PERFORATION OF THE UTERUS WITH LIPPES LOOP

by

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Intrauterine contraceptive device with Lippes loop has been in extentive use during the last four years in this country. The rare complication of perforation of the uterus by the loop is on the increase due to its extensive use as a national scheme. We report here two cases of perforations.

Case 1

Mrs. R. A., aged 32, para 1 + 0, had her last delivery two and a half years ago. She had a loop inserted three months after the delivery. There was no pain during the insertion or subsequently for a period of two years. She saw us on 24-5-68 with a history of two months' amenorrhoea, followed by pain and bleeding for 15 days. On examination, she was found to be a case of incomplete abortion. The loop could not be felt. X-ray of the pelvis showed the loop high up in the pelvis near the right iliac joint. Dilatation and curettage was done to evacuate the products of conception. On exploration of the uterus no loop was felt.

Laparotomy revealed the loop in the peritoneal cavity hanging near the ovary, one end being attached to the right cornu just above the attachment of the right tube. The loop was removed. A purse string suture was applied to the right cornu for haemostasis. Post-operative period was uneventful.

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Case 2

Mrs. K. V., aged 28 years, para 3 + 0, had her last delivery in May 1967. She had a loop inserted three months after delivery. There was no pain during the insertion of the loop and she had no complaints for a year. Then she started having menorrhagia, the periods lasting for ten to twelve days.

She saw us on 11th November 1968 with a history of cramp-like pain in the lower abdomen and more so in the right iliac fossa. She had been bleeding continuously for the past one month. On examination, there was tenderness in the right iliac fossa. Vaginal examination showed the uterus to be retroverted, normal in size, and the loop was palpable in the right fornix. X-ray of the pelvis revealed the loop high up in the pelvis near the right sacro-iliac joint.

Dilatation and curettage was initially done because of menorrhagia. Laparotomy showed the loop in the peritoneal cavity extending from right cornu of uterus to the appendix. The loop had perforated into the lumen of the appendix at the tip, travelled through part of its length and again perforated out. It was entangled with the appendix. The other end of the loop was still in the myometrium at the right cornu. Retrograde appendicectomy was done and the loop was removed with the appendix (Fig. 1). There was no blood clot, recent or old, in the peritoneal cavity. No omental adhesions were seen. The uterine perforation did not require suturing. Post-operative recovery was uneventful.

Discussion

Incidence of perforation of the uterus by intra-uterine device is very variable. Tietze (1962) gives an in-

cidence of 1 in 300 insertions for Birnberg bow, but only 1 in 2, 500 insertions for Lippes loop. Hall (1966), on the other hand, reports one perforation in 969 cases. Chakrabarthy and Mondal (1966) reported an incidence of 1 in 4000 insertions.

Whenever the loop thread is not visible the possibility of perforation must be thought of. Bimanual examination may reveal the loop in one of the fornices, as was felt in one of our cases. X-ray shows the loop in an abnormally high position. Observation of narrowing or widening of the loop may arouse suspicion. Hysterosalpingogram gives a conclusive answer.

There were minimal symptoms when perforation with Lippes loop occurred, as in the above cases and cases reported by Hall (1964), Khan *et al* (1964), Lehfeldt (1965), Clarke (1966) and Hingorani (1968). Perforation in these cases was suspected either because the threads were not seen or pregnancy had occurred, and in Clarke's (1966) case diagnosis was made only incidentally during a cholecystectomy. Whereas, when perforation with Birnberg's bow occurred, as in Thambu's case (1965), the patient was acutely ill with intestinal obstruction. In most of the cases where perforation with I.U.C.D. has occurred, it was introduced during the period of lactation. Excessive friability of the uterus during this period was observed by Macfarlan (1966) who recommended postponement of the insertion till the re-establishment of menstruation or till six months after delivery. Alternatively, early puerperal insertion on the 4th or 5th postpartum day (Hingorani, 1968), in which cases no perforations or serious complications have been reported, may be practised.

Summary

Two cases of silent perforation of the uterus with Lippes loop are presented, one of them is a rare case of the perforation of the loop into the appendix.

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See Fig. on Art Paper VIII