

UTERINE PERFORATION BY THE MULTILOAD CU250 INTRA-UTERINE DEVICE

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SUMMARY

A case of perforation of the uterus by the Multiload CU250 Device is described. To date no perforation of the uterus by this device has been reported. The device was successfully removed under laparoscopic control.

INTRODUCTION

Since the introduction of the modern intrauterine device mainly for human contraception in 1909¹ many versions and models have been developed. The Multiload CU250 is one of the newer devices introduced in 1974.² The mode of insertion (withdrawal) makes perforation with this device unlikely and to date no such case has been reported.

CASE REPORT

Mrs. N. O. a 28 year old Malay lady, para 3, had

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a period of amenorrhoea of 7 weeks. A 'menstrual regulation' procedure was carried out by her general practitioner and Multiload CU250 intra-uterine device was inserted following the procedure. A right lower abdominal cramp was experienced by the patient soon after insertion. She continued to have this pain off and on thereafter, which compelled her to consult her general practitioner again two weeks later.

On examination the nylon thread was not visible at the cervical os. A plain X-ray abdomen was done and showed the stem of the device to be just above the level of the right iliac crest. (Fig. 1) The patient was then referred to this hospital.

At laparoscopy the device was found superficially embedded in the omentum at the right iliac fossa. Removal of the device was done with the aid of a Palmer biopsy forceps inserted through a separate incision suprapubically. The uterus appeared normal with no evidence of perforation. Post-operative recovery was uneventful.

DISCUSSION

The use of the intra-uterine device as a method of contraception carries the risk of translocation of the device. Although such uterine perforations have been reported with the Copper-7 and Copper-T

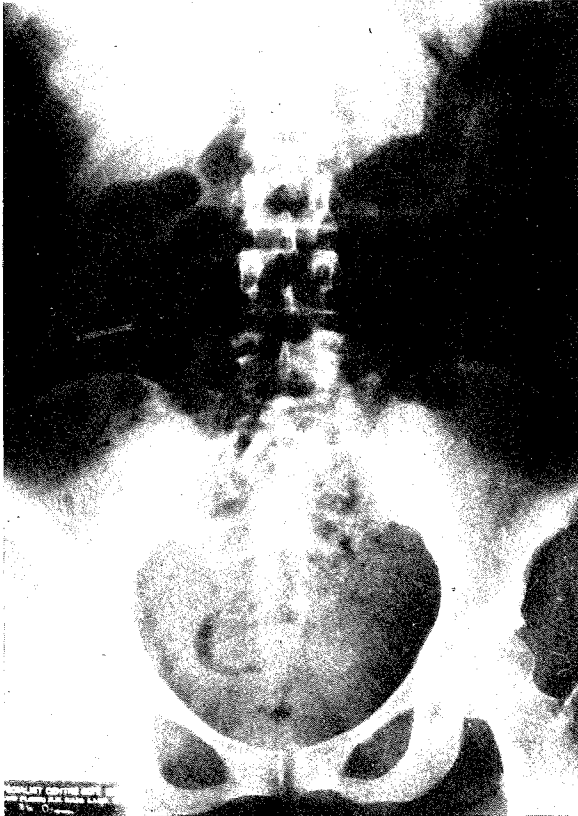


Fig. I X-ray Abdomen - Note the translocated device just above the level at the right iliac crest.

devices, ³ to our knowledge, no perforation has been reported with the Multiload CU250 device.

The Multiload device is unique in that its shape is broad and the withdrawal technique of insertion is unlikely to cause perforation at the time of insertion. The most likely predisposing cause of translocation in this patient is the soft post-abortal uterus. Hence, we would advise caution against immediate post-abortal insertion of this device. Unlike the Copper-T and Copper-7 devices, the Multiload device is not barium impregnated and therefore, only the copper coil around the stem of the device is seen on the X-ray.

As translocated copper containing intra-uterine devices elicit intense tissue reaction causing omental adhesions, ⁴ these should be removed as soon as the diagnosis has been made. The removal of the device can be satisfactorily accomplished with the aid of laparoscopy as in this case.

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