Widened Lippe’s Loop Sign
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Lippe’s loop; Intrauterine contraceptive device; IUD; Widened loop sign

Introduction
A 62 years lady with diabetes and hypertension presented to the emergency room with anginal chest pain of 8 hours duration. Clinical examination was unremarkable except for tachycardia. Electrocardiogram showed Acute Anterior wall myocardial infarction. Her coronary angiogram revealed triple vessel atherosclerotic coronary artery disease. During fluoroscopy, a Lippe’s loop and a copper-T Intrauterine contraceptive device (IUD) were incidentally seen (Figure 1). She recalled insertion of Lippe’s loop around 45 years back. Lippe’s loop was seen misplaced to the left side with marked widening of its loops.

Ronald L Eisenberg in 1972 described “widened loop sign” as a preemptive radiological sign of uterine perforation [1]. In 1985, production and marketing for Lippe’s loop were stopped and these devices are uncommonly encountered in current clinical practice [2]. Perforations may present acutely with severe abdominal pain or later with dysfunctional uterine bleeding, secondary infertility, or infection [3,4]. However uterine perforation may remain asymptomatic as well, for years [5]. Widened loop sign helps us to suspect uterine perforation. While the distance between loops is usually 5 mm or less inside uterus (due to small cavity size), it gets widened to its normal configuration of about 1 cm if the device gets displaced outside the confines of uterine cavity. Later on, patient’s workup revealed Cervical intraepithelial neoplasia and she underwent total abdominal hysterectomy with difficult removal of Lippe’s loop adhered near sigmoid colon.

References