

DOI: <http://dx.doi.org/10.18203/2320-1770.ijrcog20164696>

Case Report

Forgotten Lippes loop in menopausal woman left in utero for 45 years: a case report

Vineet Mishra*, Sugandha Goel, Himani Agarwal, Sumesh Choudhary, Priyankur Roy,
Shaheen Hokabaj

Department of Obstetrics and Gynaecology, IKDRC, Ahmedabad, Gujarat, India

Received: 04 November 2016

Accepted: 30 November 2016

***Correspondence:**

Dr. Vineet Mishra,

E-mail: vineet.mishra.ikdrc@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Intrauterine contraceptive devices are extremely effective and long lasting. They were intended for long term use and were retained for year's altogether. Menopausal ladies often present with Lippes Loop in situ either deliberately or forgotten. We report a case of 80 years old patient who came with complaints of pain in lower abdomen and vaginal discharge and had Lippes Loop insitu, which was inserted 45 years back. The inserted Lippes Loop thread was not seen in clinical examination but visualized on Transvaginal Ultrasonography along with pyometra. It was removed under hysteroscopic guidance.

Keywords: Hysteroscopy, Lippes loop, Transvaginal ultrasonography

INTRODUCTION

Intrauterine contraceptive devices are extremely effective, safe, long lasting and rapidly reversible. This makes them the most widely used reversible method of contraception.¹

Lippes Loop is named after Jack Lippes who first introduced it in 1962.² It is a 'Double -S' flexible trapezoidal polyethylene plastic loop. Jack Lippes analysed 40,000 women from 1962 to 1968 and reported no disadvantages with the Lippes Loop. However, it is no longer in use after Ortho Pharmaceutical Corporation stopped marketing Lippes loop citing economic reasons.³

Due to the implant nature of these early IUCD's, they were intended for long term use until menopause. They are hence often found retained for years and many patient present well into menopause still bearing a Lippes Loop either deliberately or forgotten.²

CASE REPORT

A 80-year-old Rajasthani lady, Gravida 2, Para 2, postmenopausal for 35 years presented to the Gynaecology Outpatient Department of IKDRC Hospital, Ahmedabad with complaints of pain lower abdomen and vaginal discharge since 1 year. There was history of IUCD insertion 45 years back. On per speculum examination cervix was seen to be healthy and vagina was atrophic. No thread of IUCD was seen. On Transvaginal ultrasonography, Lippes loop was seen inside the uterine cavity and it was distended with fluid/pyometra (Figure 1). Both ovaries were atrophic with no abnormalities.

After all routine investigations and pre anaesthetic check-up, the patient was posted for hysteroscopic-guided removal of lippes loop, and endometrial biopsy under general anaesthesia. Intraoperative findings were suggestive of pyometra and atrophic endometrium. Lippes loop was removed with grasper (Figure 2). Four quadrant endometrial and endocervical biopsy was taken with mono polar resectoscope. Tissue and fluid was sent

for histopathological examination. No evidence of malignancy was noted in biopsy report. Postoperative period was uneventful and patient was discharged after 48 hours in stable condition.



Figure 1: Transvaginal ultrasonography and 3D image showing Lippes loop insitu.



Figure 2: Lippes loop after hysteroscopic-guided extraction from uterine cavity.

DISCUSSION

Any misplaced or forgotten IUCD needs to be removed. However, the removal of a misplaced IUCD in an asymptomatic patient is controversial because some clinicians believe the surgery could cause more adhesion

formation.⁴ Consensus favours elective retrieval of misplaced IUCD whenever discovered during surgery.⁵ A forgotten IUCD can cause several problems varying from infertility to postmenopausal bleeding, pain abdomen due to PID, fever and malaise due to actinomycosis.⁶ Complications include ectopic pregnancy, bowel obstruction following perforation, uterine perforation, infections and rarely death.⁷

Although there is no established causal evidence linking IUCD's retained after menopause and cancer or other significant problems, such retention does confuse the diagnosis of post-menopausal bleeding and makes difficult procedures such as endometrial biopsy and ultrasonic endometrial evaluation. When contraception is no longer an issue, it is prudent to remove IUCD's since they may cloud future necessary evaluations.²

The Faculty of Sexual and Reproductive Health Care (FSRH) guidance on contraception for women aged over 40 years states that pyometra and actinomycosis have been reported in postmenopausal women with retained IUCD and cause serious morbidity. Hence, IUCD needs to be removed rather than left in situ.^{8,9} WHO recommends removal of a misplaced IUCD immediately after diagnosis is made.¹⁰

In developing countries with lack of health facilities, illiteracy and poverty, it is not uncommon to see forgotten IUCD and its various complications. This is the first opportunity of these patients, to attend health care facility and should not be missed or ignored. Complete endometrial and endocervical evaluation should be done to rule out any malignancy.

CONCLUSION

Patient had no serious side effects and complications despite prolonged usage of Lippes IUCD. However, leaving IUCD in situ is not justifiable even if it is asymptomatic and inert, as complications are severe and can lead to serious morbidity and life threatening implications.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Kaneshiro B, Aeby T. Long-term safety, efficacy, and patient acceptability of the intrauterine Copper T-380A contraceptive device. *Int J Womens Health.* 2010;2:211-20.
2. Rayl DL. Dr. Lippes and his loop: Four decades in perspective. *J Reprod Med.* 1999;44(10):833-6.
3. Ortho stops marketing Lippes Loop; cites economic factors. *Contracept Technol Update.* 1985;6(11):149-52.

4. Chanin M, Kuan-Gen H, Jongrak T, Angelica A, Chua A, Aranya Y. Forgotten intrauterine device wandering in the abdomen of an endometrial cancer patient. *Gynecology and Minimally Invasive Therapy.* 2014;3(1):26-7.
5. Sinha M. Lippes Loop Inserted 45 Years Back: The Dilemma to Remove it or Leave it insitu: A Case Report with Review of Literature. *J Clin Diagn Res.* 2015;9(4):QE01-5.
6. Ravindra P, Okram S, Vijayalakshmi S. Forgotten Lippes loop. *J of Dental and Medical Sciences.* 2013;8(5):19-20.
7. Nagel TC. Intrauterine contraceptive devices: Complications associated with their use. *Postgrad Med.* 1983;73(3):155-64.
8. Faculty of Sexual and Reproductive Health care. Clinical Effectiveness Unit. Enquiry Reference. 2012:3941.
9. Lely RJ, Van HW. Pelvic Actinomycosis with an intrauterine device. *Radiology.* 2005;236(2):492-4.
10. Ozgun MT, Batukan C, Serin IS, Basbug M, Dolanbay M. Surgical management of intra-abdominal mislocated intrauterine devices. *Contraception.* 2007;75:96-100.
11. Singal SR, Madan S, Nanda S. Forgotten Lippes Loop associated with Endometrial Carcinoma. *JSAFOG.* 2011;3:147-8.

Cite this article as: Mishra V, Goel S, Agarwal H, Choudhary S, Roy P, Hokabaj S. Therapeutic plasma exchange for early aggressive management of post-partum hemolytic uremic syndrome: a tertiary care centre experience. *Int J Reprod Contracept Obstet Gynecol* 2017;6:355-7.