

FORGOTTEN LIPPES LOOP

By

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"Lippes loop to be inserted and forgotten" was the teaching in the year 1964 when there were many camps held for insertion of Lippes loop in the rural areas for family planning drive. Now it has been realised what happens when it is forgotten—displacement, embedding in the endometrium, deposition of calcium salts over its surface causing menorrhagia and because of the chemical action of the endometrial fluid on these loops disintegration of the material occurs and while removal it may break. The following case will prove all these.

CASE REPORT:

A.N.D. aged 48, hindu female was admitted in Government Medical College for post menopausal lucorrhoea 1½ years duration. She had 4 full term normal deliveries all alive and well. Last child birth 18 years back. She had menopause 3 years back. Prior to menopause for 8 years she had menorrhagia. Patient gave history of loop insertion 10 years back by a private doctor which was removed after 2 years of insertion as she developed menorrhagia.

She was a moderately built and developed middle aged woman. There were no positive findings on general or systemic examination.

Speculum examination showed that cervix was eroded, flush with vagina but did not bleed on touch. On vaginal examination uterus was retroverted, small in size firm, mobile and fornices were clear. Vaginal cytology study showed RBCs. Polymorphs, few intermingled intermediate and parabasal cells. No malignant cells seen.

Patient was subjected to fractional curettage

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on 8-1-81 under intravenous pentothal anaesthesia. Local findings were same as above. Utero-cervical length was 2". Fractional curettage done only scanty endometrium was obtained and cervical biopsy from anterior and posterior lips were taken. Tissues were sent for histopathology report. Uterine cavity was smooth. Endometrium report was—blood clots with marked inflammatory infiltration. Cervical tissue showed fibromucular tissue with marked inflammatory infiltration predominantly round cells. With the above report patient was put on tetracycline orally for 10 days and was called for review. At her next visit she was not relieved of her symptoms it was decided to study the vaginal cytology again. When the speculum was put for the collection of the smear, to our great surprise we could see the nylon thread of I.U.C.D. Traction on the thread, both the pieces came out. The I.U.C.D. could be felt in the uterine cavity with the uterine sound. When an attempt was made to remove it with an artery forceps only part of the Lippes loop came out breaking through at the center. Patient had X-ray pelvis taken immediately which showed the other half of the broken loop in the uterine cavity. (Fig. 1). On 26-2-81 cervix was dilated up to 7 Mathew Duncan's dilator under intravenous pentothal anaesthesia and with difficulty the broken piece of the loop removed with the Shirodkar's loop removing hook as the loop was embedded deeply in the myometrium.

Patient denied any loop insertion in the last 8 years after the loop that was removed. From her Obstetric history it was clear that she was a highly lactative woman. The ages of her children were 22, 21, 19 and 18 years. It is quite possible that soon after her last child birth i.e. 18 years back patient had Lippes loop inserted without her knowledge which was quite common where patients are not willing to accept any contraceptive device. This also explains the sterility for 8 years. This loop must have got displaced in the uterine cavity and 2nd loop

insertion was done with the consent of the patient 10 years back by the private doctor. She got it removed after 2 years of insertion. The loop that was displaced remained in the uterine cavity causing menorrhagia for 8 years before she reached menopause. The cause of post menopausal leucorrhoea is also due to this loop. The I.U.C.D. was so well embedded in the uterine myometrium that during fractional curettage also it was not very easy to feel it. Luckily part of the nylon thread was pulled out

during the curettage and "forgotten loop" was removed relieving the patient from her symptoms. This shows that patients should have regular check up with the I.U.C.D. in.

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See Fig. on Art Paper VI