# PERFORATION OF UTERUS BY LIPPES' LOOP

by

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*Introduction*

The problem of over-population has led to the invention of various contraceptive devices. Lippes loop is one of such intrauterine contraceptive devices.

*Review of Literature*

After extensive trial with various I.U.C.D., all over the world very few major complications have been reported. Perforation is one of them and very few cases have been reported so far. Hall (1966) reported the incidence of perforation as nil among coil insertion, 1 among 969 loops, 5 among 1,041 Bows (1 per 208) Rutherford (1966) reported 2 perforations associated with Grafenberg's ring and quoted 4 others in prior articles.

Tietze states that upto April 1965, in a series of 23,602 I.U.C.D., 24 extrauterine displacements occurred, 3.3 per thousand with Bows and 0.4 per thousand with other I.U.C.D. Individual case reports have come from Clark, Nanda, Indu and Mazumdar (1966).

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**Case 1.** Mrs. L, aged 38 years, Para v, with last labour 1¼ years ago reported in O.P.D. of our hospital on 17th November with history of loop insertion in April, 1966 in a district hospital. The loop was fitted during lactational amenorrhoea. She had her first period on 30th October 1966. As the bleeding was only slight, she had come for a check-up. She was diagnosed as a case of early pregnancy. The loop filament was not felt though the patient was quite sure that she had not expelled the loop.

On 12th December, the patient aborted at her residence and she with the attending doctor did not find the loop in the abortus. After a few days she expelled the loop filament. So she became suspicious and reported again on 2nd January 1967. She was admitted. General condition was fair, pulse and blood pressure were normal.

Vaginal, examination:—cervix downwards and forwards, uterus retroverted, normal size, fornices free. Filament of the loop not felt.

The cervix was dilated and exploration of uterine cavity carried out but loop was not found. A plain skiagram of the abdomen, A.P. view, revealed extra-uterine position of the loop, which was seen lying towards the right side near the brim. As the patient was willing for sterilization laparatomy was done on 14-1-67. Loop was removed from the right side near the pelvic brim. There were flimsy adhesions around the loop. Perforation site was seen as a dimple about 1/3rd inch in diameter near the right cornua. Perforation site was repaired and sterilization carried out by modified Pomeroy's technique. Abdomen was closed in layers. Postoperative period smooth; she was discharged on 25-1-67.

**Case 2.** Mrs. M., aged 25 years, gravida 2, was admitted on 4-5-67 with a history of loop fitted 1¼ years ago, amenorrhoea 3 months followed by bleeding per vaginum off and on 20 days and pain in abdomen 3 days. On examination general condition was fair.

Per vaginum:—cervix downwards and backwards, uterus anteverted 12 weeks size, soft, fornices free. Loop filament felt in the cervix. While pulling out the thread it broke as the loop was deeply buried.

Patient wanted removal of the loop as well as the pregnancy as she had prolonged bleeding. Evacuation was done on 5-5-67; the loop was not found in the uterine cavity.

There was a tear in the cervix at 9 o'clock position extending from the canal to the periphery. Outer wall of the cervix was intact and the tear reached upto the internal os. A doubt of loop being present in the right broad ligament arose during evacuation.

A plain skiagram of abdomen, A.P. view, confirmed the same. Patient was discharged from the hospital with the advice to attend Family Planning Clinic. Patient had no discomfort due to the loop.

*Discussion*

Complaint of absence of threads with Lippes loop indicates one of the following possibilities. 1. Expulsion of the loop, 2. detachment of thread from the loop, 3. coiling up of the loop in the uterus, and 4. extra-uterine displacement of loop.

This complication is liable to occur if extreme gentleness and care is not exercised in the insertion of the device and if the case is not properly selected. Early pregnancy must be ruled out and the best period for insertion is immediately after the menstrual period.

Macfarlan debates the optimum time for insertion of device in postpartum period. He says that women should be fitted with the device only after the onset of regular menses or at least one should be sure of involution.

Phatak advocates early insertion during the postpartum period and her results are encouraging.

Most of the workers agree that perforation occurs at the time of insertion and on taking careful history, pain, weakness, or history of some abnormal feeling is elicited from most of the patients.

In our first case loop seems to have perforated through the uterus at the time of insertion as the patient gave history of fainting attack soon after insertion. Most probably some part of the loop was lying outside the uterus and some of it was in the cavity as the patient continued to feel the filament till after abortion. The uterine contractions during the postabortal period seem to have completed the process of expulsion of the loop into the abdominal cavity.

In the second case also the loop seems to have slipped into the broad ligament at the time of insertion and it was through the old tear in the cervix which reached upto the internal os. The filament of loop kept hanging through the cervical canal, giving a false impression about the loop's presence in the uterine cavity and because of the extra-uterine displacement, she became pregnant.

*Summary*

Two cases of extra uterine displacement of Lippes loop have been reported and the literature reviewed.

*Acknowledgment*

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*Figs. on Art Paper XIII*