

PERFORATION OF THE UTERUS BY LIPPES LOOP

(A Case Report)

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Intrauterine contraceptive devices are an effective method of contraception and have the unique advantage that once inserted they require no further attention by the patient. In addition they have a lower failure rate than any other method, except the Pill, and they are inexpensive. Of the various types, the most commonly used is the Lippes loop. In spite of it being an ideal contraceptive to cover large communities of women for the purpose of population control, it has its side-effects and complications. One of the major complications is perforation of the uterus. The following case report illustrates this complication, along with the occurrence of haematosalpinx.

Case Report

Mrs. M., aged 34 years, had her last delivery 1½ years ago. She had a loop inserted on the third postpartum day in a Maternity Centre. A routine check-up three months later revealed partial expulsion of the loop. It was removed and re-inserted. She was asymptomatic for fifteen months. A fortnight prior to hospitalisation, she developed severe pain in the abdomen, with profuse sweating, lasting for about an hour.

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Subsequently she has had few more similar attacks of pain, for which she was advised to have the loop removed and re-inserted, at the Maternity Centre. She refused to undergo this procedure and preferred to consult a private doctor who seemed to have treated her for pelvic infection. During this treatment the pain had recurred, and she was hospitalised on 17-5-70.

General and systemic examinations revealed no abnormality. Vaginal examination showed the uterus to be of normal size and in normal position. Tenderness was observed in the right fornix, the left fornix was free. A firm irregular structure was felt in the posterior fornix. The thread of the loop was visualised on speculum examination.

Plain skiagram of the pelvis showed the loop in the horizontal position. (Fig. 1). An attempt was made to pull out the loop thread under general anaesthesia, but it came in bits. Removal of the loop after dilatation was also unsuccessful.

Hence a laparotomy was done. On opening the peritonium there was six ounces of fluid and clotted blood. The uterus was normal in size and the right tube was distended and haemorrhagic, resembling ectopic gestation. Left tube, ovary, and right ovary appeared normal. On lifting the uterus out of the pelvis, the loop was seen in the pouch of Douglas, with one end of it embedded in the posterior wall of the uterus. The loop was removed easily, and the raw area on the posterior wall of the uterus was sutured. Bilateral salpingectomy was done. The post-operative period was uneventful.

Histopathological report on the tube was

haematosalpinx right tube, and normal left tube.

Discussion

The incidence of perforation of the uterus varies with the type of the device used, and is supposed to be highest in the first six weeks postpartum. In about two thousand Lippes loop insertions spread over a period of three years (1967-70) in our hospital, there was only one instance of perforation of the uterus, giving an incidence of 0.5/1000 insertions. This corresponds closely to the incidence given by Tietze, 1965. (Table I).

TABLE I
Uterine Perforations with IUDs (Tietze)

Device	Uterine perforation/1000 insertions
Loop	0.6
Spiral	0.6
Steel ring	1.6
Bow	5.0

Perforation is most likely at the time of insertion, but the device may migrate through the uterine wall at any time upto even two years or later. Perforation is often symptomless; in some cases patients do present with severe pain in the lower abdomen. In other cases the clinical

features simulate ruptured ectopic gestation, with signs of intraperitoneal haemorrhage. (Thambu 1965).

Our case reported here is of interest because she had developed perforation fifteen months after loop insertion, and in addition there was evidence of intraperitoneal haemorrhage and haematosalpinx of right tube, the occurrence of which has not been observed frequently. Probably the intraperitoneal displacement occurred slowly due to erosion of the uterine wall.

Summary

A case of perforation of the uterus by Lippes loop, with intraperitoneal haemorrhage and haematosalpinx or right tube, is presented. The incidence and symptomatology of this complication are reviewed.

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References

1. Thambu, J.: Brit. Med. J. 2: 407, 1965.
2. Tietze. Quoted by Eastman, N. J.: Obst. & Gynec. 20: 597, 1965.

See Fig on Art Paper VI