Missing threads and migrating pain: extrauterine migration of an intrauterine device following uterine perforation

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Background

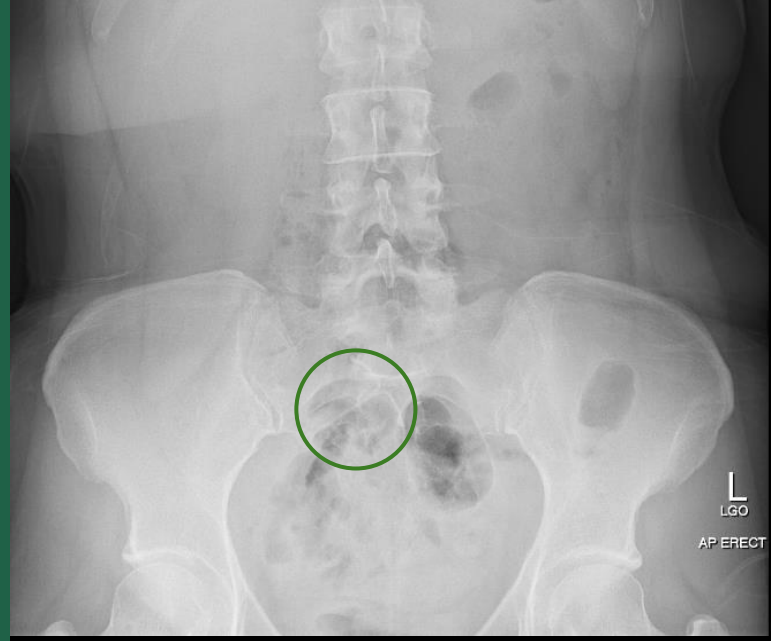
Intrauterine contraceptive devices (IUDs) are highly effective and widely used for both contraception and management of menstrual disorders. Uterine perforation secondary to device migration is a rare but clinically significant complication, in which patients may present with persistent or migratory pain post insertion. This case study outlines the clinical presentation, diagnostic imaging, and surgical management of a patient with extrauterine migration of an intrauterine device.

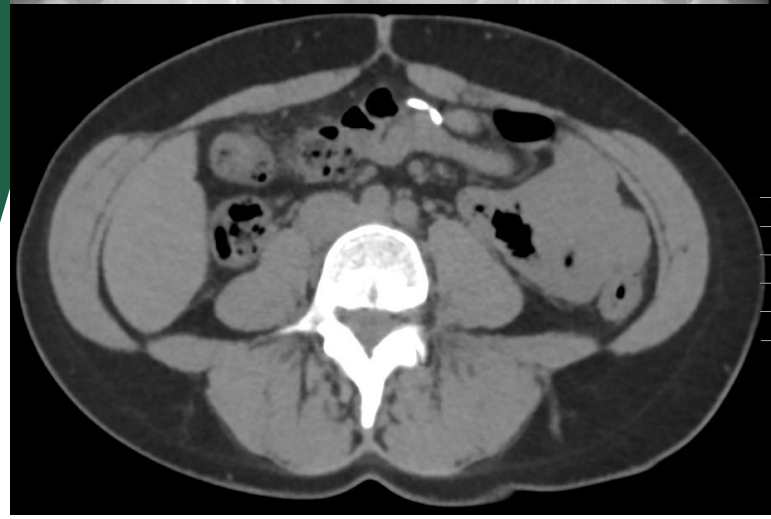
Case

A 39-year-old woman presented with a three-week history of worsening pelvic pain migrating to the periumbilical region, following a routine IUD insertion during Hysteroscopy, Dilation and Curettage for dysmenorrhea and heavy menstrual bleeding. Speculum examination demonstrated absent IUD strings. Abdominal X-Ray suggested a mal-rotated and mal-positioned device, and subsequent CT imaging confirmed extrauterine location in the anterior left mid abdomen. The patient underwent a Diagnostic Laparoscopy which identified the IUD embedded within the momentum directly inferior to the umbilicus, with the uterine fundal perforation site healed and no evidence of bowel or bladder injury. The device was successfully removed laparoscopically without complication.

Discussion

Although uncommon, uterine perforation and IUD migration should be considered in patients presenting with persistent or atypical abdominal pain following insertion, particularly in the absence of visible strings. Early imaging and prompt surgical management are essential to minimise morbidity.





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