LOOP INSERTION—A STRANGE COMPLICATION

by

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Perforation of the uterus by Lippes loop and wandering of the loop in the abdominal cavity has been reported by many writers. A strange complication is reported below. No similar case appears to have been published so far.

Case Report

Mrs. K. S. reported to out-patients department of Army Hospital Delhi Cantt. on 10th May 1969 complaining of pain on right side of lower abdomen and dyspareunia since insertion of a Lippes loop four months previously. She had her third normal delivery in a District Hospital on 6th January 1969 and she agreed for a post-partum loop insertion. On 4th day after delivery, a Lippes loop was inserted by the doctor in charge. The insertion was done on the patient's bed in the Maternity ward. The patient felt considerable pain during the insertion and vague pain continued on right side of lower abdomen for which she came to the Out-patients department.

General condition of the patient was satisfactory. She had no history of fever since delivery. There was considerable tenderness over right side of lower abdomen, but no rigidity or mass was felt.

On vaginal examination uterus was found to be bulky and retroverted. Cervix had an old tear on right side. There was some induration and tenderness in the right fornix. The thread of the loop was felt coming out of the top of the right fornix. Speculum examination confirmed this finding. There was no ulceration or granulation tissue surrounding the thread in the fornix which looked remarkably clean and healthy.

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On 12th May 1969, under general anaesthesia with the patient in lithotomy position, the free end of the thread of the loop was put on slight tension. A tiny incision was made in the right fornix at the point of emergence of the thread, and with the help of a mosquito forceps inserted through the incision, the lower end of the loop was caught and the loop removed without difficulty.

Comments

There are two possibilities in this case. The loop may have been correctly inserted into the uterine cavity, but it perforated the uterus into the broad ligament on the right side and tried to ulcerate out of the right fornix. In these circumstances the symptoms would have been much more severe.

The other possibility which is more likely in this case, was that the cervix was completely missed during insertion and the loop was inserted by force, into the fornix itself. The vaginal walls are quite soft and flabby in some multiparae and a fold of the vaginal wall might have been mistaken for the patulous cervix. The considerable pain experienced by the patient during insertion suggests this possibility.

Post-partum loop insertion can be done in two ways—(1) Under direct vision, in good light, on a proper table. (2) By feel, using two fingers in the vagina to guide the inserter through the cervix. In the present case, the second method was ap-

parently used as the insertion was done on patient's bed. It is possible that the inserter was properly introduced in the cervix, but because of the tear on the right side, it slipped into the right fornix and the loop got inserted by force into the fornix. Luckily for the patient it seemed to have stayed between the layers of the broad ligament.

This case emphasises the need for doing all loop insertions under direct vision, in good light on a proper table.

Unfortunately, no photographs or X-ray films could be taken in this case.