

Abstract

Title: Approach towards misplaced or malposition IUCD: Lessons learned

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Introduction: Intrauterine contraceptive devices are the most commonly used contraceptive method worldwide as it is an effective and economical method. It is associated with complications like increased bleeding, perforation and transmigration of IUCD to adjacent organs.

Material and methods: This is a retrospective study conducted in a medical college over a period of two years from June' 2016 to June' 2018. In this study we have included a total of sixteen patients in which minimal invasive approach was utilized for the removal of misplaced or malposition IUCD.

Results: Total 15 patients were recruited. Mean age (range) was 27.5 (22-35) years and parity was 3 (1-3). 15 patients had Cu380 A IUCD, 4 had multiload type of IUCD and in one patient Cu 380 A IUCD was inserted after adhesiolysis for ashermans syndrome (after removing Copper). Fifteen IUCD were inserted as interval IUCD and 4 in postpartum phase. Two patients had operative laparoscopy and 14 had operative hysteroscopy for the removal of IUCD. In 4 patients IUCD were removed under anesthesia without hysteroscopy. In six patients IUCD was lying embedded in the uterine wall. No surgery related complications were observed intraoperatively. The mean duration of hospital stay was 32 hours (24-48 hours). No postoperative complications were observed.

Conclusion: Removal of Misplaced or malposition IUCD is strongly recommended even in an asymptomatic patient and minimal invasive approach is the best surgical method recommended for such cases.

Keywords: IUCD, minimal invasive approach, misplaced /malposition IUCD, hysteroscopy, laparoscopy