LIPPES LOOP IN THE BROAD LIGAMENT*

(Report of a case of extraperitoneal migration of the loop)

by

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The Lippes' loop seems to be keeping the gynaecologists busy and more and more evidences of various complications are coming to light. One complication is migration of the loop outside the uterus. Although the majority of such movements have taken the loop into the peritoneal cavity, the case reported here is interesting in the sense that migration took place inside the broad ligament or in other words in an extraperitoneal situation.

Case report

Mrs. A. P., a married Hindu female, 28 years, attended the out-patients' department on 17-8-67 with complaints of irregular vaginal bleeding and pain in the right iliac fossa for the last 6 months.

Her menstrual history was regular previously with a cycle of 3-4/30 days, and was painless. The last menstrual period was on 3-8-67.

Obstetric history revealed that she has had four pregnancies, two male and two female children. There was no abortion.

A Lippes' loop was inserted at a Family Planning clinic in October 1965, but she conceived soon afterwards and delivered a full-term normal baby in November 1966. She was well up to three months following the confinement, after which the present symptoms started. She attended the Family Planning clinic again to have the loop traced, when it was found that the nylon thread was still hanging outside the cervix. A pull on the nylon thread, however, failed to remove the loop.

On examination, her general condition was fairly good with a normal temperature, blood pressure 120/80 mm Hg, pulse 80. Systemic examination did not reveal any abnormality except for some tenderness in the right iliac fossa. On pelvic examination, vulva, vagina were normal; cervix was healthy and the nylon thread of the loop was found hanging through the external os. Uterus was normal in size, retroverted and mobile. Through the right fornix one could feel some irregular coil which ultimately proved to be the loop. A straight film of the pelvis was taken which showed the loop on the right side of the pelvic cavity and about 1½" away from the midline.

A hysterosalpingogram was performed which revealed a normal uterine cavity with patent tubes showing spill. The loop was on the right side of the uterus lying completely outside the cavity; also the picture showed considerable intravasation of the dye through the right ovarian and uterine veins (Fig. 1).

The patient was admitted in the hospital and after routine pre-operative preparation, an examination under anaesthesia was performed. The loop was felt on the right side of the uterus. A little pull on the nylon thread did not move the loop at all. The loop was not felt by the uterine sound.

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Then a laparotomy was performed by subumbilical midline incision. The bowel was packed away and the whitish loop became partly visible through the anterior leaf of the broad ligament.

A small incision was made on the anterior leaf of the broad ligament and the loop was found to be intimately embedded in the parametrial tissue. The cellular tissue had to be separated to some extent, before the loop could be extracted by pulling with an Allis's forceps (Fig 2). There was not much bleeding and the rent in the peritoneum was closed, followed by closure of the abdomen in the usual way.

The patient made an uneventful postoperative recovery and at the follow-up visit after six weeks she informed that she had had one normal period and that she was feeling quite well.

Discussion

Migration of the loop outside the uterine cavity has been reported by many authors and various reasons have been put forth.

I personally think no importance has been given to that part of the applicator which goes inside the cervix and uterine cavity. This has a fixed length of 4.5 cm. with a flange which fixes against the portio vaginalis of the cervix. If the uterus is a little smaller in size this may reach near the fundus and also the walls of the uterus and at the time of loop insertion may get anchored to the muscular wall particularly if the tip of the loop is rough and pointed. Also it is a common finding that the loop is inserted rather quickly when part of it has gone inside which may also aid in the anchorage. In this case an additional factor was the advent of pregnancy, when the raised intrauterine pressure of the gestation sac literally pushed it out of the uterine cavity.

Another point of interest in this case was that there was too much intravasation of the dye on the side of the loop and not on the non-affected side of the broad ligament. A loop in such a situation is probably best removed by laparotomy, although if the end of the loop is within the uterine cavity it may be possible to pull it out.

Summary

A case is reported where laparotomy had to be done for extracting a Lippes' loop which was displaced in the right broad ligament.

Figs. on Art Paper VIII