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Clinical images

Forgotten intrauterine device wandering in the abdomen of an endometrial cancer patient

Chanin Mitinunwong [a], Kuan-Gen Huang [b,*], Jongrak Thepsuwan [c], Angelica Anne A. Chua [d], Aranya Yantapant [a]

[a] Department of Obstetrics and Gynecology, Rajavithi Hospital, Institute of Undergraduate Medical Education Department of Medical Services in Affiliation with Rangsit University, Bangkok, Thailand
[b] Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital at Linkou and Chang Gung University College of Medicine, Kweishan, Taoyuan, Taiwan
[c] Department of Obstetrics and Gynecology, Bangkok Hospital Medical Center, Bangkok, Thailand
[d] Department of Obstetrics and Gynecology, St. Luke's Medical Center Quezon City and Global City, Metro Manila, Philippines

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A 63-year-old woman, G6P6, with postmenopausal bleeding was diagnosed with adenosquamous carcinoma after endometrial curettage. During metastatic workup, the intravenous pyelogram showed the incidental finding of a wandering, radiopaque structure in the right lower abdominal cavity (Fig. 1). Computed tomography scans confirmed a wandering intrauterine device (IUD) in the right abdominal cavity (Fig. 2). The patient apparently had an intrauterine device inserted during her reproductive years that she could no longer recall. She remained asymptomatic until she was noted to have postmenopausal bleeding. The patient underwent laparoscopic surgical staging and the wandering IUD was removed.

Spontaneous perforation is a rare but well-known complication of IUD insertion.[1] Its incidence is 0.8 per 1000 IUD insertions. The IUD initially embeds in the uterine wall, followed by complete perforation.[2] The clinical presentation after perforation and migration is highly variable. Many patients are asymptomatic, as seen in this patient. A small number of patients present with acute symptoms of bowel perforation.[3]

Ultrasound in combination with pelvic X-ray can help localize a misplaced IUD that has migrated outside the uterine cavity. Lippes loop IUDs are the second generation IUDs that have been used for contraception in the past. These wandering

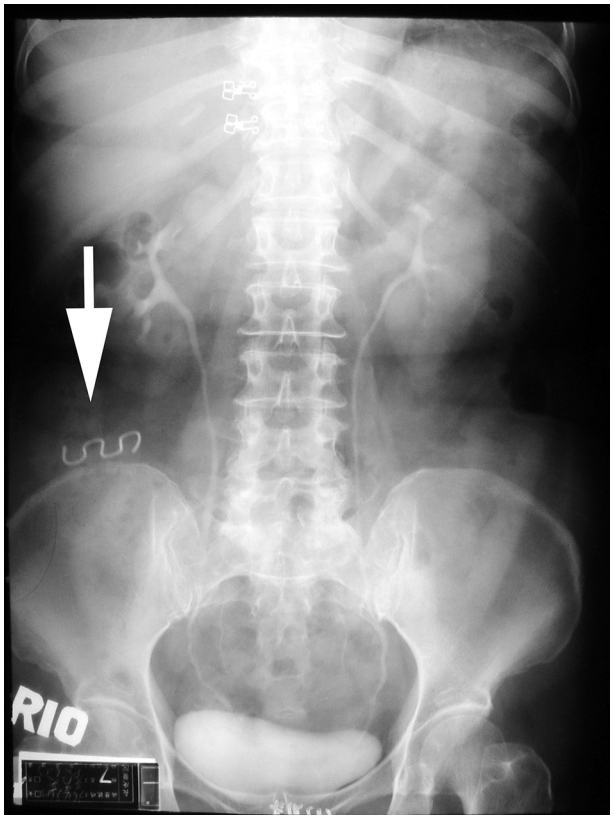

Fig. 1. Abdominopelvic radiograph showed wandering IUD at right lower abdominal cavity, outside the pelvis.

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* Corresponding author. Department of Obstetrics and Gynecology, Chang Gung Memorial Hospital, Linkou Medical Center and Chang Gung University College of Medicine, 5 Fu-Hsin Street, Kweishan Taoyuan, Taiwan 333.
E-mail address: kghuang@ms57.hinet.net (K.-G. Huang).

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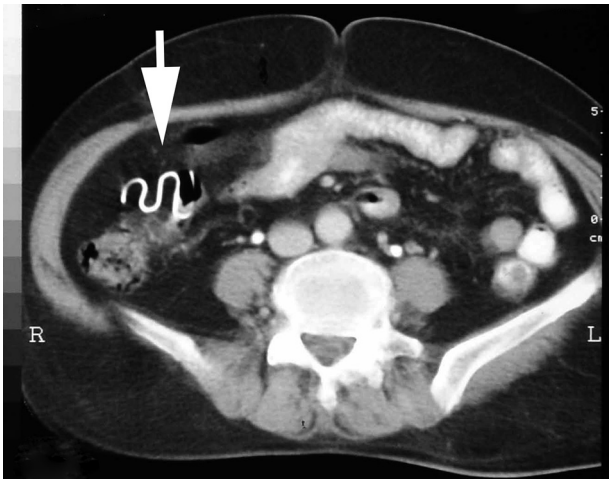

Fig. 2. CT scan demonstrated radiopaque wandering IUD at right lower abdomen. No bowel obstruction or intra-abdominal abscess was seen.

shaped IUDs are made from radiopaque thermoplastic materials.[4]

Perforation by an IUD can cause many complications such as adhesion formation and infection. It can also penetrate adjacent organs, which was not evident in this patient. The World Health Organization recommends the removal of a misplaced IUD immediately after a diagnosis had been made.[5] However, the removal of a mislocated IUD in an asymptomatic patient is controversial because some clinicians believe the surgery could cause more adhesion formation.[6] Because the patient was undergoing surgery for endometrial cancer, the IUD was removed successfully.

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