Unusual Displacement of Lippes Loop
Latha C.H. Reddy Rani, Reena
Jawaharlallnstitute of Post-Graduate Medical, Education and Research, Pondicherry-605 006.
Introduction Transvaginal sonography revealed a 6x6 em, cystic mass
with septae and hyperechoeic area on right side of uterus.
Lippes loops were the commonest type of IUDs used Uterus was normal in size. Patient was given a course of
throughout the world earlier. They have now been re-antibiotics. Since there was no response and no ~ymp
placed by medicated ones in most countries. Perforation tomatic relief, she was taken up for laparotomy.
occurs rarely, the incidence being I in 2500 insertions.
,..,..he IUD can migrate into the peritoneal cavity or get
embedded in uterine musculature or in the parauterine
tissues. Perforation is initiated at the time of insertion
and subsequently completed by uterine contractions.
Perforation may remain undiagnosed for a long time. We
are reporting a case where Lippes loop remained in the
peh·is after perforation f.x 18 years and presented with a
paraovarian cystic mass lesion.
Case History
Mr~. Vasantha 41 years old, Para 4, who underwent pu-erperal sterilisation 18 years back, came to our hospital
with history or lower abdominal pain for 6 months and
with no history of dysmenorrhoea and menstrual
abnromalities.
On abdominal examination no mass was palpable, no free
fluid was present, local examinaion revealed cervix and
vagina to be healthy, uterus was retroverted normal size
and a tender nodular mass was felt through the right and
posterior fornices, left fornix was free.
A provisional diagnosis of Endometriosis/PIG was made.
1:111· IOL/Rf\AL OJ-OHSTTRILS AND GYN!\J.::COLOGY 01-INDIA
Laparotomy revealed normal sized uterus with normal
tubes and ovaries. A 6x6 em right paraovarian cyst was
found buried in pouch of Douglas and cyst wall felt nodu-lar. There were adhesions posterior to the cyst. The cyst
got accidentally ruptured while adhesions were being
released and old hemorrhagic fluid and a Lippes loop
with thread came out.
There was an old scar on the posterior wall and right
side of the uterus suggestive of old healed perforation
site of Lippes Loop.
Right para ovarian cystectomy with release of adhesions
was done.
Postoperative history taken again revealed history of
IUCD insertion after the delivery of third child. But when
patient missed her periods 6 months later, she was told
in a local hospital that she had expelled Lippes loop and
that she was pregnant.
Post operative period was uneventful. Patient was dis-charged on 7th Post operative day.