

## UMBILICAL DISCHARGE DUE TO AN INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD): A CASE REPORT OF A RARE CAUSE IN AN ADULT WOMAN

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### ABSTRACT

A 38-year-old female presented to the outpatient department for spontaneous umbilical discharge for the past 1 year. She reported mild periumbilical pain but there were no other abdominal or urinary symptoms. Patient was afebrile. Abdominal examination was unremarkable. A sinogram was attempted but we were unable to cannulate the sinus. After surgical exploration of the umbilicus, a T shaped copper device was discovered which was removed followed by an unremarkable recovery.

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Umbilical discharge is a rare presenting complaint. There are many different causes of this condition. The most common cause is lack of cleanliness leading to localized infection. Umbilicolith formation is another reason for discharging umbilicus which is stone formation due to lack of cleanliness of umbilicus. The other less common causes are umbilical granuloma and patent urachus.<sup>1</sup> The urachus is a tubular structure communicating from urinary bladder to the umbilicus. If it is patent the result is discharging umbilicus. The treatment is exploration if not settled with conservative treatment.<sup>2</sup> In this case, the underlying cause of this patients' umbilical discharge was found to be an IUCD that had migrated to the umbilicus, resulting in the discharge from umbilicus.

### Case Presentation:

A 38-year-old female para 4, with no comorbidities and no past history of hospitalization for any surgeries or medical illnesses, presented to the OPD with

lethargy and persistent discharge from the umbilicus for the past 1 year. Patient reported itching and discomfort along with mild periumbilical pain that did not radiate elsewhere in the body. The pain would reduce after consumption of antibiotics but would never completely subside. However, the discharge was continuous despite the antibiotics. The discharge was described as thick and yellow.

Patient's examinations were unremarkable. Her baselines investigations and ultrasound of the abdomen were carried out which revealed no abnormality. A sinogram was conducted but there was failure to cannulate the sinus. As a result, exploration was decided.

Patient was shifted to the OT table to excise the umbilicus. An elliptical transverse incision was made. Upon exploration of the sinus, a foreign body was palpated in the superficial subcutaneous tissue emanating from the umbilicus. (Figure 1.1) After dissection, it was found to be a T shaped copper IUCD with thread intact (Figure 2). The IUCD had migrated to the umbilicus, forming a sinus, which resulted in the umbilical discharge (Figure 1.2). The uterus was examined and was found to have no perforations or scar tissues. This is the known complication of IUCD that it came out of uterus causing perforation. There are only few case reports where IUCD migrated and perforation is so pinpoint that it is sealed due to late presentation.<sup>1</sup>

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**Figure 1.1:** Foreign body in patients' abdomen



**Figure 1.2:** IUCD (copper T) coming out of umbilicus.



**Figure 2:** IUD removed with thread intact

The IUCD was removed from the umbilical stump and the abdomen was closed in layers. Patient initially came for a follow up 5 days later and again after 2 weeks. Patient was healthy and reported no discharge.

### DISCUSSION

Discharging umbilicus is a rare entity. The most common cause is poor hygiene. Umbilical discharge is a sign of varied pathology.<sup>2</sup> It may also be caused by various acquired or congenital conditions.

Patent urachal anomalies such as a patent urachus, a urachal cyst, an umbilical urachal sinus, patent vitelline duct or cord can manifest as umbilical discharge. Acquired causes such as umbilical abscess, recurrent folliculitis, pilonidal sinus and lack of personal hygiene have manifested as umbilical discharge. Due to the increasing number of laparoscopic procedures, post laparoscopic site infections have been the culprit of infections that result in umbilical discharge.<sup>3</sup>

A case series retrospective study on numerous patients by El-Bakry noted that the main cause for umbilical discharge in their study was pilonidal sinus of the umbilicus. El-Bakry also reported that none of the cases had embryological abnormalities that may make them susceptible to the disease,<sup>4</sup> which is a chronic inflammatory condition due to the reaction of collected broken hair in the umbilicus and ultimately resulting a umbilical discharge.<sup>5</sup>

### CONCLUSION

This case of an IUCD leading to foreign body induced omphalitis resulting in umbilical discharge is very unusual. All possible investigations and imaging techniques were rendered useless. Sometimes exploration and surgical intervention is the only possible solution to a problem.

Even though the most common acquired cause of a discharging umbilicus is pilonidal sinus of the umbilicus, other foreign objects should not be completely ruled out. Questioning for an implanted IUCD should be included while taking the history of a female presenting for a discharging umbilicus. This case also

adds to the risks of an IUCD and patients should be counseled for chances of umbilical discharge while opting to get an IUD.

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