This patient presented with anaemia and recurrent episodes of confusion which could have occurred due to adrenal insufficiency precipitated by trivial infection possibly a respiratory tract infection or urinary tract infection.

This case demonstrates the need to be vigilant about the possibility of rare conditions presenting as common clinical presentations like anaemia and confusion in the elderly.

**Lippes loop in the retroperitoneal space**

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**Case Report**

A 63 year-old mother of six children was found to be having a left renal stone on ultrasonography. The IVU showed a 2 cm stone in the left renal pelvis. In addition it revealed a Lippes loop in the region of the left sacroiliac joint, closely related to the left ureter (Figure 1). Twenty one years ago she has had a Lippes loop inserted (after her third child) which was never removed. Since then she had borne three more children but the IUD (Intrauterine device) was never looked for.

Left pyelolithotomy was performed via the transcostal approach and exploration of the retroperitoneal space revealed the Lippes loop located retroperitoneally closely related to the ureter. It was removed with ease (Figure 2).

**Discussion**

Transmigration if the IUDs from the uterine to the pelvic cavity is well known. Most of the migrated IUDs are located within the abdominal cavity and found in the conglomerated mesh bordered by intestines and omentum [1]. Some migrate into the bladder and appendix causing stones and appendicitis, respectively [2, 3]. Rarely IUDs have been found to be embedded in the parametrial tissue of the broad ligament [4]. However, extraperitoneal migration of Lippes loop into retroperitoneal tissue is very rare.

**Figure 1 - IVU showing the Lippes loop**

**References**

Pregnancy should raise suspicion of improper placement, transmigration or expulsion of the IUD [5]. If the lost IUD is not found in the placenta and membranes at the time of delivery, imaging of the abdomen and pelvis must be done to locate it. When intraperitoneal, laparoscopic removal of the IUD is considered the first choice of therapy [1]. However, open surgery may be necessary in some [6].

A young lady with MELAS syndrome: a sporadic case

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Introduction

Mitochondrial myopathy Encephalomyopathy Lactic Acidosis and Stroke-like syndrome (MELAS) is a rare neurodegenerative disease, characterized by recurrent stroke-like episodes, lactic acidosis, bilateral occipitoparietal infarction and basal ganglion calcification. Only a few cases have been documented worldwide.

Case report

A 30 year-old lady presented with acute severe headache, tinnitus, blurred vision and weakness followed by two episodes of generalized tonic clonic fits. Symptoms worsened over a period of 48 hours. Her first presentation with a similar illness was two years ago and since then she has hearing impairment.

On examination, she was unconscious with grade III weakness in all four limbs, exaggerated deep tendon reflexes and right extensor plantar response.

Her random blood sugar, full blood count, arterial blood gas analysis and cerebrospinal fluid analysis were normal. Urine full report showed proteinuria (++) and no cells. Blood culture and urine culture were negative. ESR was 110 mm for the first hour but ANA and thrombophilic screening including lupus anticoagulant, anticardiolipin, antibodies IgG and IgM were negative.

References