

Case Report: Misplaced Intrauterine Contraceptive Device (IUCD) in the Urinary Bladder - A Case Study

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Received Date: April 03, 2025; Accepted Date: May 02, 2025; Published Date: May 14, 2025

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Citation: Shehzad Khan, Noor ul Hayat, Dr. Parveen Naveed, Uzma Ahmad, Dr. Ikramullah, Asma Hadi. Case Report: Misplaced Intrauterine Contraceptive Device (IUCD) in the Urinary Bladder - A Case Study. *W J Heal Med.* 2025;3(2):08-11.

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Abstract

We present a case of a 30-year-old woman diagnosed with recurrent Urinary Tract Infections (UTIs) due to a misplaced Intrauterine Contraceptive Device (IUCD) lodged in the right lateral wall of the urinary bladder. This case highlights the importance of recognizing potential complications associated with IUCD use, assesses the diagnostic process, and outlines an effective management approach.

Introduction

IUCDs are an effective long-term contraceptive method but can lead to complications such as migration into the urinary bladder, causing recurrent urinary symptoms. This case underscores the necessity for clinicians to consider IUCD

displacement in differential diagnoses for recurrent UTIs, especially in women with a history of IUCD insertion.

Case Presentation

Patient Information

- **Name:** Mrs. Nasreen
- **Age:** 30 years
- **Gender:** Female

Clinical Presentation

Mrs. Nasreen presented to the urology department with a six-month history of recurrent UTIs characterized by dysuria, urgency, and frequency. These episodes

persisted despite multiple antibiotic treatments, prompting further investigation.

Timeline of Clinical Course

Date	Event
[02/01/2025]	Initial visit for recurrent UTIs
[04/01/2025]	Urinalysis and urine culture performed
[07/02/2025]	Ultrasound KUB and CT KUB ordered; results show IUCD in bladder wall
[21/03/2025]	Cystoscopy and IUCD removal and catheterized for 1 week

Patient History

- **Gynecological History:** Mrs. Nasreen reported an IUCD insertion three years ago, following thorough counseling on contraceptive options.
- **Medical History:** No significant prior medical or surgical history. No known allergies.

Examination Findings

- **Vital Signs:** Stable; afebrile at presentation.
- **Abdominal Examination:** Soft, non-tender, without palpable masses.
- **Pelvic Examination:** IUCD strings not visualized; no masses felt.

Investigations

- **Laboratory Tests:**
 - Urinalysis: Positive for leukocytes and nitrites.
 - Urine culture: Pending.

Imaging Studies

Ultrasound finding

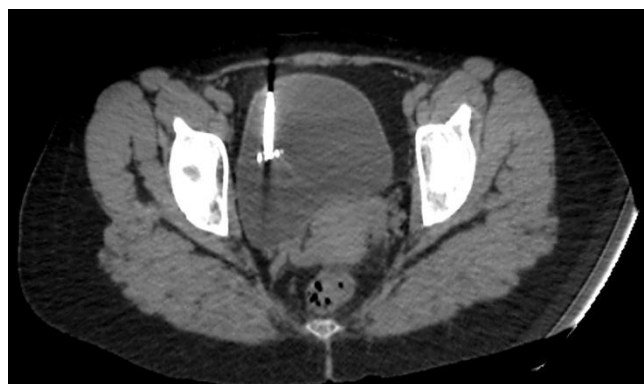
1. Pelvic scan show IUCD in urinary bladder lumen (Fig 1)



