

# Forgotten Lippes Loop associated with Endometrial Carcinoma

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## ABSTRACT

Patients with a forgotten intrauterine device (IUD) present most often with irregular vaginal bleeding or postmenopausal bleeding. We report a case of nonmedicated IUD (Lippes loop) associated with endometrial adenocarcinoma in a woman who presented with postmenopausal bleeding and a forgotten IUD. Although the occurrence of endometrial adenocarcinoma with IUD is almost unknown, yet given the serious nature of the disease, endometrial sampling is indicated in any patient with postmenopausal bleeding and IUD *in situ*.

**Keywords:** Postmenopausal bleeding, Forgotten Lippes loop, Endometrial carcinoma.

## INTRODUCTION

Patients with a forgotten intrauterine device (IUD) present most often with irregular vaginal bleeding or postmenopausal bleeding. The occurrence of endometrial adenocarcinoma with IUD is almost unknown. We report a case of nonmedicated IUD (Lippes loop) associated with endometrial adenocarcinoma in a woman who presented with postmenopausal bleeding and a forgotten IUD.

## CASE REPORT

A 55-year-old woman, para three presented in gynecology outpatient department with complaints of blood stained vaginal discharge for 4 months duration, 3 years following her menopause. Patient never had menstrual complaints before achieving menopause and she was not sexually active for 20 years. Patient was treated for pulmonary tuberculosis 5 years ago. There was no other significant past medical history.

She was an average built and normotensive woman. Pelvic examination revealed a healthy vagina and cervix, IUD string was seen at the external os, and the uterus was atrophic and mobile. Patient recalled that a Lippes loop was inserted 28 years ago but she never reported for follow-up. Lippes loop was removed and patient was advised to come for follow-up, after 15 days, thinking that bleeding was due to IUD. On follow-up visit, the bleeding continued, ultrasonography done, and showed normal and uterus with 7 mm endometrial thickness. Endometrial sampling revealed adenocarcinoma with focal

secretory pattern. Patient underwent an extended abdominal hysterectomy with pelvic lymph node sampling. Histopathology confirmed endometrial adenocarcinoma.

## DISCUSSION

There are lot of case reports of IUD associated with adenocarcinoma. On Medline search, only five cases of endometrial carcinoma with a Lippes loop *in situ* has been reported earlier.<sup>1,2</sup> This patient did not have any risk factor for developing endometrial carcinoma (obesity, diabetes, hypertension, nulliparity, tamoxifen exposure).<sup>3</sup> The cause of postmenopausal bleeding in this patient was thought to be prolonged IUD and endometrial sampling was done only when bleeding persisted after removal of Lippes loop. IUD has not been linked with an increased risk of endometrial carcinoma. In fact, there the most of the data suggest protective role of IUD in endometrial carcinoma.<sup>4,5</sup>

In developing countries, due to lack of access to health care facilities, it is not uncommon to see patients with a forgotten IUCD who present, year later with abnormal vaginal bleeding or discharge. An event like this may be first contact with health facility and such opportunities should not be missed. Any temptation to attribute abnormal bleeding to IUD should be avoided and thorough evaluation of endometrial should be done. It is concluded that in patients presenting with postmenopausal bleeding, forgotten IUD and endometrial sampling must be done.

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