The breakdown of the skin overlying the middle of the subdermal implant (SDI) extended to the whole distal third almost all the way to the tip. It is possible that the skin overlying this portion of the device was too thin and broke down due to intradermal or superficial insertion. Unfortunately I am unable to personally confirm if this was the case as I did not examine the patient until she presented to me after the skin had started to break down.

The patient herself had not felt that the device was more superficially inserted than her previous SDI, and no reference to this was made by the doctors to whom she presented prior to her appointment with me. They did comment on there being swelling at the site, and this could have perhaps made the implant feel less apparently superficial to palpation at the time.

I agree that it remains important to deploy the device correctly and avoid inserting it too superficially, and in my experience I have observed an increase in superficially inserted SDIs being referred since the changeover from Implanon® to Nexplanon. This may be an area for potential future research.

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REFERENCES

1 Menon K. Comment on 'Adverse reaction to Nexplanon®'. *J Fam Plann Reprod Health Care* 2013;39:309.
2 Chaudhry F. Adverse reaction to Nexplanon®. *J Fam Plann Reprod Health Care* 2013;39:231–232.

Comment on 'Adverse reaction to Nexplanon®': author's response

I would like to thank Dr Menon for his comments[1] regarding my recently published letter to the editor[2] entitled 'Adverse reaction to Nexplanon®'.