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PERITONITIS DUE TO AN INTRAUTERINE CONTRACEPTIVE DEVICE

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ABSTRACT

Objectives: Reporting peritonitis as a complication to a patient holding copper IUD for 9 years, this ended in hysterectomy. Method: Reporting the case of a patient who was hospitalized and operated in gynecology at "Queen Geraldine" Hospital, Tirana. Results: Patient with high temperature of 39.5˚C, pain at the end of the abdomen with moderate intensity, with no accompanying illnesses. After ambulatory treatment with antipyretics, the complaints persisted. In this situation she was addressed to the gynecological service, "Queen Geraldine" Hospital, Tirana. In the history of the patient, she has had around 9 years since she has placed copper IUD and repeated unrecognized vaginal infections.

The ultrasound examination showed: uterus with size 86 x 53 x 56mm. The IUD was found in the cavity in a normal position, an admixed mass with a size of 66 x 55 mm of dishomogeneous content. At the Douglas level, stretching to the right adjective, a hypoecogeneous piriform mass is found in favor of a pyosalpingitis. In the hemogram obtained a leukocytosis of 22.37 x 10 * 9/L, granulocytes 20.68 x 10 * 9/L, HGB 9.4 g/dl. In the vaginal examination, the uterus was included with a massive conglomerate occupying the whole of Douglas and tamponized by intestines, dolent, with fluctuation. Affiliates included in this conglomerate. Parameters sore, infiltrated.

The patient underwent antibiotic therapy for 7 days, improving the situation of complaints and preparing for intervention. Conclusions: The patient underwent supravaginalhysterectomy and bilateralsalpingooophorectomy, a peritoneal wash, after the peritoneal generalization was found. Postoperative deafness of the patient, with early placement of peristalsis and significant improvement of the clinical staff. Antibiotic prophylaxis at the time of IUD placement, patient explanation for its complications, and correct tracking over the years are important in preventing these severe situations. It is also worth emphasizing the importance of accurate diagnosis and timely intervention in chronic SIP or generalized peritonitis.

Recommendations: Proper timely screening and treatment of vaginal infections in IUDcarriers prevents pelvic inflammatory disease and consequently severe peritoneal complications.

1.Introduction

Peritonitisis defined as an inflammation of the serous membranes that extends into the abdominal cavity and the organs in it. It can present as a complication of pelvic inflammatory disease (infectious and inflammatory disorder of the female genital tract including the uterus, fallopian tubes and surrounding structures).In pelvic inflamatory disease ascendant infection from the vagina and cervix passes into the upper genital tract. The most common causes are: N. gonorrheae, Chlamydia trachomatis, Gardnerellavaginalis, Mycoplasma hominis, Ureaplasmaurealyticum, Hemophilus influenza, Anaerobes such as peptococcus and bacteroides. Risk Factorsinclude: young women, multipartneriteti, IUD (2-9 times increase in risk for PID), unprotected sexual intercourse.

2. Objectives

Reporting peritonitis as a complication to a patient holding copper IUD for 9 years, which ended in hysterectomy.

3. Method

Reporting the case of a patient who was hospitalized and operated in gynecology department in "Queen Geraldine" Hospital, Tirana.

4. Anamnesis

The 44-year-old patient presents to the emergency gynecological service at the Queen Geraldine, with high temperature, 39.5 C, abdominal pain in one week, refers to a spontaneous hemorrhage 3 weeks ago, IUD for 9 years.

Obstetric-Gynecological Anamnesis: 2 s/cesarean births,1 abortion, repeated bacterial vaginosis.

Anamnesis of life: tonsillectomy. After ambulatory treatment with antipyretics, the complaints persisted.The ultrasound examination showed: uterus with size 86x53x56mm. The IUD was found in the cavity in a normal position, an admixed mass with a size of 66 x 55 mm of dishomogeneous content. At the Douglas level, stretching to the right adjective, a hypoecogeneouspiriform mass was found in favor of a pyosalpingitis.

In the hemogram obtained a leukocytosis of 22.37x10 * 9 / L, granulocytes 20.68x10 * 9/L, HGB 9.4 g / dl. In the vaginal examination, the uterus was included with a massive conglomerate occupying the whole of Douglas and tamponized by intestines, dolent, with fluctuation. Affiliates included in this conglomerate. Parameters sore, infiltrated.

5. Results

The patient underwent systemic antibiotic therapy for 7 days, improving the situation of complaints and preparing for intervention.In laparatomy was found a conglomerate of uterus with radix mesentery, illeum, adnexes adhered to the lateral walls of the pelvis.Aderentiolysis was performed, bilateral pyosalpings where thick, green pus was aspirated. The patient underwent supravaginal hysterectomy and bilateral salpingo-oophorectomy, a peritoneal wash, after the peritoneal generalization was found. Postoperative deafness of the patient, with early placement of peristalsis and significant improvement of the clinical staff.

6. Conclusions

Antibiotic prophylaxis at the time of IUD placement, patient explanation for its complications, and correct tracking over the years are important in preventing these severe situations. It is also worth emphasizing the importance of accurate diagnosis and timely intervention in chronic SIP or generalized peritonitis.

7. Recommendations

Proper timely screening and treatment of vaginal infections in IUD carriers prevents pelvic inflammatory disease and consequently severe peritoneal complications.

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