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### SECTION 20. Medicine.

**Bahroz Khan**

Dr.,

Doctor in Services Institute Medical Sciences Lahore,  
Pakistan

[bahroz1718@gmail.com](mailto:bahroz1718@gmail.com)

**Angbeen Fatima**

Dr.,

WMO at BHU Tehsil Haroonabad district Bahawalnagr,  
Pakistan

[angbeenfatima8@gmail.com](mailto:angbeenfatima8@gmail.com)

**Talha Arooj Khalil**

Dr.,

Doctor in services hospital Lahore, Pakistan

[uroojkhalil9393@gmail.com](mailto:uroojkhalil9393@gmail.com)

## COMPLICATIONS OF INTRA UTERINE CONTRACEPTIVE DEVICE

**Abstract:** Objective: To determine complications of intra uterine contraceptive devices among females of childbearing age.

**Design and Duration:** This is an observational study of cross sectional type. It was started in December 2017 and completed in May 2018 comprising on total duration of 6 months.

**Setting:** This study was carried out in Gynaecology and obstetrics ward of Jinnah Hospital Lahore. This is a tertiary care hospital with 2000 beds. There is gynae ward with 150 beds and having all facilities.

**Patients and methods:** Female patients presented to gynae out-door of the study hospital during study period with complications of intra uterine contraceptive device were included in this study. Presenting complaint of these cases were abdominal pain, fever, missing thread of IUCD, misplaced IUCD signs of peritonitis after perforation of uterus secondary to misplaced device. Few patients presented with conception in spite use of IUCD. Data was compiled and analyzed in SPSS software. Consent was taken from patients and permission was also taken from medical superintendant of the hospital for conducting study.

**Results:** There were 50 cases reported in outdoor of gynae with complications of IUCD. Age of these cases was 15-40 years with mean age of 28.4 years. There were 25 cases between 15-25 years, 15 cases between 26-35 years, 10 cases above 35 years. Missing thread of IUCD was seen in 5(10%) cases, abdominal pain in 17(34%) cases, heavy irregular menstrual bleeding reported in 10(20%) cases, conception while using IUCD in 8(16%) cases and recurrent urinary tract infection reported in 10(20%) cases.

**Conclusion:** Intra uterine contraceptive devices are widely used among females in child bearing age. There are few serious complications of these devices one of them most common is misplaced IUCD.

**Key words:** IUCD, contraceptive methods, recurrent UTI, dilatation and curettage.

**Language:** English

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### Introduction

Females in child bearing age often use contraceptive devices. This is used mostly among professional ladies during fertility age. There are many methods of contraception but IUCD is widely

used these days. As this method is most common it also carries some serious complications such as misplaced device, abdominal pain, recurrent urinary tract infection. Female patients presented to gynae out-door of the study hospital during study period

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with complications of intra uterine contraceptive device were included in this study. Presenting complaint of these cases were abdominal pain, fever, missing thread of IUCD, misplaced IUCD signs of peritonitis after perforation of uterus secondary to misplaced device. Intra uterine contraceptive devices are widely used among females in child bearing age. There are few serious complications of these devices one of them most common is misplaced IUCD. Management of females with misplaced intra uterine devices is dilatation and curettage in which device is removed in operation theater under spinal anesthesia. Long standing misplaced device may cause infection and perforation of uterus leading to peritonitis. In this case laprotomy is needed.

### Patients and methods

This is an observational study conducted in a tertiary care hospital of Lahore. Study was completed in a duration of 6 months. Patients were included in the study according to inclusion criteria. Female patients presented to gynae out-door of the study hospital during study period with complications of intra uterine contraceptive device were included in this study. Presenting complaint of these cases were abdominal pain, fever, missing thread of IUCD, misplaced IUCD signs of peritonitis after perforation of uterus secondary to misplaced device. Few

patients presented with conception in spite use of IUCD. Data was compiled and analyzed in SPSS software. Consent was taken from patients and permission was also taken from medical superintendent of the hospital for conducting study.

