

Copper-T Causing Perforation Of Sigmoid Colon

T Mansoor, M Aslam, S Rizwi, M Haseen

Citation

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Abstract

Perforation of the sigmoid colon by a displaced Copper-T in a 35-year-old female is reported. Insertion of Copper-T can rarely lead to life-threatening complications and must be done carefully.

INTRODUCTION

There are reports of Copper-T getting misplaced and lodging at unusual sites like rectum, sigmoid colon etc. With increasing acceptance of copper-T as a method of contraception, the complications due to copper-T are also increasing day by day.

CASE REPORT

Mrs. Q.F., a 35-year-old female, resident of Aligarh, presented in casualty of J. N. Medical College with complaints of abdominal pain and no passage of flatus and feces for three days. She was diagnosed as a case of subacute intestinal obstruction and was managed conservatively for 2 days, but she did not respond to the treatment, so she underwent exploratory laparotomy.

She was also suffering from pulmonary tuberculosis and was on antitubercular treatment for the past month. Her menstrual history was normal, she was Para 2 with full term normal delivery at home by trained attendants. She had a history of copper-T insertions 3 years back by an ANM nurse, she remained well for two years after which she started having chronic pain in the lower abdomen. So she went to a health worker and demanded removal of the copper-T but it could not be removed for unknown reasons.

On local examination, her labia majora and minora, vestibule, clitoris, urethral meatus and fourchette were normal. No discharge or bleeding was present on per speculum examination. On per vaginal examination, the cervix was downward and backward, uterus anteverted, normally sized, firm and mobile and the fornices were free. There was no tenderness with cervical movements.

On per rectal examination, the lumen was collapsed, tone

normal, fecal staining present and a lump was felt in the pelvis. Ultrasonography of the abdomen showed dilated bowel loops with enlarged mesenteric lymph nodes. Her KUB (kidney/ureter/bladder) X-ray showed a displaced copper-T. She underwent exploratory laparotomy. A through and through perforation was found in the sigmoid colon and the copper-T was present in a lump formed by sigmoid colon, bowel loops and omentum. Primary closure of the perforation was done, with peritoneal wash. Postoperatively, the patient had burst abdomen and the total hospital stay was 35 days.

Figure 1

Figure 1: Plain abdominal X-ray showing Copper-T along with dilated bowel loops.



DISCUSSION

Other clinicians have also reported recovery of intra-uterine contraceptive devices from sigmoid colon^{1,2} and rectum³. Perforation of sigmoid colon has also been reported.⁴ Insertion of Copper-T can rarely lead to life threatening complications and must be done carefully.

CORRESPONDENCE TO

Dr Mohd Azam Haseen B-6, 2nd floor , Suroor Apartment
Sir Syed Nagar, Aligarh, U P azamjnm@gmail.com Phone
No. - 9897674456

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Author Information

Tariq Mansoor, MS

Chairman, Dept. of General Surgery, A. M. U., J. N. Medical College

Mohd Aslam, MS, DNB

Reader, Dept. of General Surgery, A. M. U., J. N. Medical College

S.A.A. Rizwi, MS, FRCS

Lecturer, Dept. of General Surgery, A. M. U., J. N. Medical College

Mohd Azam Haseen

Senior Resident, Dept. of General Surgery, A. M. U., J. N. Medical College