

Postpartum Dönemde Takılan, Ekstrauterine Yer Değiştiren Rahim İçi Aracın Laparoskopisi ile Çıkarılması.

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ÖZET:

33 yaşında gravida 2, parite 2, olan hastamız kayıp Rahim İçi Araç (RİA) nedeni ile polikliniğimize refere edilmiş. İki ay öncesinde, sezeryan doğumdan 3 hafta sonra ebe tarafından bakır RİA takılmış. Ancak takılmadan, 1 ay sonra ebe spekulum muayenesinde RİA'nın iplerini görememiş. RİA ultrasonografide de rahim içinde izlenmemiş. Sonra direk batın grafisi RİA'nın sol iliak fossada olduğunu göstermiş. Daha sonra laparoskopisi planlandı. Laparoskopisi omentum içinde bulunan RİA'nın batın ön duvarına yapışık olduğunu gösterdi. Omentum batın ön duvarından serbestleştirildikten sonra RİA omentum içinden disseke edildi ve tam olarak çıkarıldı. RİA takılması kolay ve basit gibi görünse de; RİA eğitim almış kişiler tarafından takılmalı ve özellikle erken postpartum dönemde takılırken komplikasyonları engellemek için büyük önem verilmelidir.

Anahtar kelimeler: Kayıp, ekstrauterine, rahim içi araç, postpartum, laparoskopisi

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ABSTRACT :

Laparoscopic removal of extrauterine displaced intrauterine device which was inserted during postpartum period.

A 33 year old woman gravid 2, para 2 was referred to our outpatient clinic for lost IUD. Two months previously, three weeks after cesarean delivery, a midwife had inserted a copper IUD. However, one month after insertion the midwife could not see the threads of the IUD, at speculum examination. The device was not observed in the uterus at ultrasound, either. Then plain X- ray of the abdomen showed that the IUD was over the left iliac fossa. Afterwards, laparoscopy was planned. Laparoscopy showed that IUD was buried in omental adhesions attached to the anterior abdominal wall. After omentum was freed from the abdominal wall, IUD was dissected and pulled out totally from omentum. As performing IUD looks easy and simple; IUDs should be inserted by trained medical professionals and great importance should be given to insertion of IUDs especially during early postpartum period to avoid complications.

Anahtar kelimeler: lost, extrauterine displaced, intrauterine device, postpartum, laparoscopy.

INTRODUCTION:

Intrauterine device (IUD) is the most common used contraceptive method in Turkey for several reasons. IUDs can be inserted at any time; after delivery, abortion or during the menstrual cycle. Expulsion rates were higher when the older large plastic IUDs were inserted sooner than 8 weeks postpartum; however studies indicate that the copper IUDs can be inserted between 4 and 8 weeks postpartum without an increase in pregnancy rates, expulsion, uterine perforation and removals for bleeding and/ or pain. Perforation of the uterus by an intrauterine device (IUD) is a serious complication occurring at or following 1/350 to 1/2500 insertions. It is more com-

mon among women with 'lost' IUDs. Migration is usually the result of IUD expulsion or uterine perforation. After perforation, devices can be found in various locations in the pelvis or abdomen. Here, we present laparoscopic removal of extrauterine displaced intrauterine device which was inserted during postpartum period.

CASE:

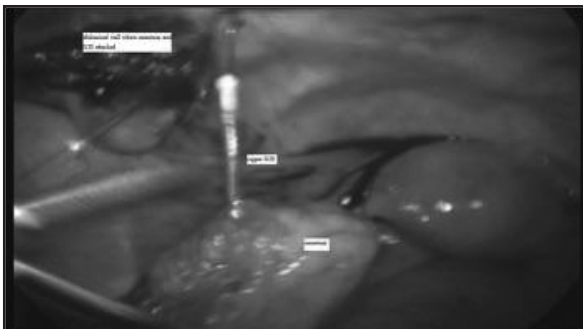
A 33 year old woman gravid 2, para 2 was referred to our outpatient clinic for lost IUD. Two months previously, three weeks after cesarean delivery, a midwife had inserted a copper IUD. However, one month after insertion when the patient went for follow up,

the midwife could not see the threads of the IUD at speculum examination then the patient was referred to our hospital for lost IUD. When we examined her with speculum, we also could not detect the threads of the IUD, the device was not observed in the uterus at ultrasound, either. Then plain X- ray of the abdomen showed that the IUD was over the left iliac fossa. Afterwards, laparoscopy was planned; at laparoscopy 3 holes were performed, 10mm from umbilicus and two 5mm holes from left and right lumbar regions, laparoscopy showed that part of omentum was attached to the part of left side abdominal wall, at careful inspection the threads of the IUD was observed over the attached omentum (Figure 1a). After omentum was freed from the abdominal wall, IUD was dissected and pulled out totally from omentum (Figure 1b). IUD was carried out outside the abdomen from 5mm hole easily. There was no important bleeding from omentum, fortunately. Post operative period was normal and she was discharged at the same day.

