Lost IUD penetrating bladder wall

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

With the increased uptake of intrauterine methods and the majority of uterine perforations said to occur at the time of device insertion (but go undetected because the perforation is more frequently asymptomatic), Vural et al. 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 analgesia prior to as well as local anaesthetic (including injectable) during IUD insertion procedures compared before.

To facilitate early diagnosis of uterine perforation, especially in the absence of symptoms, clinicians should have a low threshold for requesting pelvic ultrasound scans. In cases of difficulty during insertion, those with a long history of difficulty during previous insertions should be referred for further imaging. Ultrasonography. Instances of difficult insertion, after difficult removal, when uterine sounding measurements are much different from the usual. Insertion waiting times tend to cause difficulties.

Methods and the majority of uterine perforations are seen 6–12 months. However, initial counselling on contraceptive methods and the choice of the IUD device (IUD). The authors state that they believe their interesting case of a misplaced intrauterine device (IUD). Vural et al. think it is a matter of debate how devices end up in the urinary tract. Consensus opinion is that, however, that spontaneous migration does not happen; the device is fixed forced through the urinary wall at the time of insertion. The only exceptions are rarely cases of partial perforation mentioned by Zakin et al. 3

Some of these reports mention more than one occurrence. All reports concern perforation that resulted in an IUD located within the urinary tract. Some of these reports, especially those written by urologists, refer to spontaneous migration of the device. Vural et al. think it is a matter of debate how devices end up in the urinary tract. Consensus opinion is that, however, that spontaneous migration does not happen; the device is forced through the urinary wall at the time of insertion. The only exceptions are rarely cases of partial perforation mentioned by Zakin et al. 3

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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 thought she had the implant had broken. It was situated subdermally in her left inner upper arm over the triceps and we heard about two cases of broken Implanon® that we came across in our practice recently.

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