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Research Article

**A RESEARCH STUDY ON 35-YEAR-OLD FEMALE WITH  
MIGRATED IUCD (INTRAUTERINE CONTRACEPTIVE  
DEVICE) AT PIMS ISLAMABAD**<sup>1</sup>Sana Fayyaz, <sup>2</sup>Sonia Maqbool, <sup>3</sup>Dr Waqar Hussain<sup>1</sup>Mayo Hospital, Lahore, <sup>2</sup>DG Khan Medical College Dera Ghazi Khan, <sup>3</sup>MO THQ Hospital  
Dinga Gujrat**Article Received:** January 2019**Accepted:** February 2019**Published:** March 2019**Abstract:**

*Since ancient times, the use of many forms of intrauterine contraceptive devices (IUCD) is common. The incidence of excavation of uterus and transforming of IUCD for surrounding organs is infrequent. Whereas, the complexity of intravesical transferring of IUCD with the development of secondary stone is distinctive. In this case study, a female with 35 years of age is presented. She was found with this complexity. She was found with indications of the lower urinary tract, some days earlier. Nine years earlier, she had an intrauterine contraceptive device (Copper – T) placement. The ultrasonographic scan was carried out. The stone bladder was identified and it was considered as the reason of her indications. Open cystolithotomy was performed and vesical calculus of T-shaped was restored.*

**Keywords:** IUCD, Intrauterine, Contraceptive, Intravesical, Calculus and T-Shaped.**Corresponding author:****Sana Fayyaz,**

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**INTRODUCTION:**

Because of the affordable price of intrauterine contraceptive devices, they are accessible. These devices originate a convenient technique of contraception. A trained Dai can also use these devices. IUCD has many uses but it also offers some disadvantages. Excavation of uterus and its transformation to surrounding structures is the main complication. Crystal deposition formed when the device is transferred into the urinary bladder. It results in the formation of stone. As the stone is found inside the urinary bladder, these patients can be found with irritation and indications of the obstructive lower urinary tract.

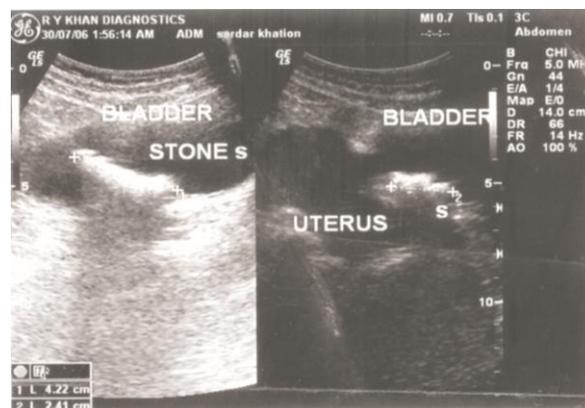
**CASE REPORT:**

This case report is about a female with age of 35 years attended at PIMS Islamabad in March 2018. She was suffering from dysuria, micturition, urgency and continuous record of lower abdominal discomfort. For the previous three days, the patients were going through regular attacks of these signs. Medications from different doctors had been received by the patient. But she did not receive permanent comfort.

Nine years earlier a Dai gave the patient history of IUCD (Copper – T) insertion. According to the statement of Dai, this experience was very difficult. After four months of placement, the thread of this device ejected on their own, patient thought without the advice of doctor or expert that her Copper – T was also ejected. Afterwards, the patient had unexceptional term deliveries. The patient was identified with lower urinary tract three years back. She got only time being relief on the advice of different doctors. After this, she was presented in the hospital. The patient was examined by the ultrasonic scan. A big stone was found in the urinary bladder of the patient. The history of IUCD was not observed. Under common anaesthesia, open suprapubic cystolithotomy was carried out. On the three sides of the device, crystals formed. Due to this deposition, the shape of stone was “T”. Crystals were subbed from the centre of the stone. It was noticed that IUCD was transferred inside the urinary bladder and secondary stone is formed after the operation, restoration was unexceptional. After seven days, the patient was discharged. Now, no symptoms are present in the patient.



**Figure – I:** T shaped vesicles calculus removed at open cystolithotomy



**Figure – II:** Sonogram Showing Echogenic Density in the Urinary Bladder

**DISCUSSION:**

Various older and new complexities can influence intrauterine devices. Excavation of uterine and transferring into the surrounding organ is considered as major complexity. The incidence of excavation of uterus and transferring of IUCD to surrounding organs is infrequent. This complexity with the development of secondary stone is a distinctive condition [1]. Till 2011, the cases related to this complexity were 25 [2]. Excavation of uterine can be caused by many IUCDs. Before 1977, excavation was mostly caused by Lippes Loop, as reported in a study organized at Stanford University Hospital. However, Dalkon shield is associated in most cases after 1978 [3]. "Intravesical transferring of the intrauterine device causing the development of stone" in a 27-year-old female was reported by Atakan H, et al. In this female, transferring of the intrauterine contraceptive device (Copper – T) from the uterus to bladder was observed stone formation was also noticed [4]. Rafique M et al. conducted a study back in 2003; he reported an uncommon reason for vesical stone; a migrant intrauterine device in a 32 years old female. Similar migration was also observed in another patient. For the last two years, she had lower urinary tract indication. She received no medicines. Risk of cancer and hematuria led her to take medicines [5]. Another study was organized by Demirci D et al. which shows "Big Bladder Stones around on Intravesical Migrated Intrauterine Device" in a 33 years old female, was reported. She was suffering from the problem of the lower urinary tract. Two years before, Copper-T IUCD had been inserted in this patient [1]. Amit et al. conducted research (2005) on a 35 years old female. She was found with a bladder stone formed over a migrated IUCD. She was suffering from irritative lower urinary tract signs, hematuria and amenorrhea for three months. For the previous ten years, history suggested the insertion of IUCD [6]. Dede FS et al. organized another study (2006), this case study was about 28 years old female. She was found with regular urinary tract infections. In this study, Vesical Calculus Formation around a migrated Copper – T 380 – A was reported in the patient [7].

Another study was conducted by Khan ZA et al in the UK (2006), this study was about 28 years old female. Stone was developed inpatient because of transferring of an intrauterine contraceptive device (LNG-IUS) from uterus to bladder [8]. The fragility of uterine wall due to newly birth, pregnancy, inept placement of abortion are factors associated with the excavation of uterine [9].

**CONCLUSION:**

In our case study, when the patient was found lower urinary tract indications, the diagnosis was made. Intrauterine contraceptive devices should be used in follow up of patients and ultrasound and radiological controls should be carried out [10].

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