

MISSED ABORTION DUE TO AN INTRAUTERINE CONTRACEPTIVE DEVICE

(Case Report)

by

SERENE S. DARUVALA*, M.D., F.C.P.S.

Population Control by means of Family Planning has become a national responsibility. It has created a lot of interesting research work on contraceptives.

The intrauterine contraceptive device seems to be best suited for our country women especially in the rural areas.

The safety and efficacy of the device has to be evaluated, after extensive trials and good follow up of cases for several years, to study the short term and long term effects of the device on the female reproductive organs. With this in view the following case is reported:

A 35 years old female was admitted on 31-5-1965 with a history of amenorrhoea of four months' duration followed by bleeding per vaginam off and on since one month.

Obstetric history—5 full-term normal deliveries, last delivery being 2½ years ago.

On examination—The patient was anaemic, otherwise her general condition was satisfactory. B.P. 110/70. The uterus was enlarged to 18 weeks' size of pregnancy. The cervical os was closed. Rat test was positive on 3-6-1965.

She continued to have slight vaginal bleeding off and on. A blood transfusion

was given and she was treated for anaemia and threatened abortion.

A few days later it was observed that the uterus was not increasing in size but decreasing and no external ballotment could be felt. A missed abortion or a mole was suspected. The rat test was positive (1 in 100). An x-ray film taken on 17-6-1965 showed foetal parts of the size of 16 to 18 weeks gestation; a coiled wire like shadow was seen in the pelvis, intrauterine. It looked like the shadow of an intrauterine contraceptive device, a Lippes loop which seemed to be upside down.

On questioning the patient it was found that on 1st January 1965, a Lippes loop (size 25 mm.) had been inserted at a Family Planning Centre. When she missed three menstrual periods she went back to the centre to find out if she was pregnant. As the doctor could not see the filaments attached to the Lippes loop, the patient was

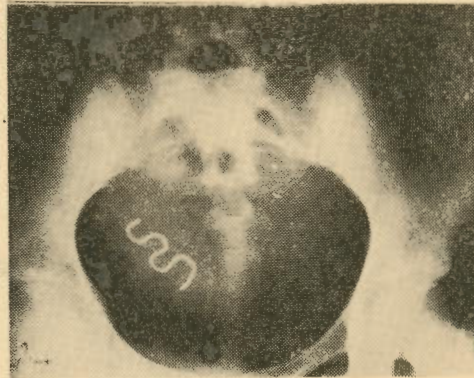


Fig. 1

X-ray film showing the lips loop and foetal shadow.

*Honorary Obstetrician & Gynaecologist, Cama and Albles Hospitals, Bombay.

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told that the loop had been expelled and therefore, she became pregnant.

On 20-6-1965 patient began to pass foetal bones per vaginam, the rat test was still positive. Her bleeding and clotting time were normal so it was decided to induce her. She was given Inj. Dycristicin daily to prevent infection and induced by Jeff-coate's method. Inj. Clinoestrol 5 mgm. $\frac{1}{2}$ hourly at first and later 2 hourly were given. On 23-6-1965 early in the morning patient had a bout of bleeding so 5 units of Pitocin in an intravenous drip of 5% glucose was started and increased to 10 units in the second drip. The patient passed a flattened shrunken foetus and the Lippes loop with blood clots at about 12 noon. In spite of good uterine contractions the cervix was 1 finger dilated and the bleeding was profuse; a large placenta could be felt which was adherent on the posterior and left lateral surfaces of the uterus. A blood transfusion was started and the placenta removed piecemeal under general anaesthesia as the cervix still admitted one finger only. Blood pressure was 90/60 pulse 110, uterus well contracted. Another bottle of blood and intravenous Achromycin 100 mgm. was given after removal of placenta. An hour later patient went into shock, blood pressure fell to 60 mm. of Hg., respiration increased to 30-40 per minute. There was no bleeding. Inj. Efcorlin 100 mgm. was given intravenously and more blood; blood pressure was maintained by Noradrenalin drip (4 mgms. in a pint of 5% glucose). Thereafter patient had fever with chills, temperature being 102°F. As she was a case of missed abortion her bleeding and clotting time were checked frequently and found to be within normal limits. Double strength plasma was given as a precaution against hypofibrinogenaemia.

Next morning patient was afebrile and her general condition had improved. B.P. 90/60 pulse 135, Resp. 30. Uterus was well contracted, there was no bleeding. She gradually recovered but had stomatitis due to Achromycin and necrosis of the skin over the left leg where a venesection had been done to give Noradrenalin. She was discharged on 26-7-1965 after she had recovered completely.

The following investigations were also carried out.

On admission — RBC — 3.3 millions per c.cm. Hb. 50%, WBC — 9,000 per c.cm.

Differential Count — polymorphs 70%, lymphocytes 25% eosinophils 5%.

Kahn's Test — negative. Blood group — B. Rh. positive.

Urine showed nothing abnormal.

At discharge — R.B.C. 3.8 millions per c.cm. Hb. — 62%.

Discussion

The incidence of pregnancy following the use of Lippes loop as an intrauterine contraceptive device is only 0.43% according to the report of the Indian Council of Medical Research.

Some women have become pregnant and gone to term with no mishap and some have had abortions. Abortions probably occur when the loop remains between the uterine wall and chorion.

The interesting features of this case are that the Lippes loop was drawn into the uterine cavity and the lower end pushed upwards by the growing pregnancy. The loop was probably between the uterine wall and chorion, hence bouts of bleeding occurred from time to time.

This woman was a multipara and had all full-term normal deliveries and yet the cervix did not dilate well when she was induced, so it is quite possible that constant irritation by a foreign body in the region of the internal os, and filaments hanging in the cervical canal may in some women give rise to a rigid cervix which may be detected as a remote obstetric complication of the loop later.

Another interesting feature was that the rat test was positive even

when the patient was passing foetal bones. This test does remain positive for a week or more as the chorionic epithelium remains alive for some-time after foetal death. The placenta in this case was fresh, healthy and large. The presence of the intrauterine device may in some cases stimulate abnormal growth of chorionic tissue. Here it had forced the chorionic tissue to spread itself out in other directions, away from the loop, over a larger area of decidua, in the struggle for existence. In future when a large number of women are fitted with intrauterine contraceptive devices it will be interesting to note how many of these women have placenta praevia when they wish to become pregnant after a few years and also to note the changes in the chorionic tissue if any.

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