Extrauterine Migration of a MIRENAÒ Intrauterine Device: Case Reports comparing Two Different Presentations

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ABSTRACT

The extrauterine migration of an intrauterine device (IUD) is a known complication, either as a result of IUD expulsion or uterine perforation. Patients may present very differently; with signs of perforation or infection and have a very tender pelvic on abdominal examination or they may have a more subtle presentation and have only very mild tenderness on examination. **Objective:** This case report describes two different presentations of extrauterine migration of IUD due to probable perforation. **Case Report:** This is a case report of two uncommon but potentially dangerous outcomes of IUD placement and use. One case was an incidental finding at time of removal and the other case presents with lower abdominal pain. Both had subtle presentation of a potentially life-threatening diagnosis. **Conclusion:** This article presents the two cases, discusses the incidence, likely causes, predisposing factors, diagnostic modalities and the treatment of this diagnosis.

The Outcome of Transpelvic Magnetic Stimulation (TPMS) in treating Women with Urinary Incontinence and Overactive Bladder – A Prospective Observational Study

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ABSTRACT

Introduction: Pelvic floor muscle therapy (PFMT) is the simplest and the most effective treatment provided that it is done properly. Generally, women should be motivated to continue doing this exercise. Women who are not able to contract their pelvic floor muscles effectively, Transpelvic Magnetic Stimulation Therapy (TPMS) is a useful new treatment modality. **Objectives:** To determine the outcome of TPMS therapy as conservative management in the treatment of female Urinary Incontinence (UI), mixed incontinence and Over Active Bladder (OAB). **Methods:** This is a pilot study on 53 women who attended the Urogynaecology clinic diagnosed with UI and OAB. They received 10 courses of individualized PFMT using TPMS chair over 5 weeks duration which consist of 8 second pulses followed by 4 second rest for a total of 20 minutes. They were assessed prior to recruitment, at 5 weeks and 6 months after treatment. Assessments include cough stress test, bladder diary, 1-hour pad test, perineometry and validated questionnaires (UDI 6 or V-8 OAB). The outcome measures include objective cure of UI by negative pad test, changes in muscle power, reduction in numbers of leaking episodes, daytime frequency and nocturia, negative cough stress test and improvement in specific quality of life questionnaires (QOL). The analysis was based on intention to treat using SPSS software. **Results:** There were total of 53 women recruited in the study. Only 43 of them completed treatment protocol. Table 1 showed patient's clinical characteristic. At 6 weeks of treatment, all participants with SUI group improved in their severity index followed by OAB group (75%) and mixed incontinence group (55.6%). However, the percentage dropped 6 months later which was 12.5%, 50% and 44.4% respectively. These were further supported by improved perineal muscles power in SUI and OAB groups at 6 weeks of treatment but deteriorated 6 months later (table 2). Similar findings were seen in the 1-hour pad test and QOL score (table 3). OAB and MIXED groups showed more positive and sustainable outcome of QOL (V8 and UDI 6) compared to SUI. **Conclusion:** TPMS is an effective type of PFMT for UI and OAB. Further study with bigger sample size, longer duration of maintenance therapy is required to see the sustainable effect of the treatment.