

#### 4. CASE REPORT OF A PERFORATED INTRAUTERINE DEVICE INTO SIGMOID COLON



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**Introduction.** Intrauterine devices (IUD) have become one of the most popular birth control methods worldwide. Uterine perforation is an uncommon complication of IUD, with an incidence 1: 1,000 insertions. Perforation may be complete, with the device totally in the abdominal cavity, or partial, with the device to varying degrees within the uterine wall. Two mechanisms of uterine perforation exist: immediate traumatic perforation, and later “secondary” perforation caused by gradual erosion through the myometrium. The European Active Surveillance Study for IUD study confirmed a subset of patients with asymptomatic IUD perforations, leading to their late presentation and management (months or years after insertion). Perforated intrauterine devices can generally be removed successfully at laparoscopy.

**Case statement.** A 39-year-old patient was admitted for scheduled laparoscopic surgery for an incorrectly placed IUD in 2014. She had no symptoms. Pelvic USG revealed a 50% invasion of the myometrium by the IUD. Intraoperator: thick adherent flanges between the sigmoid colon, omentum and fundic uterine region. Adhesiolysis was performed and revealed the device that has protruded into the peritoneal cavity but was still fixed in the myometrium, attached with one horizontal branch to the omentum and the other one was in the intestinal lumen. The IUD was removed, the intestinal defect was sutured. Her recovery thereafter was uneventful.

**Discussions.** Is necessary to raise awareness of the consequences of uterine perforation by IUDs. Although it is a potentially serious complication of intrauterine contraceptive use, it is uncommon and it can often be asymptomatic.

**Conclusion.** While being an uncommon phenomenon, uterine perforation with an IUD is an important risk that must be explained to patients, prevented if possible by taking all steps to insert devices safely, and diagnosed and managed appropriately.