MISSING STRINGS, HIDDEN DANGER:EXTRAUTERINE CU-T MIGRATION WITH ILEAL ADHESION FOLLOWING D&E

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INTRODUCTION

- Immediate post-abortal insertion(D&E) of an intrauterine contraceptive device (IUCD) is a safe and effective method of contraception with a low risk of complications
- Uterine perforation and Extrauterine migration of a Copper-T following dilatation and evacuation is an exceptionally rare complication but has serious complications
- While Uterine perforation after IUCD insertion (overall):Approximately 0.4–1.6 per 1,000 insertions (0.04–0.16%)
- Perforation after postabortal IUCD insertion approximately 1 per 1000 insertions (0.01%)

RISK FACTORS

- Recent instrumentation (D&E/MTP)
- Small, unrecognized perforations created during D&E may allow the IUCD to pass into the peritoneal cavity during or after insertion.
  This is considered one of the most important risk factors in post-abortal cases.
- Difficult or forceful insertion
  Excessive force during uterine sounding or IUCD insertion.
- Failure to appreciate resistance.
- Unrecognized uterine perforation during D&E
  Perforation caused during evacuation may not be clinically apparent. Subsequent IUCD insertion may inadvertently place the device through the perforation into the peritoneal cavity.
- Previous uterine surgeries such as previous cesarean section,myomectomy, hysterotomy
  All in all a scarred uterus is more vulnerable to perforation
- Failure to confirm IUCD position
  Absence of post-insertion assessment.
  Missing strings not investigated promptly.
- Delayed diagnosis allows progressive migration and adhesion formation

CASE REPORT

- We report the case of a 20 year-old, P1A1L1 woman who underwent dilatation and evacuation for Incomplete abortion followed by immediate Copper-T insertion. She presented 6 months later with Abdominal pain- Pelvic ultrasonography failed to identify the IUCD within the uterus cavity. Subsequent pelvic radiography, Laparoscopic retrieval was converted to laparotomy due to adhesions in bowel it was successfully performed, confirming extrauterine migration with ileal bowel loop resection and ileo ileal anastomosis. The postoperative recovery was uneventful.

CLINICAL FEATURES

- CBC:11.2/66/90/3.06
- GENERAL EXAMINATION; PALLOR; Absent
- P: 82 bpm
- BP:110/80 mmhg
- P/A:SOFT
  TSCS+
- P/S:CX NAD
  CuT wire not seen
- P/V:U/T AV
  NORMAL SIZE
  CuT wire not felt

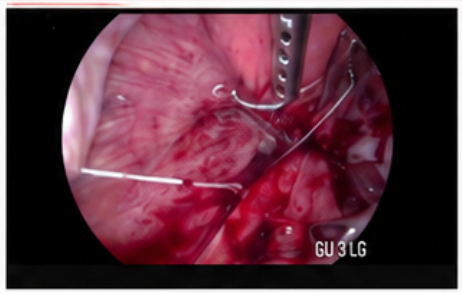


FIGURE 3
LAPAROSCOPIC IMAGE SHOWING VERTICAL ARM

IMAGING FINDINGS

- USG
  Uterus AV empty with no IUCD visualised within endometrial cavity
  There is 28*2.5 mm linear echogenic structure consistent with IUCD noted in right hemipelvis in the interbowel region separate from uterus and adnexa
- P/o extrauterine displacement of CuT
- XRAY⊢ PELVIS: Extrauterine CuT with uterine sound



FIGURE 1:
EXTRAUTERINE CU-T IN RIGHT HEMIPELVIS

OPERATIVE FINDINGS

- Operation name: Hysterolaparoscopy+CuT Removal+Adhesiolysis+Ileal loop resection+Ileo ileal anastomosis+peritoneal lavage+Drain insertion
- On hysteroscopic findings
  Endometrial cavity normal
  B/L cornua normal
  No IUCD visualised

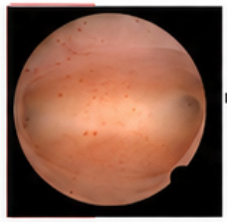


FIGURE 2
HYSTEROSCOPIC IMAGE
NORMAL ENDOMETRIAL CAVITY

- On Laparoscopic findings
  CuT wire seen (vertical arm seen)
  And horizontal arms seen embedded at the ileo cecal junction
- Laparoscopic surgery converted to open Laparotomy an intra op surgical call was made
- Post operative recovery was uneventful
- Patient was discharged on Day 10 after drain removal and stool passage on Day 5

- Gentle uterine sounding; never force the inserter.
- Careful insertion after uterine exacuation is essential.
- Missing IUCD strings should prompt immediate transvaginal ultrasound and, if necessary, pelvic X-ray or CT to avoid delayed diagnosis. Early localization and laparoscopic retrieval prevent complications.
- Once migration is diagnosed, early laparoscopic removal is recommended to prevent adhesions and injury to adjacent organs.
- Delayed diagnosis increases the risk of bowel involvement.

DISCUSSION

- In the present case, recent uterine instrumentation during D&E, together with immediate post-abortal Copper-T insertion, may have predisposed to an unrecognized uterine perforation, resulting in extrauterine migration. The absence of visible retrieval strings and subsequent imaging facilitated diagnosis. This case highlights the importance of meticulous insertion technique, early imaging when IUCD strings are not visualized and early interventions for removal of migrated CuT

CONCLUSION

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- Careful insertion after uterine evacuation is essential.
- Missing IUCD strings should prompt immediate transvaginal ultrasound and, if necessary, pelvic X-ray or CT to avoid delayed diagnosis. Early localization and laparoscopic retrieval prevent complications.
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