

Session 8

IUDS (PART II)

MENSTRUAL BLOOD LOSS IN IUD USERS

56

Andrade A T L*, Pizarro Orchard E

*Universidade Federal de Juiz de Fora, Brazil

Universidad de Chile, Santiago, Chile

Intrauterine devices (IUDs) inserted in women in developing countries, who are already depleted in their body iron stores, may prove to be deleterious to their health. Despite newer IUD designs the most important complication involving IUD use continues to be excessive menstrual bleeding.

The values of menstrual blood loss (MBL) are ± 32 ml for non-contracepting women in the Western world; MBL values increased to 52-72 ml in wearers of the Lippes Loop and other non-medicated devices for at least 24 months after insertion, in a study of 395 women followed at 3-month intervals up to two years in Brazil and Chile. For the Copper-7 and TCu200 devices MBL values increased to 37-40 ml in the first month, declining to 30-38 ml at 12 months after IUD insertion. In the users of the ML250 IUD at 1 month post-insertion the MBL values were 56-63 ml and 36-39 ml at 24 months of use. MBL values in ML375 device users at 1 month after insertion were 45-73 ml and at 24 months, 35-50 ml. The progestogen releasing device wearers lost 27-36 ml at 1 month and 9-13 ml at 12 months post-insertion. Increased intermenstrual blood loss was significant only in the first month of use of the IUD.

Discontinuation rates for pain/bleeding with non-medicated IUDs were 11.0-19.6 per 100 women per year, and for the copper IUDs 4.4-6.8 per 100 women in the first year of use.

With prolonged menstrual bleeding depletion of the body iron stores was highly significant with non-medicated devices, less important with copper devices and conversely, was augmented in progestogen-releasing device users, based on serum ferritin measured up to 24 months after insertion. The ferritin values correlated well with the volumes of MBL.

57 CHANGES IN SERUM IMMUNOGLOBULINS IN PATIENTS WITH COPPER IUD-INDUCED BLEEDING

Ali A F M, El-Mahgoub S, Allam J, El-Ghetany S, Wafa G, Mehanna M A
Ain Shams University, Cairo, Egypt

200 patients using a TCu200 IUD and complaining of abnormal uterine bleeding were studied. 100 patients using the same type of loop for comparable periods, but with no bleeding problems, served as controls. Serum levels of IgA, IgG and IgM were determined in both groups using single radial immunodiffusion technique.

Serum levels of the study group were as follows: IgA 137.7 ± 64.87 , IgG 281 ± 71.33 , IgM 313 ± 81.6 . The corresponding values for the control group were: IgA 117.3 ± 54.81 , IgG 212.2 ± 62.21 , IgM 224.7 ± 76.66 . The difference was statistically significant for all the 3 immunoglobulins. These results suggest a possible role for immunoglobulins in cases of copper IUD-induced bleeding.

58 USE OF TCu200 IN QUITO, ECUADOR **Velasco G**

Health Center No. 8, Quito, Ecuador

A study was initiated in 1985 of 700 patients using TCu200 at Health Center No. 8 in Quito, Ecuador.

The patients were divided according to the following considerations: age, civil status, place of origin, socio-economic conditions, multiparity, previous abortion, use of other contraceptive method, presence of main effects (hemorrhage, infection, T expulsion), minor effects (leucorrhea, pain, spotting), pregnancy with this contraceptive device, reasons for its removal, preceding Pap-test, and vaginal infections.

Intrauterine contraception with the TCu200 was highly beneficial for its security index and negative side-effects were few and not serious.

59 CANDIDA AND THE IUD

Thiery M, Parewijck W, Claeys G, Van Kets H
Vrouwenklinik, Academisch Ziekenhuis, Gent, Belgium

Vaginal colonization by *Candida* spp. was compared in 117 users and 100 controls. None of the subjects had factors currently assumed to predispose to yeast colonization or infection. Yeasts were present significantly more often in the index cases (19.6%) than in the controls (6%). In two of the 21 subjects with positive cultures the tail of the IUD

yielded substantially more colonies than the vaginal specimen did and in 7 others only the tail culture was positive. These findings strongly suggest that the IUD is a promotive factor in vaginal colonization and infection by *Candida* strains. Our results also illustrate that the presence of yeasts in the vagina is very frequently unrelated to signs and symptoms and that the virulence of *C. albicans* is similar to that of other yeast strains.

COMPARATIVE CLINICAL TRIAL OF TWO MODELS OF COPPER IUD IN CAMPINAS: THE TCu200 AND THE MULTILOAD Cu250

60

Diaz J, Faundes A, Diaz M M, Pinotti J A
University of Campinas, Sao Paulo, Brazil

With the aim of comparing the performance of the MLCu250, a model of a copper contraceptive on which there is no previous experience in Brazil, with the TCu200, already widely tested, 742 IUD acceptors were enrolled in a comparative randomized study. In 292 women a MLCu250 was inserted and 450 women received a TCu200. The age and parity distribution of the sample showed that there were no significant differences between the two groups.

The results were very good with both IUD models, with very similar continuation rates, over 90% at 12 months and over 85% at 18 months. We concluded that there were no statistically significant differences in the performance of the two models at 18 months of use and the two models should be recommended as contraceptive methods to be available for the Brazilian population. The MLCu should be tested in clinical trials with larger samples to confirm the good performance presented in this study.

AMBULATORY LAPAROSCOPIC REMOVAL OF ECTOPIC ABDOMINAL IUDS

61

Zighelboim I, Szczedrin W, Hurtado F, Espinoza Y, Tang F
Departments of Infertility and Family Planning, "Concepcion Palacios"
Maternity Hospital, Caracas, Venezuela

Twenty one (21) women using intra-abdominal IUDs were submitted to ambulatory laparoscopy under sedation (10 mg diazepam + 100 mg meperidine) and sub-umbilical infiltration with 100 mg lidocaine for device removal. Patient ages ranged from 18 to 38 years with an average of 25 years. Time of IUD perforation ranged from eight days (0.26 months) to 132 months (11 years), average of 12.79 months (1.06 years). We attempted removals from four women through a single puncture laparoscopy and in seventeen through double puncture. The types of ectopic IUDs were: Lippes loop 13 cases; Cu7 2 cases; TCu220 2 cases; and one of each of the following: TCuAg200, TCu380, TCu500 and

MLCu250. Of the twenty-one cases nineteen (90.47%) were removed and in two cases (9.52%) laparoscopic removal was not attempted because one was an incomplete perforation near the right uterine vessels and the other was located between adhesions of the small and large bowel. A review of the literature led to the same conclusion as this paper, that for ectopic IUDs removal should be attempted in all instances by laparoscopy and only when uterine vessels or portions of bowel are involved is removal at laparotomy preferred.