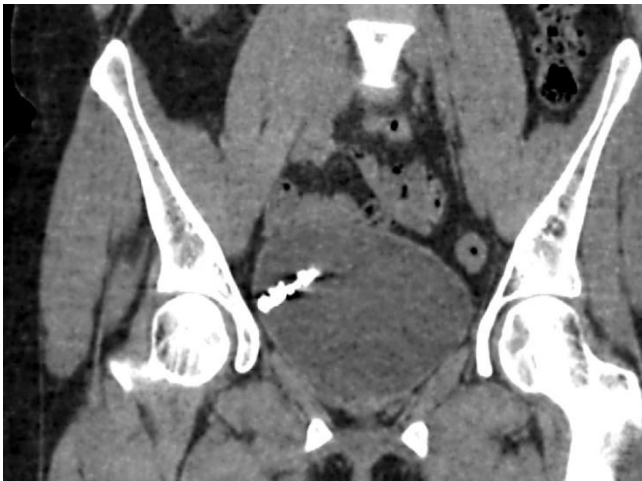
CT KUB Findings

CT imaging was performed prior to cystoscopy and revealed the following:

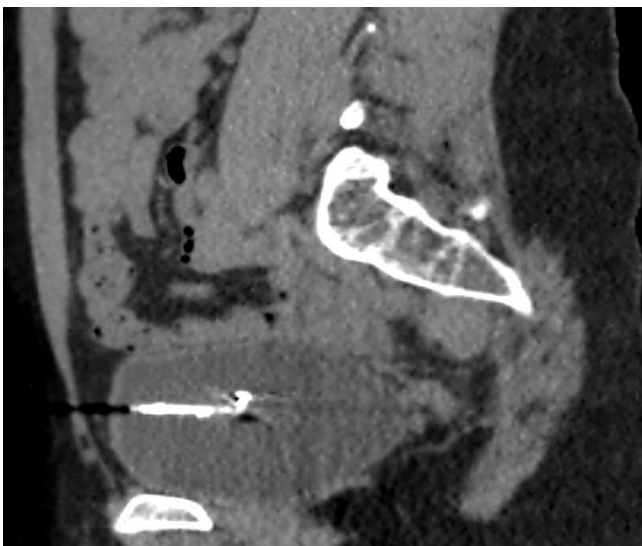
2. **Axial View:** The IUCD is located in the right lateral wall of the urinary bladder. (Fig 2)



3. **Coronal View:** The IUCD can be seen more clearly against the backdrop of the bladder and surrounding structures. (fig 3)



4. **Sagittal View:** Another perspective reinforces the position of the IUCD within the bladder wall. (Fig 4)



Clinical Importance of Imaging

The Ultrasound and CT KUB scan was crucial in confirming the diagnosis of IUCD migration. By visualizing the location of the IUCD, the management plan for cystoscopy and subsequent removal was effectively formulated. These images illustrate the significance of imaging in cases of suspected IUCD complications, aiding in direct visualization and surgical planning.

Management

A cystoscopy was performed under local anesthesia, during which the IUCD was successfully extracted from the bladder wall without complications.

Post-Operative Care and Follow-Up

- **Post-Operative Monitoring:** Patient observed for immediate post-surgical complications.
- **Medication:** Prophylactic antibiotics prescribed post-removal to prevent UTI recurrence.
- **Follow-Up:** Symptoms resolved at the follow-up visit; urine cultures was advised

Discussion

This case presents several important learning points:

1. **Complications of IUCD:** This incident emphasizes the potential for IUCD migration and the need for a thorough clinical assessment in women with recurrent UTIs and a history of IUCD insertion (1).
2. **Imaging Utility:** The use of CT imaging proved vital in diagnosing the misplaced IUCD, underscoring the importance of targeted imaging studies in complex cases (2).
3. **Patient Education:** Ongoing counseling regarding potential complications associated with IUCDs is essential for informed patient care (3).

Patient Perspective

Mrs. Nasreen expressed relief following the removal of the IUCD. She acknowledged the importance of her experience in advocating for better awareness among women using IUCDs regarding potential complications.

Conclusion

This case highlights the need for heightened awareness of the potential complications associated with IUCD use. Healthcare providers should consider IUCD displacement as a differential diagnosis in women presenting with recurrent UTIs. Early

identification and intervention can significantly improve patient outcomes.

Patient Consent

Written informed consent was obtained from Mrs. Nasreen for publication of this case report, including her clinical details and perspectives.

References

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