CASE REPORT

Migration of IUCD into the Urinary Bladder

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Introduction

The intrauterine device (IUCD) is the most widely used reversible method of contraception worldwide because of its contraceptive and cost effectiveness. The primary mechanism of action of IUCD’s appears to be prevention of fertilization as demonstrated by studies finding significantly decreased numbers of fertilized ova in the fallopian tubes of copper IUCD users compared with women who use no contraception. IUCD’s also act by stimulating an inflammatory response in the uterine cavity, which decreases sperm transport, impedes the ability of sperm to fertilize the ovum and may be spermicidal. The copper in copper bearing IUCD’s enhances this response. The most common complications of IUCD’s are excessive uterine bleeding, pelvic pain and pelvic inflammatory disease. Rarely an intrauterine device perforates the uterine wall during insertion.

The incidence of uterine perforation with IUCD ranges from 1 in 3,000. In 80% of perforations, the IUCD is freely located in the peritoneal cavity. Uterine perforation by an IUCD may lead to injury to the adjacent viscera i.e. rectum, sigmoid colon and appendix.

In our case, uterine perforation by the IUCD, the interval between the insertion and beginning of the symptoms was two months. Our patient’s main complaints were pelvic pain, dysuria and pricking sensation while passing urine.

Case Report

A 35 year old female para two complaining of intermittent pelvic pain, dysuria and pricking sensation while passing urine came to our out-patient clinic. She had two deliveries both by caesarean section. Four months after her last delivery IUCD Cu T 380 had been inserted. Following the insertion of IUCD, the patient reported that she had intermittent pelvic pain, dysuria and pricking sensation while passing urine. All these symptoms developed two months after insertion of IUCD. The bimanual pelvic examination revealed no abnormal findings. The strings of the IUCD were not protruding through the cervix. Therefore, migration of the IUCD to the abdominal cavity was suspected. Microscopic examination of the urine revealed pyuria with no hematuria. Haematological and biochemical parameters were normal. When the pelvis was examined by ultrasonography, IUCD could not be located in the intrauterine

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Figure1: Free floating IUCD inside bladder
IUCD regularly at the end of their menstrual period. If they fail to feel the strings of IUCD, ultrasonographic and/or x-ray examination must be performed to locate the missing IUCD. Intrauterine devices penetrating into the myometrium and visceral organs should be removed. In women carrying IUCD repetitive dysuria and hematuria should alert the physician to the possibility of bladder migration by the IUCD.

References