

Intrauterine Device–Related Uterine Perforation

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None reported.

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A parous woman who received a hormonal intrauterine device (IUD) 9 months prior presented to our emergency department with a 2-day history of worsening chronic abdominal pain. She reported fever, chills, nausea, emesis, and pain over her right lower quadrant radiating to her ipsilateral flank and groin. Her medical history included pelvic congestion syndrome and ovarian vein thrombosis. Abdominal examination revealed right lower quadrant tenderness with minimal guarding on palpation. Vital signs, complete blood cell count, and urinalysis results were normal. Computed tomography scans of the abdomen and pelvis in the sagittal view revealed that an IUD limb had extended beyond the uterine margins, which raised concern for uterine perforation (image A). Transvaginal ultrasonography results confirmed an embedment-type IUD perforation

into the myometrium (image B). Hysteroscopy was performed for IUD removal, which relieved the patient's abdominal pain.

Suggested Reading

Gill RS, Mok D, Hudson M, Shi X, Birch DW, Karmali S. Laparoscopic removal of an intra-abdominal intrauterine device: case and systematic review. *Contraception*. 2012;85(1):15-18. doi:10.1016/j.contraception.2011.04.015.

Heinberg EM, McCoy TW, Pasic R. The perforated intrauterine device: endoscopic retrieval. *JSL*. 2008;12(1):97-100.