Figure 1a: Threads of the IUD was observed over the attached omentum at laparoscopy.



Figure 1b: IUD was dissected and pulled out from omentum at laparoscopy.



DISCUSSION:

Insertion of an intrauterine device (IUD) after delivery during postpartum period is appealing for several reasons. The woman is known not to be pregnant and her motivation for contraception may be high. Immediate post-partum insertion of IUDs appeared

to be safe and effective, though direct comparisons with other insertion times are limited. Expulsion rates appear to be higher than with interval insertion. Early follow up may be important in identifying spontaneous IUD expulsions¹.

Kapp N and Curtis KM reviewed whether the insertion of an intrauterine device (IUD) at different times or by different routes during the postpartum period might increase the risk of complications. Poor to fair quality evidence from 15 articles demonstrated no increase in risk of complications among women who had an IUD inserted during the postpartum period; however, some increase in expulsion rates occurred with delayed postpartum insertion when compared to immediate insertion and with immediate insertion when compared to interval insertion. Postplacental placements during cesarean delivery were associated with lower expulsion rates than postplacental vaginal insertions, without increasing rates of postoperative complications².

Eroglu K et al aimed to compare immediate postplacental (IPP) and early postpartum (EP) intrauterine device (IUD) insertions with interval (INT) IUD insertions with respect to efficacy and complications, in their study. The study group consisted of 268 women in whom the following TCU 380A IUD insertions were performed: 84 IPP (less than 10 min), 46 EP (10 min to 72 h) and 138 INT (more than 6 weeks). The women were followed up 8 weeks, 6 months and 12 months after insertion. Complications and pregnancies encountered at the end of 1 year following IPP, EP and INT insertions were compared. Complications developed in 40.4% of the women in the IPP group, in 74.4% of the women in the EP group and in 19.2% of the women in the INT group ($p < .001$). Although no statistically significant difference was found between the groups for uterine perforation and infection ($p > .001$), there was a statistically significant difference between the groups in the incidence of complete and partial expulsion according to the time of IUD insertion. The overall cumulative pregnancy rate and frequency of pregnancy were found to be higher ($p > .05$ for both), which were both insignificant for the EP group (2 of 43 women), as compared with the INT (4 of 130 women) and IPP groups (2 of 84 women), and pregnancy rates at 1 year for all groups was 3.1% (8 of 257 women). And they concluded that IPP and EP insertion of the TCU 380A IUD was an effective and convenient procedure and expulsion rates in these groups were higher than in the INT group³.

Perforation of the uterus is generally occurs during insertion of the intrauterine device (IUD), it may perforate through the uterine wall into the pelvic or abdominal cavity such as the urinary bladder, rectum, colon, peritoneum, omentum, appendix, wall of the iliac vein or abdomen, or ovary. Dunn JS et al reported a case who had been using a copper IUD for contraception, presented with 7 weeks' gestation. Transvaginal sonogram confirmed the presence of a fetal pole with cardiac activity; however, the IUD was not detectable. An anteroposterior roentgenogram showed 90 degrees counterclockwise rotation of the IUD relative to the normal position. Laparoscopy was performed at 14 weeks. The IUD was extrauterine, buried in omental adhesions attached to the anterior abdominal wall. The IUD was dissected free and removed without difficulty. The remainder of the pregnancy was uncomplicated 4.

It is important that the possibility of uterine perforation should be considered in anyone who has had a diagnosis of an expelled IUD without actual confirmation that the IUD is no longer present in the body. If there is a lost IUD, localization of a lost IUD should follow ultrasound, x-ray and surgery respectively. And rectal examination should be always kept in mind whenever there is a lost IUD. Considerable comfort and minimal hospital stay associated with endoscopic procedures should offer these as the first line attempt to remove a misplaced intrauterine or extrauterine displaced device 5

When extrauterine displaced IUDs should be removed either when diagnosed or when the patients become symptomatic? Management of extrauterine displaced IUDs is not our topic here but we can say that still, there has been no consensus on it 6,7.

As performing IUD looks easy and simple; IUDs should be inserted by trained medical professionals and great importance should be given to insertion of IUDs especially during early postpartum period to avoid complications.

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