

Forgotten IUCD as a cause of pyometra and Post-Menopausal Vaginal Bleeding - Case Report

Janaki Radhakrishnan, M. H. Sharada, P. Panigrahi

Dept. of Family Welfare, Obstetrics and Gynaecology, Jawaharlal Nehru Hospital & Research Centre, Bhilainagar - 6, Madhya Pradesh 490006.

The commonest cause of post-menopausal vaginal discharge and bleeding is malignancy of genital tract. Rarely, retained foreign body can cause post-menopausal discharge and bleeding. Retained intrauterine contraceptive device (IUCD) such as Lippe's loop by initiating local foreign body reaction in the endometrium produces senile endometritis, and subsequent pyometra in post menopausal women. We describe retained, forgotten IUCD (Lippe's loop) as cause of pyometra, vaginal discharge and bleeding in two post-menopausal women.

Case - 1

Mrs. L. D., female aged 65 years, para 7 with 7 live children, last child birth 27 years back; post-menopausal since 18 years, was admitted on 14.2.96 with the complaint of recent onset of foul smelling, blood-mixed, purulent, vaginal discharge of 7 months' duration. She was moderately nourished, moderately built, anaemic and normotensive. Cardiovascular and respiratory systems were normal on clinical examination. Abdomen: mild tenderness over lower abdomen; no organomegaly. Per speculum examination revealed atrophic vagina; cervix flushed with the vault; bulky soft, anteverted uterus and foul smelling vaginal discharge through the cervical os; no palpable mass in the fornices. Urine culture grew no organism. X-ray pelvis revealed the presence of Lippe's loop inside the uterine cavity anterior to lumbosacral spine. Ultrasonography of pelvis showed thick fluid (about 25 ml) collection in uterine cavity causing pyometra and the presence of Lippe's loop. Cervical smear demonstrated chronic inflammatory cells. Under short general anaesthesia, internal os dilatation was done. About 25-30 cc of purulent, foul smelling, blood-mixed discharge was drained. Lippe's loop removed with loop removal hook. Pus sent for pyogenic organism yielded no growth. Patient was discharged on

3rd post-operative day and on follow-up after 1 year she was found to be symptom-free.

Case-II

Mrs. R.D., aged 60 years, attended Out-Patient Department of Gynaecology on 5.1.1997 with complaint of blood stained vaginal discharge of 3 months duration. She was para 5; last child aged 30 years; attained menopause 15 years back and gave history of insertion of Lippe's loop 6 weeks after last child birth by a local family planning worker. One year after insertion, she consulted a female medical practitioner for removal of IUCD, who after manipulation informed her that IUCD was removed. Her general and systemic examination findings were normal. Haematological and blood biochemical investigations were within normal limits. Urine analysis and culture were non-contributory. Cervical smear was negative for malignant cells. Abdomen: no tenderness; no organomegaly. Per speculum examination showed senile vaginitis, healthy cervix, flushed with the vault; retroverted, atrophic, mobile uterus with normal fornices. Cervical dilatation and uterine curettage were done under short general anaesthesia.

Utero-cervical length was 7.5 cm; foreign body was sounded during the passage of metallic sound. With minimal difficulty, Lippe's loop was removed. Curettage yielded scanty endometrium which was negative for malignant cells on histopathologic examination.

Lippe's loop was introduced as IUCD by the government of India in late 1960's. The present day Gynaecologists should maintain high index of suspicion in diagnosing the forgotten, unremoved Lippe's loop as one of the causes of post-menopausal bleeding.