PERFORATION OF THE UTERUS BY LIPPES LOOP

by

URMILA GUPTA,** M.S.

Introduction

In recent years the intrauterine contraceptive device has become very popular as a mass family planning measure, though it is not an ideal contraceptive as it produces many untoward symptoms. One rare, but serious, complication, is perforation of the uterus. An interesting case of perforation of the uterus by Lippes loop, along with the unaltered position of its filament is reported.

Case Report

Mrs. S. M., 22 years, H. F. came to the Out-patients Department of Upper India Sugar Exchange Maternity Hospital, Kanpur, on 5-3-68 with the complaint of a retained loop even after delivery. She had her first full-term normal delivery on 14th October, 1966. After six months of delivery, in April, 1967, she had Lippes loop inserted at Mathura Family Planning Clinic. The insertion was painful, but the pain was relieved after few days. She had normal menstrual periods before insertion of the loop. After insertion of the loop she had only slight bleeding once and then she developed amenorrhoea; pregnancy was diagnosed. The patient was quite sure that she had not expelled the loop. She had a normal twin delivery at Mathura Hospital on 7-1-1968. The loop did not come out even with the placenta. After six weeks an x-ray of the abdomen was taken to confirm if the loop was still inside. X-ray (Fig. 1) revealed the loop in the transverse position on the right side of the pelvis. However, it was not possible to diagnose extrauterine displacement of the loop by radiological examination. Removal of the loop was tried twice at Mathura Hospital, first without anaesthesia and then under anaesthesia without success. The patient was then referred to this hospital for its removal.

On examination, her general condition was good. Abdomen was soft. On bimanual pelvic examination the uterus was anteverted, normal in size, mobile and non-tender. Fornices were clear. The nylon filament of the loop, however, could be felt easily in the vagina coming out of the external os of the cervix. Pull on the filament produced severe pain and the loop could not be taken out. Therefore, the patient was admitted in the hospital on 5-3-68. Exploration of the uterus was done on the next day (6-3-68), under general anaesthesia, from below. It was not possible to pull out the loop with the filament even under anaesthesia. Dilatation of the cervix was done and on finger exploration it was found that the filament could be felt only in the cervical canal just short of the internal os and there it pierced the posterior wall of the uterus. An immediate laparotomy was done. On opening the abdomen it was found that whole of the loop was extrauterine, attached to the lower part of the posterior surface of the uterus by its lower end. On pulling the loop, the filament also came out. The site of perforation was repaired and sterilisation was done by modified Pomeroy's technique. Postoperative period was uneventful and the patient was discharged on the 9th day.

Discussion

With increasing use of I.U.C.D. there are a number of case reports of perforation of the uterus by the de-

* *Reader in Obst. & Gynae. G.S.V.M. Medical College, Kanpur.*

Received for publication on 18-4-1968.

vice. The maximum incidence of perforation has been reported with the Birnberg bow (3.3 per 1000) while it is only 0.4 per 1000 for other intrauterine contraceptive devices (Nakamoto and Buchmann, 1966). Five cases of extrauterine placement of the intrauterine bow discovered at the time of the subsequent follow-up were reported by Nakamoto and Buchma (1966). Indru (1966) and Mazumdar (1966) reported one case each of perforation of the uterus by Lippes loop. In 1967, Gadgil and Anjaneyulu (one case), Walmiki, *et al* (3 cases) and Phillips and Kaur (7 cases) also reported cases of perforation of the uterus by Lippes loop. In their cases the nylon filament was missing on vaginal and speculum examination. Absence of the filament indicates either expulsion of the loop, detachment of the filament, intrauterine coiling of the loop and filament or perforation of the uterus. But, occasionally perforation of the uterus and extrauterine displacement of the loop can occur even with the filament in its normal place. Clarke (1966) reported one case where the thread could be felt but the Lippes loop had perforated the anterior wall at the fundus of the uterus. Chaturvedi and Gulati (1967) also reported the presence of loop filament in the cervix in spite of extrauterine displacement of the loop. In the present case also the filament could be felt in its normal position although the loop had perforated the uterus. These findings were most probably due to the fact that the perforation had occurred during insertion of the loop. The site of perforation in the cervical canal just below the internal os shows that actually the loop was not placed into the uterine cavity. Due to misdirection, the loop had perforated the uterine wall while the filament remained in position.

Extrauterine placement of the loop at the time of insertion is further confirmed by the fact that the process was painful and the patient became pregnant soon after its insertion. There were no complications, during pregnancy and labour, and due to its extrauterine position the loop did not come out at the time of delivery.

Perforation of the uterus by I.U.C.D. can occur either during insertion or while removing it with the help of instruments. Sometimes it occurs spontaneously later on after insertion of the device. In the majority of the cases with this complication perforation occurs during insertion of the device, as it also occurred in the present case.

Summary

A case of perforation of the uterus by Lippes loop with its nylon filament still in position has been reported. The diagnosis of extrauterine displacement of the loop should be kept in mind even if the nylon filament is felt in position. In this case perforation occurred during insertion of the device.

References

1. Chaturvedi, B. & Gulati, B.: J. Obst. & Gynec. India, **17**: 738, 1967.
2. Clarke, J. P.: Am. J. Obst. & Gynec., **94**: 285, 1966.

3. Gadgil, S. M. & Anjaneyulu, R.: J. Obst. & Gynec. India, **17**: 441, 1967.
4. Indru, T.: J. Obst. & Gynec. India, **16**: 623, 1966.
5. Mazumdar, Mira.: J. Obst. & Gynec. India **16**: 725, 1966.
6. Nakamoto, Masao, & Buchman, M. I.: Am. J. Obst. & Gynec., **94**: 1073, 1966.
7. Phillips, C. & Kaur, Gurcharan.: J. Obst. & Gynec. India, **17**: 733, 1967.
8. Walmiki, D. R., Joshi, S. K.: Gurav R. S. and Bhatt, R. V.: J. Obst. & Gynec. India, **17**: 444, 1967.

Fig. on Art Paper IV