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Sign With Widened Lippe's Loop

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Introduction

A 62-year-old woman with diabetes and hypertension arrived at the emergency room complaining of an 8-hour chest ache. The only notable aspect of the clinical evaluation was the tachycardia. An acute anterior wall myocardial infarction was visible on the electrocardiogram. Her triple vessel atherosclerotic coronary artery disease was discovered by coronary angiography. A Lippe's loop and a copper-T intrauterine device (IUD) were unintentionally spotted during fluoroscopy.She remembered the Lippe's loop's insertion from about 45 years ago. Lippe's loop was observed erratically positioned on the left side with noticeably wider loops.Widening of the loop sign was first identified as a radiological indicator of uterine perforation by Ronald L. Eisenberg in 1972 [1].

Since the Lippe's loop's production and marketing were discontinued in 1985, these devices are rarely used in modern clinical settings [2]. Acute perforations can cause significant stomach pain, while chronic perforations can result in secondary infertility, dysfunctional uterine haemorrhage, or infection [3,4]. Uterine perforation, however, may also go years without showing any symptoms [5]. We can assume uterine perforation because to the widened loop indication. The space between loops is typically 5 mm or less inside the uterus (owing to the tiny cavity size), but if the device is relocated outside the boundaries of the uterine cavity, it widens to its regular form of roughly 1 cm. After further testing revealed cervical intraepithelial neoplasia, the patient had a total abdominal hysterectomy with the challenging removal of a Lippe's loop that had become stuck close to the sigmoid colon.

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