Migration of a Subcutaneous Contraceptive Device

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A healthy 20-year-old woman presented to the obstetrics and gynecology clinic with complaint of pain in her left upper extremity. The patient had undergone subcutaneous placement of a etonogestrel implant 3 days prior. Physical examination revealed tenderness on palpation to the medial aspect of the left upper arm near the axilla. The implant was superficially palpable, approximately 12 cm cephalad from the insertion scar (image A). A radiographic image revealed a radiopaque rod near the left axilla (image B). A 1-cm skin incision was made, and the device was removed using ultrasound guidance. Another implant was inserted without complication into the right arm 4 days later.

Migration of single-rod subdermal contraceptive implants has been known to occur, typically less than 2 cm from the insertion site.1,2 Rare reports of distant migration from the insertion site have been described.3 Radiographic identification of the device is important for localization and should be obtained before removal. There is no explanation for the migration of the implant in the current patient, as she reported no manipulation or rubbing at the insertion site. (doi:10.7556/jaoa.2016.123)

References

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