

Clinical Image

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Rectum penetration by an intrauterine device

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Description

A 38-year-old woman was transferred to our hospital with a 10-day history of lower abdominal pain and vomiting. She had no significant surgical and medical history. Physical examination showed no specific abnormality. Computed tomography of the abdomen and pelvic cavity incidentally showed a thin, irregular foreign object embedded in the right lateral wall of the rectum (Figure 1A and 1B). Colonoscopy confirmed perforation of the rectum by a thin metallic object (Figure 1C). On detailed questioning, she recalled having an intrauterine device inserted 9 years ago. The patient received the diagnosis of rectal perforation by an intrauterine device. The device was successfully removed laparoscopically by performing a partial rectectomy

(Figure 1D). The postsurgical course was uneventful and she became asymptomatic after the procedure. As a safe and effective birth control method, insertion of intrauterine contraceptive device is very popular in China. However, the migrated device may present as bleeding, abdominal pain, and even colonic perforation although most of the perforations are asymptomatic [1]. Migrating intrauterine contraceptive devices are usually involved in the sigmoid colon, which is the most commonly penetrated part of the colorectum [2]. As a rare complication of intrauterine device insertions, Uterine perforation may subsequently result in rectal perforation in our case. Minimally invasive techniques such as colonoscopy and laparoscopy are usually performed to remove the device eroding the colon wall [3].

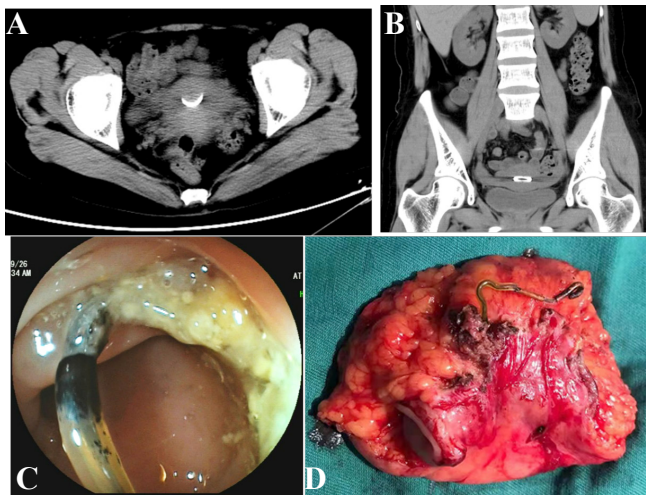


Figure 1: Rectum Penetration by an Intrauterine Device. (A,B). Computed tomography showing a thin, irregular foreign object embedded in the wall of the rectum. (C). Colonoscopy view showing the device clearly penetrating the rectal wall. (D). The device was successfully removed laparoscopically.

Conflicts of interest: The authors have no conflicts of interest to declare.

Ethical statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Written informed consent was obtained from the patient for publication of this “GI Image”.

Author’s contributions:

Collection of data: Jian-Xin Zhang.

Manuscript preparation and writing: Yi Ding.

Final approval of the manuscript: Wei Liu.

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