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Embedded copper T in uterus –a rare, serious but a preventable complication.

BACKGROUND/INTRODUCTION

IUCD is most efficient, safe and a reliable method for long term contraception. IUCD insertion with a basic correct technique can prevent many serious complications

CASE REPORT

Mrs MS, 25yr old lady, P1L1Ab2, Last child birth 2 yrs back by Caesarean section presented to the hospital with HMB with a history of PPIUCD insertion at the time of LSCS. Unsuccessful trial for removal were done twice at other hospital. She wanted IUCD removal. USG suggested misplaced and embedded Copper T inside the uterus. Hysteroscopy was done which revealed Copper T along with its plastic inserting canula situated at fundus placed horizontally. Removal of this CuT was very difficult after multiple hysteroscopic trial so procedure was abandoned. CT scan done which suggested embedded Cu T appears penetrating the subserosal layer of myometrium. Laparoscopic guided hysteroscopy retried but Cu T could not be removed by hysteroscopic grasper due thick plastic cannula so laparoscopic 5mm allis grasper was inserted through cervical canal in uterus to give a robust grip and CuT along with its plastic inserter tube caught and removed carefully. There was no serosal tear or perforation, bleeding found which was confirmed by laparoscopy

CONCLUSION

A proper technique of IUCD insertion should be taught to every medical person performing PPIUCD/ IUCD insertion at every level of health care

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