Learning from errors

Intrauterine contraceptive device with rectal perforation and strings presenting at the anus

Aniekan M Abasiattai,¹ Aniefiok J Umoiyoho,¹ Ntiense M Utuk,¹ Wilson Ugege,¹ Issac A Udoh²

¹ Department of Obstetrics/Gynaecology, University of Uyo Teaching Hospital, Uyo, Nigeria

² Department of Surgery, University of Uyo Teaching Hospital, Uyo, Nigeria

Correspondence to Aniekan M Abasiattai, animan74@yahoo.com

Summary

A 36-year-old grand multiparous midwife presented to the gynaecological unit of the University of Uyo Teaching Hospital with the string of an intrauterine contraceptive device (IUCD) protruding from her anus. She had had a copper IUCD inserted at a health centre 8 years earlier. However, 4 months later she noticed that she no longer felt its strings and had another IUCD inserted in the same facility when the first device was not located. Four months prior to presentation, she presented to a private clinic when she no longer felt the strings of the second IUCD. The device in the uterus was removed in the private clinic and she was referred to the teaching hospital. At the teaching hospital rectal examination and plain x-ray revealed the presence of a device. Under general anaesthesia, the device was successfully removed in theatre through the rectum with no postoperative complications.

BACKGROUND

Perforation of the rectum with the strings of an IUCD protruding from the anus is very rare and to the knowledge of the authors has not previously been reported in Nigeria.¹

In addition, this case highlights certain pitfalls in the management of the patient.

CASE PRESENTATION

The patient presented with the strings of an IUCD protruding from her anus (figure 1). Her medical history was not

significant. She was a divorcee and a midwife who did not smoke or drink alcohol.

INVESTIGATIONS

- ▶ Trans-abdominal ultrasound scan showed normal pelvic findings.
- ▶ Plain abdominal x-ray (with a sound inserted in the uterine cavity) showed a copper T IUCD lying transversely posterior to the sound outside the uterine cavity, subjacent to the rectum (figure 2).

Figure 1 The strings of the IUCD protruding from the anus.

Figure 2 The IUCD lying transversely posterior to the uterine sound, outside the uterine cavity.

Figure 3 The copper T IUCD being removed from the rectum.

TREATMENT

The IUCD was removed via the rectum (figure 3).

OUTCOME AND FOLLOW-UP

Good outcome with no complications after removal.

DISCUSSION

Uterine perforation is a minor but serious complication associated with the use of an IUCD.² In about 80% of perforations, the devices are located freely in the intraperitoneal space.²⁻³ Rectal perforation with strings protruding from the anus is exceptionally rare with very few cases reported in the literature.

Learning points

- ▶ Rectal perforation by an IUCD with strings protruding from the anus several years after its insertion can occur but is very rare.
- ▶ Although uterine perforation is rare, missing strings are the first sign in approximately 80% of cases and inability to locate an intrauterine device should be considered a uterine perforation until proven otherwise.
- ▶ Family planning providers in peripheral centres should receive proper training and periodic re-training on evaluation methods for examining clients when they present with missing IUCDs.

Competing interests None.

Patient consent Obtained.

REFERENCES

1. **Gupta S**, Kirkman R. Intrauterine devices-update on clinical performance. *Obstet Gynaecol* 2002;**4**:37–44.
2. Population Reports. New Attention to the IUD 2006. Series B, No 7, 2006.
3. **Abasiattai AM**, Bassey EA, Udoma EJ. Profile of intrauterine contraceptive device acceptors at the University of Uyo Teaching Hospital, Uyo, Nigeria. *Afr Med* 2008;**7**:1–5.

This pdf has been created automatically from the final edited text and images.

Copyright 2010 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <http://group.bmj.com/group/rights-licensing/permissions>.

BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Abasiattai AM, Umoiyo AJ, Utuk NM, Ugege W, Udoh IA. Intrauterine contraceptive device with rectal perforation and strings presenting at the anus. *BMJ Case Reports* 2010;10.1136/bcr.03.2010.2836, date of publication

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow