CASE REPORT

Intrauterine fragmentation of Gyne T380®: an uncommon complication

Anagha Nadgir, MRCOG, DFFP, Associate Specialist, Contraception and Reproductive Health Services, Middlesbrough Primary Care Trust (PCT); Deborah Beere, MFFP, DSM, Lead Consultant, Contraception and Reproductive Health Services, Middlesbrough PCT; Keith Barker, MRCOG, DFFP, General Practitioner, Langbaurgh PCT and Sessional Clinical Medical Officer, Middlesbrough PCT, Middlesbrough, UK

Correspondence: Dr Anagha Nadgir, Contraception and Reproductive Health Services, 23–27 Middlesbrough Road, South Bank, Middlesbrough, Teesside TS6 6NW, UK. Tel: +44 (0) 1642 459583. E-mail: anagha.nadgir@nhs.net

(Accepted 29 March 2004)

Journal of Family Planning and Reproductive Health Care 2004; 30(3): 175–176

Abstract

A case of intrauterine fragmentation of a Gyne T380® intrauterine device (IUD) is described that was detected during removal of the device. Pelvic ultrasound failed to detect the fragment. Subsequently the woman reported spontaneous expulsion of the device. A description of this uncommon complication of IUD use, diagnosis, management and the need for awareness of the possibility of spontaneous expulsion of the fragment are discussed.

Case report

A 30-year-old woman attended our contraception advice clinic in March 2003 for removal of her intrauterine device (IUD) because she wanted to conceive.

A Gyne T380® IUD (Janssen-Cilag) was inserted in August 2000 on Day 7 of the patient’s menstrual cycle without any difficulty. The IUD threads were in situ at her 6-week and annual checks.

The patient did not have any unacceptable alteration in her menstrual cycle and she did not have dysmenorrhoea. Overall she was very happy with this contraceptive method.

She had one child born in 1995 by spontaneous vaginal delivery at term. She had no medical or surgical history of significance.

When removal of the IUD was attempted a fragment of the transverse arm of the IUD was found to be missing (Figure 1). A pelvic ultrasound scan failed to locate the missing fragment. While the patient was waiting for a diagnostic hysteroscopy she reported spontaneous expulsion of the fragment during her menses.

Discussion

Although the Gyne T380 IUD is no longer available, some women may have the device in place until 2009. The manufacturer’s medical information department have confirmed that there have been no reported cases of fragmentation of Gyne T380 devices during their removal. The literature includes reports of this complication in Multiload® Cu250 device users1–3 and one case report in a Lippes® loop user.4

Although shedding of the copper wire is not uncommon in long-term IUD users, intrauterine fragmentation of the IUD frame is a rare complication. Fragments of IUDs have been observed to remain in the uterus after removal. This situation can result in perforation of the uterine muscle, migration into the abdominal cavity, and an increased risk of infection if the fragment perforates the intestine.5 Sonography, X-ray and computed tomography are not always successful in identifying the fragment and depend on the location of the fragment and the presence or absence of X-ray contrast. In this situation hysteroscopy is indicated.

References

to enable detection and removal of the IUD fragment. Feng et al. have reported that hysteroscopy is of great value in the management of patients with broken and/or embedded IUD fragments. F

If, however, the fragment has penetrated far into the myometrium, a diagnostic laparoscopy to rule out an abdominal uterine defect should be done. If the fragment remains undetectable on laparoscopy then surgical removal by laparotomy is recommended since serious infections can occur if the fragment perforates the intestine.

This case report highlights two important clinical issues:

1. The need to carefully inspect an IUD after it has been extracted by medical staff and/or the need to advise the woman to carefully inspect the device for any missing fragments if it has been expelled spontaneously.

2. If a fragment is found to be missing then it is necessary to instruct the woman to be on the alert for spontaneous expulsion of the missing fragment (especially during menstruation) before any invasive procedures are undertaken to locate the missing device.

**Statements on funding and competing interests**

**Funding.** None identified.

**Competing interests.** None identified.

**References**


Intrauterine fragmentation of Gyne T380®: an uncommon complication

Anagha Nadgir, Deborah Beere and Keith Barker

*J Fam Plann Reprod Health Care* 2004 30: 175-176
doi: 10.1783/1471189041261410

Updated information and services can be found at:
http://srh.bmj.com

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes