
CASE REPORT

AN UNUSUAL PRESENTATION OF FOREIGN BODY PERFORATING RECTUM — A MIGRANT INTRA UTERINE CONTRACEPTIVE DEVICE

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ABSTRACT

Complications of Intra Uterine Contraceptive Device are very low, sometimes in the form of migration to adjacent organs, secondary to perforation through the uterus. We present a case of rectal perforation by Intra Uterine Contraceptive device.

A lady of 28 years presented with acute abdomen. Midline laparotomy was performed. After cleaning 30-40 ml free pus in the pelvis, a foreign body, an Intra Uterine Contraceptive Device was recovered through already perforated anterior wall of the rectum by the device.

INTRODUCTION

Amongst many birth control measures, Intra Uterine Contraceptive Device (IUCD), Copper-T is the second most common procedure adopted worldwide since 1965.¹ In developing countries it is the most popular reversible method of long term contraception due to its easy availability, low cost and reasonably good effects.^{2,3} Top most contraceptive method is female sterilization (19%) while (13%) females use IUCD during their reproductive age.³

IUCD affects the pH of uterine fluid,⁴ it inhibits decidual response⁵ thus affecting the reproductive process by inhibiting conception and implantation. It also interferes the sperm and ovum transport.

IUCD has low rates of side effects. It increases menstrual bleeding, dysmenorrhoea, dysurea, UTI, suprapubic pain, urethral irritation, strings coming out of vagina, flank and abdominal pains, haematuria, etc.^{3,6,7}

Complications of IUCD occur in the form of its migration, secondary to perforation in the uterus, to bladder, omentum, peritoneal cavity, retroperitoneum, appendix, bowel, adnexal vein, etc.⁶ Bladder is the most common site of migrant IUCD.⁸⁻¹⁶

Perforation can be immediate or delayed. Immediate perforation occurs at the time of insertion. Delayed is usually silent. Perforation of rectum is very rare.³

CASE REPORT

A 28 years lady, married, having 5 children, 3 male and 2 females, presented to Accident and Emergency Department Lady Reading Hospital, Peshawar, with progressively increasing abdominal pain for the last 5 days and vomiting and fever for the last 3 days. She was toxic, dehydrated and pyrexia (101°F). Abdomen was tender all over, more pronounced in the lower abdomen, mostly on the right side, with mild distension. Bowel sounds were not audible. X-Ray abdomen showed gaseous distension of the bowel and an IUCD.

Rectal examination revealed hot tender bulge anteriorly, with blood stained dirty colored fluid on finger stall.

Midline Laparotomy was performed after resuscitation. 30-40 cc pus was drained from pouch of Douglas, which was washed with normal saline. An attempt of deflating the rectum revealed air bubbles coming through fluid in the pouch. Further dissection revealed a foreign body, IUCD with perforation in the anterior rectal wall. Only prolene thread and distal part of the long arm of T was found in the pouch. Edge of rectal perforation freshened and foreign body retrieved in toto. Anterior rectal wall perforation stitched with vicryl 2/0, with covering sigmoid colostomy.

No perforation was found in the uterus except a raw area in the posterior wall which was repaired after refreshing its edges. Figures 1 to 4 show the procedure in progress and Figure-5 shows the retrieved foreign body.



Fig. 1

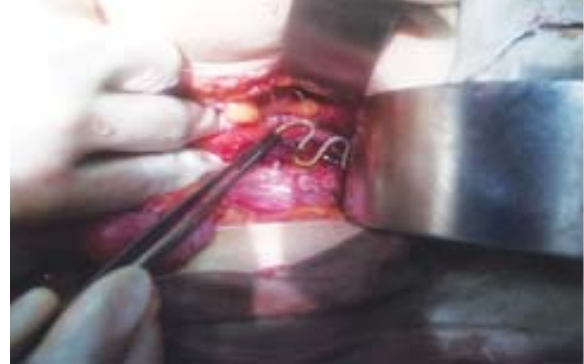


Fig. 2

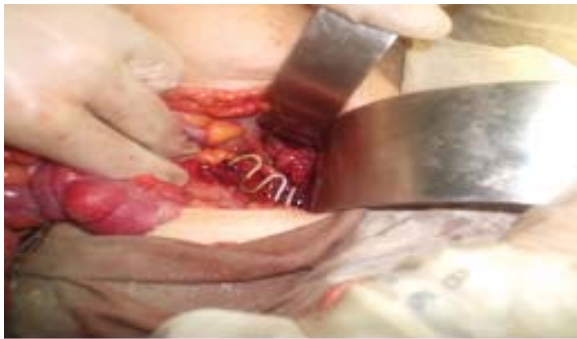


Fig. 3



Fig. 4



Fig. 5: The retrieved foreign body, an IUCD

Patient recovered uneventfully and was discharged on the sixth post-operative day. Colostomy was reversed after three months with unremarkable recovery.

CONCLUSION

If a lady of child bearing age presents with acute abdomen, the possibility of perforation due to migrant IUCD should always be kept in mind.

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