Uterine perforation by levonorgestrel intrauterine releasing device in socially vulnerable patient: a case study

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INTRODUCTION

Levonorgestrel intrauterine releasing devices (LNG-IUDs) are effective, safe, reversible gynaecological devices that are increasingly being utilised as contraceptives in vulnerable patients (1). Perforation is an uncommon but potentially significant complication of LNG-IUDs. Ensuring providing holistic healthcare to vulnerable patients in episodes of care essential given ongoing access a barrier. LNG-IUDs increased due to issues like access, the documented complications and subsequent risk reduction strategies are being published (2).

AIM

We report on a case of LNG-IUD uterine perforation in a young primiparous patient.

CASE

A 18-year-old patient presented to our hospital with acute abdominal pain two weeks after LNG-IUD insertion by a general practitioner. The patient required treatment for menorrhagia and contraception. The patient's gynaecological history included one miscarriage and a treated sexually transmitted infection. Investigations found the patient's serum BHCG was negative, inflammatory markers were not raised, and the LNG-IUD was in the pelvis on ultrasound.

RESULTS

- *Patient underwent a laparoscopic removal of LNG-IUD.*
- *Intra-operatively no trauma to the uterus was noted. Patient did not consent for images to be used.*
- *No intraoperative complications*
- *Vaginal swabs were negative for infection including sexually transmitted infection*
- *Patient's post-operative period was uncomplicated.*

DISCUSSION

LNG-IUDs are promoted as a low morbidity device, though uterine perforation is a delayed usually asymptomatic complication (3). Perforation can cause organ damage and contraceptive failure. Retrospective studies indicate that early post-natal period, breast feeding and an inexperienced operator increase the risk of uterine perforation. Our patient did not have these risk factors (1,3). This case highlights the importance of thorough preoperative counselling, training on device insertion and dedicated post operative follow up. Ensuring long-acting contraceptives do not inappropriately develop a negative stigma is important as it will continue their uptake by socially vulnerable socially patients.

REFERENCES

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