UTERINE PERFORATION WITH THE LIPPES' LOOP*

(A Case Report)

by

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Of the various intrauterine contraceptive devices, loop is considered the most safe, easy to use and very effective. Amongst complications that were recorded, abnormal bleeding, pain and pelvic infection were the commonest. In some cases, spontaneous expulsion of the loop and occurrence of pregnancy were noted. But few case reports on uterine perforation with Lippes' loop have been published. The following case is interesting as the loop was found actually protruding through the uterine musculature.

Case Report

Mrs. G. K., 32 years, was referred from Primary Health Centre, Bhor (District Poona) to the Sassoon General Hospital, Poona, on 18-6-1966, for severe abdominal pain and backache of one month's duration. She was a fifth para and the last delivery was nine months ago. She was still in the period of lactational amenorrhoea at the time of reporting to the hospital. Loop was introduced, at the Primary Health Centre, 4 months prior to admission i.e. 5 months after her last confinement.

The pain was confined to the lower abdomen, pelvis and the back. It was constant, occasionally spasmodic and cramp-like. There was no vomiting, no vaginal bleeding or any other symptoms. The doctor at the Primary Health Centre could not find the nylon threads on examination and so referred the case, suspecting some complication.

The general condition of the patient was good on admission. She was afebrile and the abdomen was soft; no tenderness was present on palpation. Pelvic examination revealed an anteverted and anteflexed uterus of normal size, mobile and not tender. Both the fornices were clear. On speculum examination the cervix was found to be healthy and the nylon threads were not seen.

Plain x-ray of the pelvis showed the loop, but it was not clear if it was ectopically displaced. The next day, under general anaesthesia, removal of the loop was tried by putting in an intrauterine hook. Neither was the loop palpable on examination, nor could it be removed. Probable diagnosis of perforation was made, but as the consent for laparotomy was not taken, it was postponed for another few days. Meanwhile, hysterography was done and it did not also confirm ectopic migration of the loop. However, the patient continued to have the attacks of cramping pains in the lower abdomen and back.

Under spinal anaesthesia, the abdomen was opened by a subumbilical median inci-

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sion. There was no blood in the peritoneal cavity and no area of perforation was found on the uterus. But at the fundus of the uterus, slightly on the anterior wall, near the left cornu, the loop could be palpated and the white structure visualised easily just below the uterine peritoneum. A small incision was made on the serosa and the loop was gradually drawn out (Figs. 1 and 2). The incision was closed by an interrupted catgut suture. Sterilisation was done by modified Pomeroy's method and the abdomen closed in layers. Post-operative period was uneventful.

Discussion

Perforation of the uterus by I.U.C.D. can occur in many ways. Usually it occurs while introducing the device. Number of cases of uterine perforation by the Bernberg bow were reported. Perforation of the uterus occurred either by the introducing instrument before the bow was ejected or while ejecting the bow, the instrument was pressed against the uterine wall and the bow was forced through the musculature. One can also perforate the uterus by the hook while removing the I.U.C.D. The third possibility is migration or erosion of the I.U.C.D. through the uterine wall. In the above case, protrusion of the loop through the uterine wall was actually observed. It was not definite when this occurred after the insertion of the I.U.C.D. Clarke (1966) reported a case in which two segments of loop were found protruding from the anterior wall at the top of the fundus with omentum adherent to them. This was 6 months after an easy insertion of loop and this observation was accidentally noted during a laparotomy for cholecystitis. In his case, the nylon threads were still seen protruding through the cervix, but that patient had cramping pains with menorrhagia during the two menstrual periods prior to operation. In our case, the patient had spasmodic pains for nearly one month. It was possible that the cramping pains in the lower abdomen, pelvis and back might indicate the gradual protrusion of the device through the uterus. If the laparotomy was delayed by another few days in our case the loop would have been found either adherent to the omentum or in the peritoneal cavity. But why this migration started occurring suddenly, after nearly four months, without any other symptoms, is not clear. The patient was still in lactational amenorrhoea and she did not have any abnormal bleeding or any infection. The only abnormal clinical finding in this case was the absence of the nylon threads, through the cervix. That brings to our mind, the possibilities of expulsion of I.U.C.D., detachment of threads, and coiling up of the loop in the uterus. To these, one should also add perforation of the uterus by the I.U.C.D.

Summary

(i) A case of perforation of uterus by Lippes' loop was presented.

(ii) This occurred 4 months after an easy insertion of loop.

(iii) The only symptom was cramping pains in the lower abdomen, pelvis and back.

(iv) The interesting feature was that the loop was actually seen protruding through the uterine musculature.

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Figs. on Art Paper IV