

PICTURES IN DIGESTIVE PATHOLOGY

## Endoscopic removal of intrauterine device penetrated through the rectal wall

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### INTRODUCTION

Following sterilization, intrauterine devices (IUDs) are the most widely used contraceptives in the world, especially in developing countries (1). Nowadays, IUDs are made of plastic, metal (mainly copper) and a small string. Uterine perforation is found in 1/350-1/2.500 inserts. It leads to the migration of the IUD, usually to adjacent organs to the uterus such as the rectum. Also there are reports of devices in the peritoneum, omentum, appendix and colon (2,3). We report a case of partial migration of an IUD into the lumen of the rectum, which was diagnosed and successfully removed by colonoscopy.

### CASE REPORT

A 33-year-old-woman consulted for vaginal bleeding. She had a previous history of two pregnancies with eutocic births and insertion of a copper IUD (Nova T380) 4 months before. Pregnancy test resulted positive. On examination, the IUD strings were not displayed, neither were they on transvaginal ultrasound. A voluntary abortion was performed. Three months later, the patient came to our hospital with the sensation of IUD expulsion. On rectal examination, a foreign body with filamentary material was appreciated. By colonoscopy, a metal body with strings embedded in the wall was identified (Figs. 1-3). This body was completely removed by gentle traction with forceps, remaining a minimum hole without further complications (Figs. 4,5).

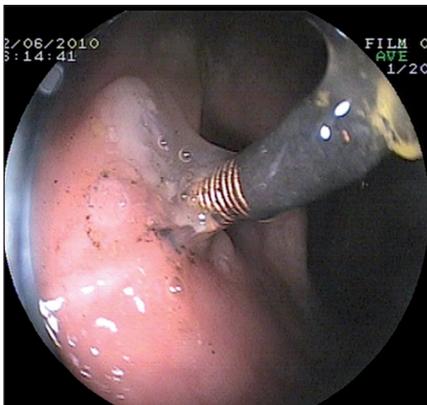


Fig. 1. Colonoscopy: identifies metallic foreign body embedded in the rectal wall.

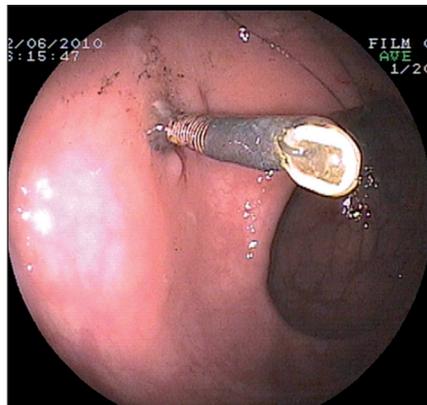


Fig. 2. Colonoscopy: intrauterine device penetrated through the rectal wall without identifying mucosal lesions.

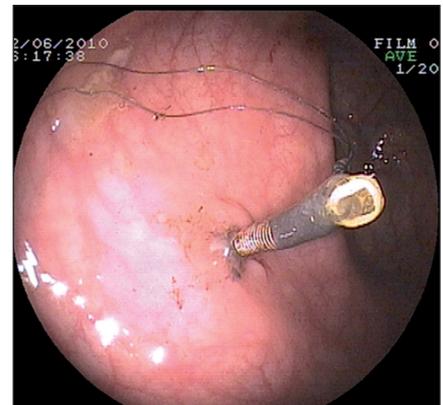


Fig. 3. Colonoscopy: intrauterine device penetrated through the rectal wall with copper string output.

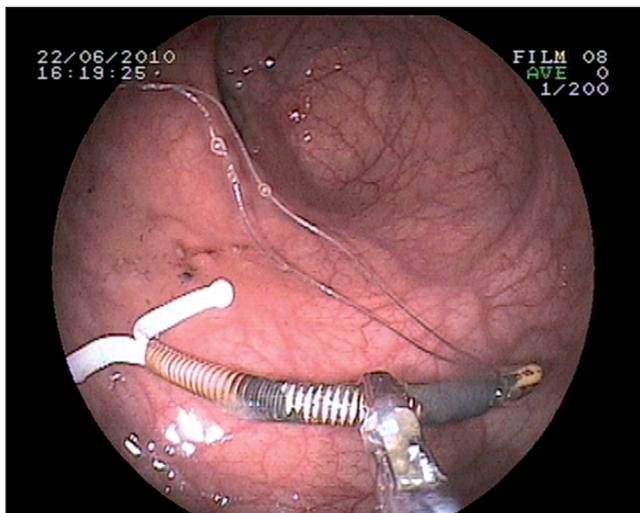


Fig. 4. Colonoscopy: endoscopic removal with forceps and no complications.

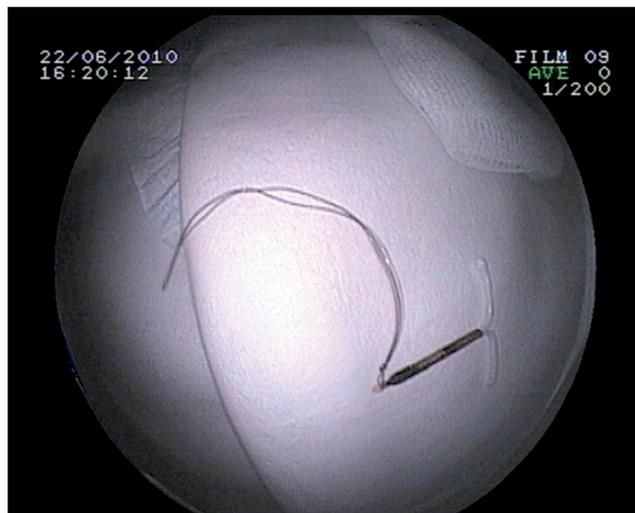


Fig. 5. Intrauterine device after its complete endoscopic removal.

## DISCUSSION

The migration of the IUDs is a serious complication. It is suspected when they have not been expelled and are not found in their location. Usually, they can be shown by a radiograph or a transvaginal ultrasound (4). Rectal perforation by IUD, usually asymptomatic, is a rare complication, with a few cases reported in the literature. After its identification, the complete endoscopic retrieval of the device is achievable (5). The type of material favors a low foreign body reaction. In addition, the rectal anatomy, mainly extraperitoneal, determines that endoscopic removal is usually safe, without significant injury to the surrounding tissues except minimal residual fistulous tracts, which repaired spontaneously. Only in a few cases, the use of endoscopic hemoclips has been described (6).

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