

## ECTOPIC LIPPES LOOP IN URINARY BLADDER

(A Case Report)

by

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### Introduction

Perforation of uterus by an intra-uterine contraceptive device is a major complication of I.U.C.D. Perforation of uterus can occur by Lippes loop, Grafenberg's ring, Birnberg bow and all other I.U.C.D. The incidence of perforation of uterus is maximum by Birnberg bow. The incidence of perforation of uterus by Lippes loop is variable. Tietze (1965) gives an incidence of 0.6 per 1000 insertions. Hall reports an incidence of 1 in 969; Chakravarty and Mandal report an incidence of 1 in 4000.

The migration of the loop outside the uterus is most often into the peritoneal cavity. It is found in the omentum, between the two layers of the broad ligament or just below the uterine peritoneum. Vani reported migration of Grafenberg's ring into the rectum. Subhadra (1969) has reported ectopic Lippes loop in urinary bladder. Migration of I.U.C.D. in bladder and rectum are very very rare. In this case Lippes loop had migrated into the urinary bladder.

### CASE REPORT

Mrs. H.M., 28 years, para 3, reported to O.P.D. on 23-6-1977. She had an I.U.C.D. (Lippes loop) inserted 4 years ago at some Primary Health Centre. After one year of I.U.C.D. insertion she became pregnant and had a normal vaginal delivery. Lippes loop was not expelled at the time of delivery, nor the thread was seen in vagina. She was operated for tubal ligation. After 3 years, she went to a general practitioner for pain in abdomen. He advised plain X-Ray abdomen. Lippes loop was seen in the pelvis, half an inch away from mid-line in X-Ray. She came to us with this X-Ray for removal of I.U.C.D. Her menstrual history was normal. She had 3 full term normal deliveries. The last delivery was 3 years back.

On speculum examination cervix was healthy, thread was not seen, on vaginal examination, uterus was anteverted, normal in size, freely mobile, both fornix were clear. Uterine sound was passed into the uterine cavity, but loop was not felt, X-ray of abdomen, A.P. and lateral views, were taken with uterine sound in situ. It was confirmed that, I.U.C.D. was extra-uterine. A new Lippes loop was introduced into the uterine cavity and one more X-Ray (A.P. View) was taken. All these X-Rays confirmed, that Lippes loop was extrauterine beyond all doubts.

On 25-6-1977 laparotomy was done under spinal anaesthesia, but the loop was not found in the peritoneal cavity. General anaesthesia was supplemented and entire peritoneal cavity was carefully explored but loop could not be traced. Abdomen was closed. Again plain X-Ray of abdomen was taken after 5 days. Lippes loop was found at the same place. On closer inquiry

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patient gave history of difficulty in passing urine sometimes, so bladder sound was introduced and screening was done. Loop was present in bladder which could be moved by bladder sound. As there was no operating cystoscope, urethra was dilated under local anaesthesia, and loop surrounded by concretions was removed by an artery forceps. Postoperative period was uneventful and patient was discharged after 10 days.

**Discussion**

There are various views, regarding how exactly, the migration of I.U.C.D. takes place. Most often, uterine perforation occurs at the time of insertion, especially if it is done in the very early postpartum period and during lactational amenorrhoea. It may occur at the time of removal. Perforation may be due to lack of

experience or due to an acutely anteflexed or acutely retroflexed uterus. I.U.C.D. can also spontaneously perforate, the uterus at any time. It is also suggested that, I.U.C.D. can migrate by reverse peristalsis, through fallopian tube into the peritoneal cavity. K. Padma Rao (1972) has reported a case, where I.U.C.D. was visualised emerging from fallopian tube.

**Summary**

An unusual case of ectopic Lippes loop in urinary bladder is reported.

**References**

1. Rao, K. P. R.: *J. Obstet. & Gynec. India*, 22: 268, 1972.
2. Subhadra, M.: *J. Obstet. & Gynec. India*, 19: 531, 1969.

*See Figs. on Art Paper VIII*