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Small bowel perforation due to migrated intrauterine copper device (IUCD)

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ABSTRACT

Introduction: Uterine perforation due to an IUCD is seen in 0.05 to 13 cases out of 1,000 IUCD placements. Following the uterine perforation, an IUCD may potentially migrate to the pelvis or intra-abdominal cavity causing several other complications. We report a case of IUCD migration causing small bowel perforation. **Case Description:** A 48-year-old Para 9+1 had the IUCD inserted in 2018. She was referred from local healthcare clinic for IUCD removal following a difficult attempt causing the IUCD string to snap. Speculum examination showed no visible IUCD string. Following an ultrasound scan, the tip of the IUCD was seen at the serosa layer of the uterus and no free fluid seen. Diagnosis of uterine perforation was made and a diagnostic laparoscopy followed. Intraoperatively, there were loops of small bowel adhered to the posterior uterine fundus Adhesiolysis performed and uterine perforation seen at posterior part of the fundus and a pinpoint perforation at the small bowel by the IUCD with the horizontal aerial inside the bowel lumen. There was no faecal contamination. The IUCD was removed and primary repair of the perforated small bowel performed. **Discussion:** Uterine perforation is one of the serious complications of an IUCD insertion. An IUCD may potentially migrate or perforate through the uterine wall into the adjacent organs, including gynaecology, urinary or gastrointestinal system, and cause several issues. Uterine perforation can be managed conservatively, however if complications arise and adjacent organ injury is suspected, a surgical approach is more appropriate.

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Comparing outcomes of labor induction at 40 versus 41 weeks of gestation

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ABSTRACT

Introduction: Most guidelines advocate labour should be induced at 41 weeks of gestation because induction of labour at 41weeks is associated with fewer adverse perinatal outcome and fewer Caesarean sections. EDD (40 weeks) is known to be safe timing of delivery, so what are the advantages of induction at 41 weeks over (EDD). Therefore, we aim to compare the outcomes of induction between 40 versus 41 weeks; also rate of CS was documented from two groups. **Methods:** A prospective study was carried out in ZHSWMCH since January 2020 to January 2022. Women with singleton pregnancy between 40 to 41 weeks of pregnancy were enrolled, A=70 women at 40 weeks & B=50 women at 41 completed weeks were induced by Misoprostol/Oxytocin according to Bishop score. Duration of labour (both 1st stage + 2nd stage), mode of delivery, maternal outcome and perinatal outcome were measured. **Results:** Duration Mean = SD (9'7+1'6) hours. Group A and (7'9+1'4), Range (min-max) (5'0-13'0) and Group B (5'-11'0), p = 0.001. Mode of delivery, for Group A vaginal 39, LUCS 30, Ventouse 1 and for Group B, vaginal 37, LUCS 13, Ventouse 0. Neonatal outcome, Apgar score <7 = 45, between 7-10 = 25, for Group A, <7 = 10, 8-10 = 40 for Group B. **Conclusion:** Outcomes of induction at 40 weeks differ from induction at 41 weeks by having more prolonged labor, higher incidences of LUCS and lower Apgar score of neonates. Therefore, induction at 41 weeks has better outcome and is justified.