# PERFORATION OF CERVIX BY LIPPES LOOP

## (A Case Report)

by

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The incidence of perforation of uterus with IUD is stated to be 0.5 to 8.7 per 1,000 insertions (Agarwal and Singhal, 1977). As many as 70 cases have been reported by Indian workers during the period 1966 to 1970 (Padma Rao, 1972). Perforation with Copper-T device has also been observed (Gupta *et al*, 1975).

One further case of perforation of supravaginal cervix by Lippes loop is reported.

### CASE REPORT

Mrs. A.G., aged 25 years, P3 + 0 was admitted in this hospital on 26-6-77 for removal of loop. Three years back she had insertion of IUD on the 10th day of menstruation 3 months after her last delivery. She experienced considerable pain during insertion which subsided in due time and remained asymptomatic thereafter. Her menstrual history was normal till she became pregnant 1 year after insertion of the loop with the device in situ.

Pregnancy and delivery were uneventful but the loop was not expelled spontaneously with the delivery of the placenta. Six months after delivery an attempt to remove the loop was made but failed. Subsequent attempt at a later date only succeeded in bringing the thread out. She was then referred to our hospital for further management. On admission her general condition was satisfactory. Abdominal examination revealed no abnormality. Internal examination disclosed a mobile uterus of normal size which was deviated to right side. Appendages were not palpable. The loop could be felt through left posterolateral fornix. The device was fixed and an attempt to 'milk' it out to pouch of Douglas failed. The cervix was smooth and there was no abnormal discharge. The loop thread was not visible.

Radiographic examination of the pelvis with uterine sound in situ showed that the loop was lying transversely on the left side of the pelvis, well outside the uterine cavity (see Fig. 1).

Laparotomy was done 24-6-77. The loop was found to lie on the postero-superior surface of left uterosacral ligament covered by peritoneum. It was extra-peritoneal. A nick was made on the peritoneum covering the IUD. The caudal end of the loop was almost close to lateral wall of cervix. There was no distortion of the shape of the loop. The loop was brought out by gentle dissection. The left uterosacral ligament was rather thick and indurated. Haemostasis was secured and the peritoneal incision over the uterosacral ligament was closed. There were no recent or old signs of perforation in the uterus.

Tubes and ovaries of either side were normal. Appendix was healthy. As patient did not consent for permanent sterilization, 'ligation' was not done. The abdomen was closed in layers. She was discharged on 8th postoperative day in satisfactory condition with the advice for oral contraception.

### *Discussion*

Perforation of proximal part of cervix has been reported (Lehfeldt and Wan, 1971; Dutta, 1969). It is presumed that in the present case perforation occurred at the time of insertion as patient had considerable pain during insertion. Subsequently she remained asymptomatic. She became pregnant with the loop in

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pelvis. She could palpate the thread in the early pregnancy and following childbirth.

It is possible that uterine malposition, tight internal os and softening of the cervix predispose to perforation. Confirmation of the position of uterus with preliminary dilatation of internal os might have averted this complication.

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*See Fig. on Art Paper V*