Migration of intrauterine contraceptive device into the appendix

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ABSTRACT
Intrauterine contraceptive devices (IUCD) have been used as an effective, safe and economic method of contraception for many years. Since its introduction, many complications have been reported, viz. dysmenorrhoea, hypermenorrhoea, pelvic infection, pregnancy, septic abortion, uterine perforation and migration into adjacent organs. Migration of IUCDs into the peritoneum, omentum, appendix, colon, wall of the iliac vein and bladder have been reported. We report a case of a 22-year-old lady with an IUCD migration into the tip of the appendix 14 months after its insertion.

KEY WORDS
Migration intrauterine contraceptive device, Appendix

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CASE REPORT
A 22-year-old lady had undergone insertion of an intrauterine contraceptive device (IUCD) after her first delivery. Fourteen months after its insertion, she noticed the threads of the device missing. A plain x-ray of the abdomen showed the IUCD to be in the right iliac fossa. At laparoscopy done at another institution to retrieve the IUCD, the device could not be identified. A CT scan of the abdomen revealed the IUCD at the level of the right 2nd sacral promontory and superior to the uterus. The patient was referred to us for further management. The patient was otherwise asymptomatic, and physical examination was unremarkable. Exploratory laparotomy revealed the IUCD to have penetrated the tip of the appendix (Figure 1) after probable migration along the right fallopian tube. The IUCD and the appendix were lying between the two folds of parametrium, which was perhaps the cause of it not being detected on laparoscopy. An appendicectomy was done and the IUCD retrieved. Post-operative recovery was uneventful.

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revealed only a few cases of IUCD migration into the appendix.\(^1\)

These patients usually present with "missing threads". They may be asymptomatic or present with varying abdominal symptoms and signs, depending on the severity of involvement. Cases have been reported with vague abdominal complaints, which were later found to have subacute appendicitis.\(^2,3\) Perforation into the appendix can present with acute appendicitis, with or without features of uterine perforation.\(^4,5\) Perforation of uterus occurs in 1/350 to 1/2500 insertions.\(^4\) One reported case was pregnant with the IUCD causing appendicitis, and an abortion was performed.\(^5\)

Plain x-rays are useful in detecting the migration of IUCDs. Ultrasonography and CT scan are useful adjuncts in localization. The treatment of migrated IUCDs is surgical, either laparoscopy or laparatomy. Even asymptomatic migrated IUCDs should be retrieved to prevent further dreadful complications like pelvic abscesses, bladder or bowel perforations etc. Moreover, patients with IUCDs should be alerted about the possibility of its migration. Regular self examination for "missing threads" can detect these migrations early.

REFERENCES