### Results

There were 50 cases reported in outdoor of gynae with complications of IUCD. Age of these cases was 15-40 years with mean age of 28.4 years. This is an observational study conducted in a tertiary care hospital of Lahore. Study was completed in duration of 6 months. Patients were included in the study according to inclusion criteria. Female patients presented to gynae out-door of the study hospital during study period with complications of intra uterine contraceptive device were included in this study. Presenting complaint of these cases were abdominal pain, fever, missing thread of IUCD, misplaced IUCD signs of peritonitis after perforation of uterus secondary to misplaced device. There were 25 cases between 15-25 years, 15 cases between 26-35 years, 10 cases above 35 years. Missing thread of IUCD was seen in 5(10%) cases, abdominal pain in 17(34%) cases, heavy irregular menstrual bleeding reported in 10(20%) cases, conception while using IUCD in 8(16%) cases and recurrent urinary tract infection reported in 10(20%) cases.

Table 1.

Age of females (years)	Number of cases	%
15-25	25	50%
26-35	15	30%
Above 35	10	20%

Table 2.

IUCD complications	Number of Cases	%
Missing thread of IUCD	5	10
Abdominal pain	17	34
Irregular heavy vaginal bleeding	10	20
Conception with IUCD	8	16
Urinary tract infection	10	20

Table 3.

Parity	Number of cases	%
Nulipara	7	14
1-2 children	15	30
3-4 children	28	56

### Discussion

There are many ways of contraception but use of IUCD is more common and more successful as compared to other methods but it carry few complications which if neglected can be more serious

and life threatening in case of uterine rupture. Females in child bearing age often use contraceptive devices. This is used mostly among professional ladies during fertility age. There are many methods of contraception but IUCD is widely used these days.

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## References:

1. Michael, B. B. (2007). Eclampsia. *Emer Med J*, 74, 1-10.
2. Douglas, K. A., & Redman, C. W. G. (1994). Eclampsia in united kingdom *Br. Med J*, 309-1395-1400.
3. Sarah, D. McDonald, Maliniowski, A., 2 hou, Q., Yusuf, S., Philip, J. D. (2008). Cardiovascular sequelae of preeclampsia. Eclampsia: A systematic review and meta – analysis. *AmHJ*, 156, 918-30.
4. Greer, I. A. (2001). Pregnancy induced hypertension turnbolls obstetrics 3<sup>rd</sup> edition. In G. Chamberlin, P.J. Streer (Eds.). *Chirchill Livingstone London*, 21, 33-54.
5. (n.d.). *Department of Health 1994. Report on Confidential enquiry into maternal deaths in the UK 1973-75 and 1988-90*. London: HMSO.
6. Speroff, L., Glass, R. H., & Kase, N. G. (1994). Ectopic pregnancy. In I. Speroff, R.H. Glass, N.G. Kase (Eds). *Clinical gynaecologic endocrinology and infertility*, 32, 947-64. Baltimore, W illiams & W ilkins 2<sup>nd</sup> ed.
7. Bedi, D. G., Fagan, C. I., & Noeera, R. M. (1994). Ch. ectopic pregnancy. *J. Ultrasound Med*, 3, 347-52.
8. Bedi, D. G., Moeller, D., Faagan, C. J. (1987). W insett MZ Ch. ectopic pregnancy. A compared with acute ectopic pregnancy. *Eur J Radiol*, 7, 46-8.
9. Levy, N. B., Goldberger, S. B., & Batchelder, C. S. (1984). Ch. ectopic pregnancy. A survey of 54 cases. *South Afr. Med. J.*, 65, 727-9.
10. Cattanach, S. (1994). Ectopic pregnancy. We can still miss the diagnosis. *Aust Fam Physician*, 23, 190-3, 196.
11. Drife, J. O. (1990). Tubal pregnancy rising incidence earlier diagnosis, more conservative management. *Br. Med.J.*, 301, 1057-58.
12. Breen, J. L. (1970). A 21 years survey of 654 ectopic pregnancies. *Am J Obstet Gynaecol*, 106, 1004-19.
13. Baffoe, S., & Nkyekyer, K. (n.d.). *Ectopic pregnancy in Korle BU*. Teaching Hospital Chana. A three year review.