**EP15.18 Difficulties in the diagnosis and management of embedded IUCD**

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**Introduction**

The localization of malpositioned IUCD with different imaging modalities may pose difficulties, but would probably improve with experience.

**CASE STUDY**

Patient was a 51 year-old Chinese, para 2. Mirena IUCD was inserted a year ago for perimenopausal dysfunctional uterine bleeding. Patient requested the removal of Mirena IUCD. Attempt was made in the clinic to remove Mirena as thread was seen, but there was some resistance. Patient was referred for ultrasound. 2D and 3D ultrasound were performed. No IUCD was demonstrated within endometrial cavity. There were two hyperechoic irregular structures seen within cervical canal. It was reported to clinician that IUCD might be within cervical canal. Patient was listed for hysteroscopy and removal of Mirena. She underwent EUA, hysteroscopy, **Hysteroscopy**: Bilateral ostia seen. Endometrium normal. IUCD thread seen at endocervix but no IUCD shaft seen in the cavity. **Colposcopy**: Mirena thread seen at 7 o’clock extending into the cervical stroma but no Mirena shaft visualized. IUCD is no longer in the endometrial cavity location. **CT scan** was performed. The IUCD had migrated from the presumed endometrial location to the right adnexal/cornual/lower uterine region.

Patient had occasional pulling pain in abdomen. Patient opted for laparoscopic hysterectomy, bilateral salpingectomy, and removal of embedded Mirena. **Intraoperative findings**: Embedded Mirena entering from the right endocervix, lying in the serosa of the right uterus. Top tip of Mirena lying between the round ligament and fallopian tube. **Patient had Uneventful postoperative recovery.**

**Conclusion**

Retrospective review of the multiplanar images demonstrated that the Mirena was in an abnormal position, and not within cervical canal. Its position appeared very low posteriorly, but it was not possible to confirm the exact location. The two hyperechoic structures within the cervical canal were segments of the thread. Findings from the CT scan were also not confirmative, probably owing to difficulty to differentiate tissue planes.