Lost IUD penetrating bladder wall

Thanks to Vural and colleagues who reported their interesting case of a misplaced intrauterine device (IUD).1 I would like to mention some points in relation to their letter.

With the increased uptake of intrauterine methods2 and the majority of uterine perforations said to occur at the time of device insertion (but go undetected),3 IUD perforation is more frequent than Vural et al.7 suggest.

Uterine perforation is now undiagnosed at the time of IUD insertion procedure, also because patients are asymptomatic despite this complication having occurred. There is currently greater use of analgésia prior to as well as local anaesthetic (including injectable) during IUD insertion procedures than before.

To facilitate early diagnosis of uterine perforation, especially in the absence of symptoms, clinicians should have a low threshold for referral for, e.g., ultrasound. Instances of difficult insertion, insertion after difficult removal, where uterine sounding measurements are much different from the prescribers of a patient’s (usually a small difficulty of a removed old device), and no visible threads at routine follow up post-IUD insertion are examples.

Fortunately most services where IUD fitting procedures take place are not equipped with ultrasound scanners. Where there is local access to ultrasound or a referral has to be made, initial counselling on insertion procedures than before. Anatomical anomalies (including the Dalkon Shield, 5–7) and clinical factors (including the presence of a strung-on device) have been considered important in this matter, with some suggesting that the insertion site is a matter of debate how devices end up in the urinary tract. Consensus opinion is, however, that spontaneous migration does not happen; the device is in fact forced through the ureteral wall at the time of insertion.5–8

The only exceptions are rare cases of partial perforation mentioned by Zakin et al.3

References

Two cases of broken Implanon®

We thought Journal readers might be interested to hear about two cases of broken Implanon® that we came across in our practice recently.

Between October 2003 and December 2009 we fitted 465 Implanon and removed 254. We have always reassured clients that the implant cannot break as it is very flexible, and we showed clients when we removed an implant how it could be bent and stretched without breaking. We cannot, however, state with certainty any more after having removed two broken implants within a 7-week period.

The first client, an 18-year-old, had only used condoms previously. She had an Implanon fitted on 20 May 2009. She was seen on 1 July 2009 as she had complained that her implant had broken. It was situated subdermally in her left inner upper arm over the triceps and we reassured her it felt intact but bent. She was otherwise happy with the implant. She came back to the clinic on 12 December 2009 as she asked for the implant to be removed as she had been bleeding since the end of July with only 3 or 4 non-bleeding days. She declined a trial with oral contraceptive pills and stated she wanted to continue with implants in the future, that weakens the structure of the rod. We tried explaining this could be a repetitive bending action that weakens the structure of the rod. We tried explaining it was an expensive test.

We spoke with a doctor from the pharmaceutical company concerned and were unable to obtain any more information about similar cases; however, it seems that the hypothesis of Pickard and Bacon could be true. We could try to confirm this hypothesis by checking blood levels of etonogestrel, however this is an expensive test.

Maria Dolores Tomás-Tello, LMS(Spaio), DFSRH
Doctor in Contraception and Sexual Health, BACHS, Bradford and Airedale iPC, Bradford, UK. E-mail: dtomas@doctors.org.uk

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María Dolores Tomás-Tello and Gill Hodgson

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