Introduction

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Wahab et al. (1985) stated that, The insertion process of IUCD leads to contamination of the uterine cavity with Bacteria. When the uterus contain an IUCD with a tail; either mono or multifil-amentous; a small number mainly commensal bacteria were usually found in the cervical canal and the lower uterine cavity, irrespective to the time interval after insertion or the type of the device.

Bacterial flora of the vagina and cervix of healthy women mainly comprises potentially pathogenic microbes. Any condition favoring the ascent of bacteria to the upper genital tract; like IUCD in association with reduced resistance to infection; can cause the development of pelvic inflammatory disease. Numerous species of aerobic and anaerobic bacteria and yeast were seen in significant number of cases, prior and subsequent to cu 200 device insertion (***Wahab et al.***, 1985).

The number of micro-organisms recovered from individual cultures from the same woman considerably increased subsequent to the devise insertion. The insertion of copper T devise was associated with increase in the percentage of aerobic and anaerobic Gram-negative bacilli where, copper T device insertion can result in qualitative and quantitative changes in the vaginal and cervical flora, so, it seems a reasonable precaution to ensure that both the device and the insertion equipment should be completely sterile before the time of insertion (***Wahab et al.***, 1985).

Hauk kamaa et al. (1987) searched for bacterial flora of the cervix in women using an intrauterine device. They found that before insertion of an IUCD, only occasional pathogens such as Enterococci, group B streptococci, gardnerella veginalis and few anaerobic bacteria were found. The use of IUCD was associated with significantly increased amount of anaerobes in the cervix.