



## An unusual case of copper-T in the rectum

**Maru Laxmi, Jharvade Hemlata, Lall Pooja Rani**

*Department of Obstetrics and Gynecology M.G.M. Medical College, Indore, (MP).*

**Key words :** misplaced copper-T, copper-T in the rectum

### Introduction

There are numerous mentions of Copper-T getting misplaced and lodging at unusual sites, but here is a very rare case where copper-T was found in an unusual site, i.e., rectum.

### Case report

Mrs. RB, a 26 year old, woman, was seen in Gynecological OPD for thread like structure coming out per rectum for 5 days, for which she went to PHC Dakachiya. (District Dewas) from where she was referred to our hospital.

There was no other complaint. She had regular menstrual cycle. Her LMP was on 18th October, 2001. She was para 2 with normal home deliveries by trained birth attendant. Last delivery was 2 years back.

She had a history of Copper-T insertion 2 years back at PHC Dakachiya. Six months after that, she got voluntary termination of pregnancy (MTP) done for 2-months gestation. At that time she was told that there was no Copper-T in situ.

Her general, physical and systemic examination was unremarkable.

On local examination, labia majora and minora, vestibule, clitoris, urethral meatus and fourchette were normal. No discharge or bleeding could be seen. Rectocele was present. A thread could be seen coming out of the anus.

On speculum examination, there was no discharge or bleeding.

---

*Paper received on 01/02/2002 ; accepted on 3/3/2003*

Correspondence :

Dr. Laxmi Maru

Department of Obstetrics and Gynecology

V-7, Sanvad Nagar, Navlakha, Indore (M.P.) 452001

Tel. : 401040, 400040 Email : dryashwant@hotmail.com

Copper-T thread could not be seen. Cystocele and rectocele were present. Vaginal mucosa was healthy.

On vaginal examination, the cervix was downward and backward, uterus anteverted, normal sized, firm, mobile, and fornices were free. There was no tenderness with cervical movements.

On rectal examination both arms of Copper-T could be felt high up in the rectum, 6-8 cm from anal opening and were free from rectal mucosa. The threads could not be pulled out.



**Photograph 1:** Copper-T thread coming out through anus

All routine investigations were normal. Transvaginal ultrasonography demonstrated a normal empty uterine cavity. On abdominal ultrasonography, Copper-T was confirmed to be in the rectum.

She was planned for proctoscopic-guided Copper-T removal, under sedation. On proctoscopy, in knee elbow position, Copper-T was seen lying in the rectum. Arms were slightly bent, but free from rectal mucosa. With due care, Copper-T was removed by artery forceps. Rectal mucosa was intact and there was no bleeding per rectum. The postoperative period was uneventful. Subsequently she gave history of recent copper-T insertion at the PHC. She was discharged and asked to come after next menses for future contraception.

## **Discussion**

In the present case Copper-T was inserted in the rectum by an untrained health worker without using any speculum and anterior vaginal wall retractor. This has a bearing on the present status of our PHCs where simple and essential instruments are either not available or are not being used by the untrained staff.

A letter was sent to the aforementioned PHC to send a proper person for training in Copper-T application, which is an important part of 'Family Planning Program'.