

PERFORATION OF UTERUS BY LIPPES LOOP

(A Case Report)

by

SARASWATI MALI*, M.S., M.A.M.S.

KRISHNA MUKERJEE**, M.S.

and

SUSHMA RASTOGI***, M.S.

Lippes loop is an established contraceptive device for mass use but certainly not an ideal one. Since the extensive use of intra-uterine contraceptive devices, we are coming across diverse types of complications reported by various authors (Awan, 1966; Hall, 1964; Mazumdar, 1966; Clarke, 1966; Nanda, 1966; Walmiki, 1967; Khan, 1966 and Indru, 1966).

Perforation of the uterus by Lippes loop, though a rare complication (0.6 per 1000 Tietze, 1965), is very interesting and important, as it might need a major operation to take the device out. Sometimes the perforation of the uterus by loop may be symptomless as quoted by Lehfeldt *et al* (1965). We present the following interesting case of perforation of uterus by Lippes loop.

Case Report

Mrs. A. D., aged 32, para 4+0, last child-birth 2 years ago was admitted in the S. N. Hospital, Agra, as a case of full-term pregnancy with labour pains and was con-

finied normally. After confinement it was revealed that she had a loop introduced 1 year ago but she was not sure whether it was expelled or not. She went to many doctors for its removal but after repeated attempts for removal, nothing could be done and she became pregnant. So we searched for the loop thoroughly in the placenta and within the blood clots and explored the uterus also, but the loop could not be detected. Patient was put up for tubal ligation on the 4th day of the delivery. On opening the abdomen the loop was seen embedded in the omentum and lying on the anterior surface of the uterus. Loop was removed along with a piece of omentum. Tubal ligation was done. No definite area of uterine perforation could be detected. Abdomen was closed.

Discussion

The incidence of perforation of uterus by different methods of intra-uterine device is variable. It is very clearly compared by Tietze (1965) as is shown in the following Table 1:

TABLE 1
*Incidence of Uterine Perforation
by different I.U.C.D.*

S. No.	Type of device	Rate/1000
1.	Loop	0.6
2.	Spirals	0.6
3.	Steel ring	1.6
4.	Bows	5.0

*Lecturer.

**Resident Gynaecological Officer.

***Demonstrator.

Dept. of Obstetrics & Gynaecology,
S. N. Medical College, Agra.

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It is apparent from the above Table that it is certain type of device which is responsible for the higher incidence of perforation. This is much less with the loop than after a steel ring and bow. It may be the type of applicator which is responsible for the higher incidence of perforation with the bow. Perforation of the uterus by intrauterine device can occur in many ways. Usually it occurs while introducing the device. One can also perforate the uterus by the hook while removing the device. The third possibility is migration or erosion by the device through the uterine wall (as reported by Clarke, 1966 and Gadgil, 1967).

In our case the loop most probably perforated the uterus during attempts by many persons to remove it.

Patients usually complain of crampy pain with menorrhagia or spasmodic colicky pain with low backache. They may develop an acute abdominal emergency, tentatively diagnosed as ectopic gestation with signs of intraperitoneal haemorrhage as reported by Thambu from Malaya, who also describes the herniation of the ileum through the free projecting distal loop of a Birnberg bow. Dorffler (1957) reported a case where a Grafenberg ring had escaped into the peritoneal cavity 20 years ago and the patient had no complaints. During this interval she conceived twice and delivered normally at term. Lehfeltd *et al* (1965) described a case similar to this case where the device after an easy insertion was found in the peritoneal cavity 4 weeks later, when a check x-ray was taken. The accident may occur during insertion or during an attempt at removal as in our case.

Conservative management is sufficient in these cases provided the patient is reviewed at regular intervals.

Conclusion

It is concluded from the above case that one must be cautious in introducing as well as in removing the loop from the uterine cavity. It is apparent from this case and many others that whenever the loop has made its way into the peritoneal cavity, it neither causes peritonitis nor intestinal obstruction to warrant immediate laparotomy. This is one of the greatest virtues of the loop as it is being used for a mass programme. Moreover, the adhesions in the peritoneal cavity are minimum which also proves that the loop does not cause any tissue irritation.

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Figs. on Art Paper VII

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