

A Woman with Double Intra Uterine Device: A Case Report

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A 30-year-old woman, who applied to our family planning unit with her plain urinary system radiogram showing two T-shaped intrauterine devices within the pelvic region, is presented. The patient's medical history revealed that a copper-T intra uterine device (IUD) had been inserted ten years ago, and that she had a normal vaginal delivery seven years after, when she was informed by her physician that her IUD had been expelled and she conceived afterwards. No further attempts were made to confirm its presence. Since it was assumed that the IUD had fallen out, another copper-T IUD was inserted six weeks after her delivery. She only complained of a mild increase in her menstrual flow and mild dismenorrhea. It was due to her urinary tract symptoms that a plain radiogram of the urinary system was planned by the urology clinic and then she was referred to our family planning unit after the presentation of the double IUDs.

We find it very important to stress the management of patients with pregnancies after IUD insertions and to make sure if the IUD remained within the uterine cavity even after pregnancy termination or delivery, as it usually takes little effort to diagnose their presences with a plain radiogram and ultrasonography.

Key Words: Intrauterine device, Insertion, Complication

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Introduction

The IUD is a highly effective, safe, cheap, and widely used reversible form of contraception method. The IUD, the world's most widely used method of reversible birth control, is currently used by more than 160 million women of whom over two-thirds are in China where it is the most widely used birth control method.^{1,2} IUD being the most commonly (16.9%) used modern birth control method among married women has the highest usage rates between the ages 30-49 among other modern contraceptive methods.³ The widespread use of the IUD has presented a variety of side effects and complications. The undetected expulsion is common leading to unwanted pregnancies. Delayed complications are menometrorrhagia, often accompanied by dysmenorrhoea, lost IUD, total or partial expulsion, ectopic pregnancy and pelvic infections. Perforation of the uterus and migration of the device into the retroperitoneal or abdominal cavity are major but rare compli-

cations. The undetected expulsion is common leading to unwanted pregnancies. Failure to locate the strings of an intrauterine contraceptive device may mean that the device is within the uterine cavity, was expelled or, worst of all, has perforated the uterine wall. We find it very important to stress the management of patients with pregnancies after IUD insertions and to make sure if the IUD remained within the uterine cavity even after pregnancy termination or delivery, as it usually takes little effort to diagnose their presence with a plain radiogram and ultrasonography afterwards to confirm their intrauterine placement.^{4,5}

Case Report

A 30-year-old woman, gravida 2, para 2, abortion 0, presented to the family planning unit in Haydarpaşa Numune Training and Research Hospital in Istanbul, with a plain urinary system radiogram showing two T-shaped IUDs within the pelvic region. The patient's medical history revealed that a copper-T IUD had been inserted ten years ago, and that she had a normal vaginal delivery seven years after, when she was informed by her physician that her IUD had been expelled and she conceived afterwards. No further attempts were made to confirm its presence. Since it was assumed that the IUD had fallen out, another copper-T IUD was inserted six weeks after her delivery. She only complained of a mild increase in her menstrual flow and mild dismenorrhea. It was due to her urinary tract symptoms that a plain radiogram of the urinary system was planned by the urology clinic and then she was re-

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ferred to our family planning unit after the presentation of the double IUDs (Figure 1).



Figure 1: A plain radiogram demonstrating two intrauterine devices within the pelvic cavity

The strings of one of the IUDs were observed on the speculum evaluation of the cervix. The cervix appeared hyperemic and mild yellowish leucorrhea was observed. Physical examination was otherwise unremarkable. A transvaginal ultrasound scan was also performed to identify if both of the devices were within the uterine cavity (Figure 2).



Figure 2: Ultrasonographic image of the uterine cavity showing two intrauterine devices within the cavity

The first IUD was simply pulled out by the strings with a Kelly forceps after cleaning the cervix with povidone-iodine

solution. Then a cervical block was performed with 80 mg of lidocaine HCl for pain management. Subsequently the second IUD was explored and pulled out by using a Novak 4 mm endometrial curette. Then the patient was prescribed with doxycyclin 100 mg bid for seven days along with condoms and called back for a check visit afterwards in order to discuss her future contraceptive choice.

Written and signed consent were taken from the patient in order to print the images.

Conclusion

The intrauterine device is the most popular method of contraception because it is highly effective, reversible, safe, and cheap. Clinicians should check for correct insertion of the IUD after a period of time and the presence of the device in regular time periods either by identifying the strings or by ultrasonographic examination, especially in the presence of pregnancy. Women should be offered instruction on how to check for the IUD and its threads and be advised that if they are unable to feel them it may indicate that the device has been expelled. If no threads are seen and uterine placement of the IUD cannot be confirmed clinically an ultrasound scan should be arranged to locate the device and an alternative contraception method should be recommended. If an ultrasound scan cannot locate the IUD and there is no definite evidence of the device's expulsion, a plain abdominal X-ray should be arranged to identify an extrauterine device.^{4,5}

We want to stress the necessity and the value of using plain abdominal X-rays which are very economical and easily accessed, rather than our inner voices in the detection of IUDs whenever their expulsions are suspicious.

Çift Rahim İçi Araçlı Bir Kadın: Bir Olgu Sunumu

Düz üriner sistem grafisinde pelvik bölgede 2 adet T şeklinde rahim içi araç (RIA) görüntüsü ile aile planlaması ünitemize başvuran 30 yaşındaki kadın hasta sunulmaktadır. Hastanın tıbbi geçmişinde on yıl önce bakırlı T şeklinde RIA takıldığı ve yedi yıl sonra normal vajinal doğum yaptığı, doktoru tarafından RIA'nın düştüğü ve bu nedenle sonradan gebe kaldığı konusunda bilgilendirildiği öğrenildi. RIA'nın düştüğüne dair başka herhangi bir tetkik yapılmamış ve RIA'nın düşmüş olduğu kabul edildiğinden, başka bir bakırlı T şeklinde RIA doğumdan altı hafta sonra uygulanmış. Bu süreçte hastanın sadece adet miktarında artış ve hafif dismenore şikayeti olmuş. Hastaya üriner sistem semptomları nedeniyle üroloji kliniği tarafından üriner sistem grafisi istenmiş ve sonrasında çift RIA görünümü nedeniyle aile planlaması ünitesine sevk edilmişti.

RIA kullanan kadınlarda gebelik olduğu taktirde gebelik son-

landırma veya doğumdan sonra bile uterus boşluğu içerisinde RİA bulunup bulunmadığından emin olmak için direkt grafi ve ultrasonografi gibi basit görüntüleme yöntemleri kullanmanın önemini vurgulamak istedik.

Anahtar Kelimeler: Rahim içi araç, Uygulama, Komplikasyon

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