

## Case Report

### Retained Copper Sleeve and haematometria, an unusual complication of Copper-T use

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#### Abstract

Retained copper sleeve of copper-T IUCD and haematometria was observed in a patient. Same was retrieved with drainage of haematometria under general anesthesia with satisfactory outcome.

#### Case Report

A 47-year old para 7+1 five alive presented at the Reproductive Health center for removal of a copper-T intrauterine contraceptive device following a clinical diagnosis of pelvic inflammatory disease. The device was inserted the previous year.

After easy removal , it was observed that the copper sleeve on one arm was missing. Careful probe of the cervical canal with an artery forceps was fruitless. Pelvic ultrasound scan located it at the lower part of the uterine cavity. The patient was counseled for removal under anaesthesia, but she declined and was not seen for three months.

She re-presented at the Accident and Emergency (A/E) unit with three months amenorrhoea and cyclical suprapubic pains. There suprapubic area was moderately tender and the uterus was bulky to about 10 weeks gestational size. A pelvic ultrasound scan located a hyperechoic foreign body overlying the internal cervical os and haematometria. She had retrieval of the foreign body with a small hemostat, under anaesthesia and it was , confirmed to be a copper sleeve. About 50 milliliters of blood was evacuated from the uterus.

Her recovery was uneventful and by the fifth postoperative day vaginal bleeding had stopped. She was counseled to and she consented to the use of Norplant implants, and was discharged home.

#### Discussion

About 160 million or 15% of women of reproductive age use IUCDs worldwide<sup>1</sup>.

The huge reputation of IUCDs ,Copper-T (Tcu-380A)<sup>2</sup> has been ascribed to its effectiveness, affordability, safety and convenience. Privacy, lack of systemic effects, long term use and easy return to fertility on discontinuation, are other attractions<sup>3</sup>.

Commonly reported complications of IUCDs include increased menstrual bleeding, uterine perforation, embedding, expulsion of device, and infection<sup>3</sup>. Disintegration of IUCD with retention of components within the uterine cavity is uncommon. This may be explained by an undetected pre-insertion structural defect in the device, distortion inflicted at insertion or removal. Complications of IUCDs may discourage those who may want to choose it. Contraception is not accepted with out persuasion in our environment and there is the need to expand and equip family planning services in areas of low contraceptive prevalence. A perfect understanding of the advantages and complications that are associated with all contraceptive devises is fundamental to all the providers of contraceptive devices in our family planning services.

#### References

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