

FORGOTTEN INTRA UTERINE CONTRACEPTIVE DEVICE: A RARE CAUSE OF SECONDARY INFERTILITY: A CASE REPORT

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Abstract:

Infertility is a very common disorder of reproduction and it's considered high in Africa generally and Nigeria in particular.¹ The ability to bear children is very important in an African marriage to the extent that the very existence and stability of marriage is hinged on it.^{2,3} Ironically fertility is also very high in Africa partly due to low contraceptive prevalence and awareness.⁴ Most of these pregnancies are unwanted necessitating voluntary termination of pregnancies. Because of unfavorable legislations most of the abortions are done by quacks that lack the necessary skills for counseling and post abortion contraception.⁵ Because IUCDs⁶ are relatively cheap, available, easy to insert and with little or no need for follow up they are often inserted during dilatation and curettage

We report here an unusual case of secondary infertility of nine years duration due to a post abortal IUCD inserted during a D and C to terminate an unwanted pregnancy without the patient's knowledge.

Key words: IUCD, secondary infertility, hysterosalpingography

Case Report

Mrs. P.B a 28 Year old P0 +2 who was investigated for secondary infertility in the gynecological out patient Department of Federal Medical Centre Makurdi. She presented with a nine year history of inability to conceive despite adequate unprotected sexual intercourse with her husband. She had two voluntary surgical terminations of pregnancies at 6 weeks and 8 weeks respectively by a nurse when she was in secondary school. There were no post abortal complications.

An IUCD was inserted during the last termination of pregnancy. She was neither counseled nor informed of the procedure. She had been having unprotected sexual intercourse since then. She became worried about her inability to conceive when she got married about nine years ago and the desire to raise children became strong. This desire had made her to try several means including orthodox and unorthodox means to get pregnant. It was the ninth year of this search that she presented at the Gynecology Department of Federal Medical Centre Makurdi nine years after marriage because she could not conceive.

The systemic reviews were not contributory. The marriage was monogamous and the husband presented a normal seminal fluid profile. The clinical examination revealed a young and healthy looking lady with no obvious systemic abnormality. The pelvic examination also revealed a normal size empty uterus, healthy looking closed cervix with a parous slit. The cervical excitation tenderness was negative. There were no adnexal masses. The IUCD string could not be visualized.

The controlled film of the hysterosalpingograph she had as part of the infertility work up revealed an IUCD in situ within the uterine cavity. A pelvic scan further corroborated the finding. The cu T 380A IUCD was removed using long artery forceps. Further films outlined the cervical canal and uterine cavity. There was spillage of contrast from both tubes into the peritoneal cavity. A clinical assessment of secondary infertility due to a forgotten IUCD was made.



DISCUSSION

The post-abortal period is a time of tremendous physical, emotional, social, and psychological stress for most women, especially when it is an unwanted pregnancy.⁷ This patient was a single secondary school lady who was sexually active. These factors, coupled with the secretive nature of the procedure, might have made it difficult for her to comprehend and inquire about the extent of the procedure, including the insertion of the IUCD.

The Cu-T 380A inserted maintained contraceptive efficacy for nine years in this lady. Cu-T 380 is probably the most effective currently available IUCDs and by far the most popular IUCD in the world in the late 1990s. It has a very low incidence of contraceptive failure⁶. These factors might have

explained this patient's inability to conceive for 9 years.

Forgotten IUCD is now becoming an increasing rare cause of infertility, especially in developing countries. A similar case was reported by Swende T.Z et al where a patient had an early post-partum IUCD inserted also without the patient's knowledge or adequate counseling⁸. Hysterosalpingography is therefore an important investigation in secondary infertility, as demonstrated in this case.

The importance of adequate counseling cannot be overemphasized with matters relating to contraception and reproductive health in general. If this was done, the patient might have been spared the agony of living with infertility for a decade. Reproductive health care providers in developing countries should give detailed counseling to patients to forestall similar future occurrences.

Girl child education, female empowerment, and adequate counseling of clients on contraception and other reproductive health services, are essential to prevent the high incidence of unwanted pregnancies amongst the adolescent, which may necessitate termination of pregnancies, which for now has unfavorable legislation in our environment.

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