



## Heterotropic Intrauterine Device (IUD): Young Women with Double IUD, Intrauterine and Exstrauterine at the Same Time

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### Abstract

Intrauterine device (IUD) is preferred all around the world widely today, since it's cheap, safe and easily reversible. Women who don't want to get exogenous hormone and interruption with her menstrual cycle may prefer it. Turkish women also commonly use copper containing IUD. We report 37- year- old women G2P2 who had a migrated IUD in the pelvic cavity and an intrauterine. Is it questionable in terms of both patient and physician having double IUD in the same patient at the same time.

**Key words:** Intrauterine devices, copper

### Introduction

Contraception is the general name of the methods used for preventing unwanted pregnancies all around the world for centuries. IUD, especially in Turkey is one of the most preferred methods of contraception. It's cheap, rapidly reversible has few systemic side effects, has high efficacy and long protection time. IUD is preferred by women who use contraception in America %7,7(1), in Asia over %50(2,3) , in Europe %6-27(4).IUD is used in Turkey %15-20 by contraceptive using women.

Copper containing IUD enhance the cytotoxic inflammatory reaction within the

endometrium. It creates toxic effect on ovum and sperm and disrupts implantation and fertilization (5-7).With perfect use the pregnancy rate in the first year %0.6 ,with typical use the pregnancy rate is %0.5-0.8 (8,9). Women who want to menstruate and long-term contraception, women who avoid exogenous hormone use (breast ca), women who wish to avoid progesterin related side effects (amenorrhea, spotting), may prefer copper containing IUD. Turkish women don't want to get exogenous hormone and interruption with her menstrual cycle. For this reason she prefer copper containing IUD.

### Case Report

A 37- year-old women G2P2 admitted to outpatient clinics with irregular vaginal

bleeding ongoing for three months. She had a copper containing IUD application for contraception on month 1.5 postpartum



before four years. Ten months ago she admitted to a gynecologist for routine control. On pelvic and ultrasound examination no intrauterine device was detected in uterus. Pelvic X-Ray showed that IUD was in the pelvic cavity. He didn't accept the operation for social reasons

and the second IUD was inserted at the same time for her contraception desire.

When she admitted to our clinic, we noted from her history that she had 2 IUD that one is intrauterine and the other in the pelvic cavity (Figure 1).



Figure 1

We decided to perform laparoscopy and found the IUD in posterior cul-de-sac without adhering surrounding tissues

and it was removed without complication (Figure 2, Figure 3)

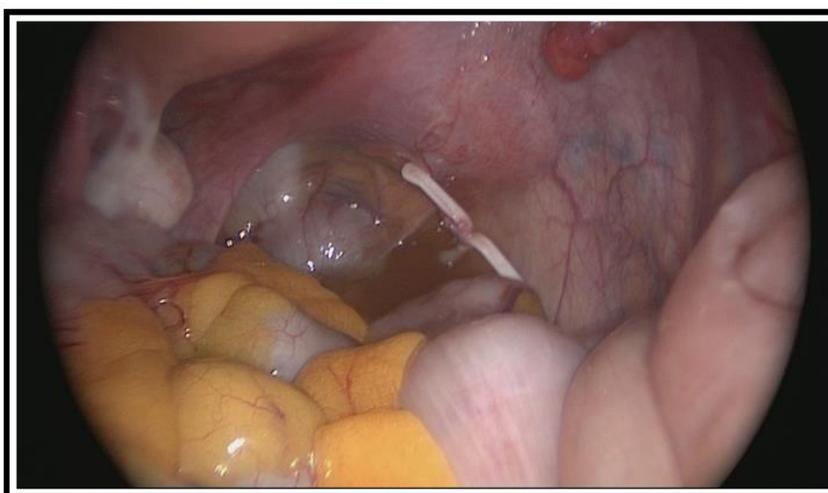


Figure 2



Figure 3

## Discussion

Uterine perforation is a rare complication occurs in 0.87-1.6/1000 IUD placement (10). Risk factors for perforation includes (11-13);the type of IUD ,The technique used for insertion of IUD, the shape of uterus, unexperienced clinician, lactation,nulliparity, history of abortion, the IUD being placed less than six months postpartum and previous uterine operation

Transmigration mechanism of IUD is unknown. Factors facilitating transmigration of IUDas fallows; endometrial atrophy, chronic endometritis, the erosion secondary to inflammatuary response in the uterine cavity, the defect occurs during insertion process.

In patients pelvic-abdominal pain, vaginal bleeding and discharge, fever may be seen. Our patient was admitted with complaints of irregular vaginal bleeding. IUD which was perforated was free in the posterior cul-de-sac.It was not adherent to

other pelvic organs, this may explain lack of pain.

Operative laparoscopy is gold standard in diagnosis and treatment of IUD displacement. Laparoscopy is indispensable for determining the location of IUD in abdomen, the relation of IUD with neighboring organs and removal of IUD to outside.

In conclusion, we think that this is an interesting case. Although the patient wanted the second IUD insertion, the clinician should inform the risks of the second IUD. She remains at the risk of reperforation and infection. We absolutely think that this is malpractice and unnecessary application.

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