CHAPTER IV

RESULTS

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In the present study, disappearance of the nylon threads of Lippe's loop from the cervical os was reported in 19 asymptomatic women (without spontaneous expulsion of the device) at the follow-up examinations in the family planning and post-partum clinics of the Shatby Maternity Hospital in the period between January to July 1976. Uterine perforation was demonstrated in 5 of the 19 patients:

The IUD having passed into the peritoneal cavity in one instance and partially so in the other four. Four patients were pregnant with the loop, the remaining ten cases had distorted loops inside the uterus and the loops were removed easily by Novak's suction biopsy curette.

Cases with partial perforation were treated by dilatation and currettage.

Culdoscopy was the treatment in that case of complete uterine perforation in which the device was proved by X-ray to be lying in an extrauterine location posterior to the uterus.

None of the above mentioned cases of perforation had their insertions in the early post-partum period thus excluding the factor of soft uterine wall.

Fig. 5: Plain X-ray with a sound in the uterus showing the high position of the unfolded loop above the uterus.

Fig. 6: A hysterogram showing the high position of the loop.

Case No. 2:

N.A. patient aged 26 years, second para, second gravide, who had the loop inserted since nine months, when she was three months post-partum. The insertion was recorded as easy. The patient reported once to her centre for a routine visit and she was found normal.

Suddenly she could not feel the threads and was transferred to our centre careful history taking proved easy insertion and no history of expulsion could be obtained.

Pelvic examination revealed an acute anteverted flexed uterus of normal size and absent threads. Sounding of the uterus could not detect the presence of the loop in uterus.

Plain X-ray films with the sound in the uterus showed the loop to be in the peritoneal cavity. Hysterogram showed the loop in an extrauterine position, near the pelvic brim. Under the device if possible, but this was unsuccessful, the device was located and grasped with the accessory instruments of the laparoscope but its extraction was not possible. The device was manipulated towards the cul-de-sac and removed through a colpotomy incision made by in assistant at the same time,no suspicious area could be felt or seen on the posterior aspect of the uterus.

Case No. 3:

W.A.A. patient aged 36 years, sixth para, seventh gravida, who had the loop inserted since two months.

She was not post-partum at time of insertion. The insertion was recorded as easy, she returned two months after insertion, for a routine visit claiming inability to feel the threads.

Careful history taking excluded expulsion of the loop. On vaginal examination the uterus was A.V.F.; the threads were absent and probing of the uterus by a sound failed to detect the loop in utero.

Plain X-ray films with the sound in the uterus showed the loop in an extrauterine position posterior to the uterus.

Plain X-ray films of the pelvis with and without traction on the posterior lip of the cervix revealed a questionable placement of the loop the patient was admitted to the hospital was admitted to the hospital for removal of the device by culdoscopy if possible; but it was difficult to locate the device.

The patient refused laparotomy and in view of the fact that an intraperitoneal Lippes loop generally causes no symptoms, the patient was discharged and she remained free from symptoms until now.

Case No. 4:

S.A. a 31 years old, fourth gravida, fourth para, who had the loop inserted since two years. She was not post-partum at the time of insertion.

The insertion was recorded as easy. The patient reported several times to her centre for routine visits and was found normal.

She was transferred to our clinic because of inability to feel the threads.

On vaginal examination the uterus was A.V.F., the threads were absent and probing of the uterus by a sound failed to detect the loop in uterus.

Plain X-ray study with a sound in the uterus and hysterogram showed the loop to be in the peritoneal cavity posterior to the uterus (Fig. 7).

The patient was admitted to the hospital for removal of the device by culdoscopy if possible.

The loop was found free in the Douglas pouch and was easily grasped and removed by the mesosalpinx clamp.

The patient did well and was discharged on the first post-operative day.

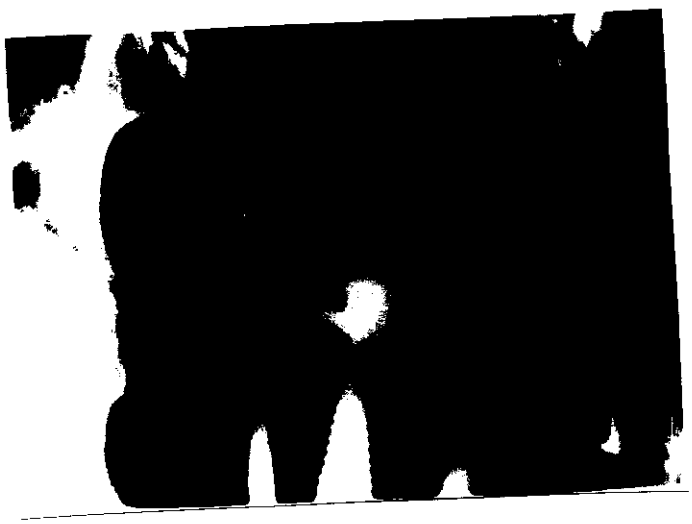

Fig. 7: A hysterogram showing the extrauterine position of the loop.

Case No. 5:

F.A., a 29 years old, third gravida, third para, had a size C Lippes loop inserted without difficulty six weeks after delivery. The patient who was breast-feeding returned two months later because she had never been able to feel the nylon threads.

The examiner could not feel the device in the uterine cavity with a probe.

Plain X-ray films demonstrated the Lippes loop lying transversely, low in the pelvic cavity.

A second film with traction on the posterior lip of the cervix, revealed the loop lying low down in the pelvic cavity without significant change in its shape or level due to traction on the cervix, a hysterogram showed the loop in an extrauterine location, posterior to the uterus (Fig. 8 and 9).

The patient was admitted to the hospital for removal of the device by culdoscopy if possible; the loop was found free in the Douglas pouch and was easily removed. No adhesions were present in Douglas pouch and no suspicious area could be seen on the posterior aspect of the uterus.

The patient did well and was discharged in the first post-operative day.

Fig. 8: Plain X-ray showing the unfolded loop lying low in the pelvic cavity.

Fig. 9: A-P view of the hysterogram showing the extra-uterine position of the loop.