

The major problem was spotting (74%) which has religious value then backache (14%).

So, menorrhagia with Copper T and spotting with Pro-copper showed highly significant difference ( $P < 0.01$ ). Some reports said that spotting gradually disappeared by the end of the 4th month in Pro-copper group (*Azzam et al.*, 1995).

### **Conclusion and Recommendation :**

The results of this comparative study indicate a significant reduced risk of contamination of vaginal and cervical flora (especially cervical) with microorganisms after insertion of Pro-copper IUCD in comparison with Copper IUCD insertion.

Also, Pro-copper IUCD showed reduced risk of amenorrhea, dysmenorrhea, menorrhagia, hypomenorrhea, vaginal discharge and irregular cycles which met with Copper T insertion.

Spotting was the major complaint of Pro-copper IUCD users which is of great importance for religious reasons.

However, some reports said that this problem will improve rapidly after few months after application (*Sivin and Stern*, 1994 and *Azzam et al.*, 1995).

So, we recommend further follow up for Pro-copper users and further studies for Pro-copper IUCDs.

We recommend also to use completely sterile instruments and technique during insertion of IUCD as some said that the only infection related to IUCD is that associated with insertion (*Rioux, 1993*).

The effect of use a prophylactic antibiotic or insertion during ovulation to minimize incidence of infection need further studies (*Jovanovic, 1988*).