Expulsion of Implanon®

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Case report

A 24-year-old woman attended the family planning clinic in October 2005 reporting increasing discomfort over the site of her Implanon® contraceptive implant. It had been inserted 6 months previously in the standard position in the left arm and apart from irregular slight bleeding she had had no problems with it until this point. She had previously used Depo-Provera® as contraception since 2001 and was happy with this method, but had been advised to change due to the new Committee on Safety of Medicines (CSM) guidance that had been issued regarding the potential problem of loss of bone density with long-term use.[1]

The patient was seen on a Saturday, when redness and mild tenderness over the proximal and distal ends of the implant were noted. She was unable to wait to have it removed on that occasion. She therefore returned 2 days later, by which time the discomfort had increased and she could feel the proximal end just under the skin surface. It was felt that she should start antibiotics prior to removal of the implant. On the following day there was more marked reddening at either end with some tenderness, and an inflammatory reaction was noted at the proximal end where the implant was extremely superficial and appeared almost to be protruding from the skin. When lidocaine was infiltrated at the distal end prior to removal it became apparent that the skin had been broken by the implant, as some of the solution emerged via a hole at the proximal end. The implant was removed without difficulty.

The patient recommenced Depo-Provera and was last seen in April 2006, when examination of the previous Implanon site revealed marked scarring and redness at the proximal and distal ends and a linear scar between them.

Discussion

Staff at the clinic were not aware of any previous reports of such a reaction and expulsion of a contraceptive implant from the arm. In this case the reaction occurred 6 months following insertion. The time lag between insertion and expulsion suggests that infection during the insertion procedure or insertion error were not implicated. The implant was located in the usual position in the arm and had not been inserted deeply. There was no history of trauma or injury to the area and the patient was adamant that she had not interfered with the implant site. There were no features such as pus, cellulitis, malaise or fever to suggest infection. In the absence of any other obvious cause of the expulsion, this author attributes it to an unusual foreign body reaction. The significant scarring that remained 6 months following the removal of the Implanon would support this as the cause. A possible contributing factor may have been that the client worked with horses and had done a lot of physical work with her arms in the autumn, which she had not done over the summer.

The reaction was reported as a suspected adverse drug reaction both to the manufacturers of Implanon and to the CSM via the Yellow Card scheme. The medical information department of Organon Laboratories Ltd replied confirming a tiny number of implant expulsions reported to the Medicines and Healthcare products Regulatory Agency and an exceedingly small number reported worldwide. A case series from postmarketing experience in Australia lists three cases of Implanon expulsion with no further information given regarding the cases.[2] Since May 1999, five cases of expulsion had been reported to the CSM and 38 cases reported as site reactions.

Previous published case reports have documented the migration of Implanon *in situ*[3] and broken Implanon.[4] In view of the present case, foreign body reaction and expulsion can now be added to the rare but possible complications of Implanon use.

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Statements on funding and competing interests

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2 Harrison-Woolrych M, Hill R. Unintended pregnancies with the etonogestrel implant (Implanon): a case series from postmarketing experience in Australia. *Contraception* 2005; **71**: 306–308.
3 Evans R, Holman R, Lindsay E. Migration of Implanon: two case reports. *J Fam Plann Reprod Health Care* 2005; **31**: 71–72.
4 Edwards JE, Moore A. Implanon: a review of clinical studies. *Br J Fam Plann* 1999; **24**(4 Suppl.): 3–16.

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