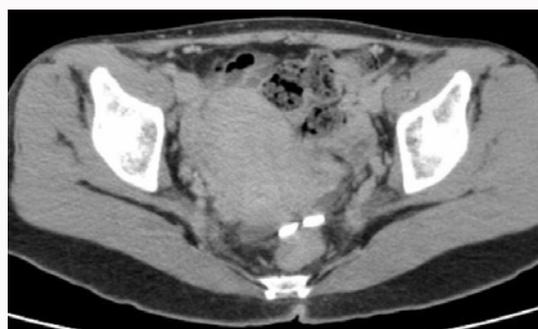


Figure 2: A leftward displaced IUD was found upon computed tomography.

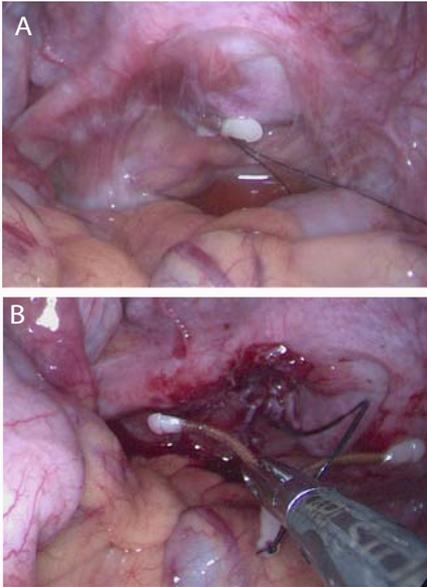


Figure 3: A) IUD embedded in the medial side of the left uterosacral ligament at the Douglas pouch. B) IUD removal was performed successfully *via* laparoscopy without any complications.

References

1. Rowlands S, Oloto E, Horwell DH, Intrauterine devices and risk of uterine perforation: Current perspectives. *Open Access J Contracept.* 2016;7:19-32.