

## Comment on 'Adverse reaction to Nexplanon<sup>®</sup>'

I would like to thank the Journal for asking me to comment on Dr Chaudhry's letter.<sup>1</sup> I lead a regional referral centre for complex contraceptive problems in Newcastle upon Tyne and have managed a small number of women presenting with chronic contraceptive implant infections.

Published data suggest that post-insertion infections are rare with an incidence of less than 0.5% for etonogestrel implants with or without barium.<sup>2 3</sup> I can recall seeing four cases (all in women fitted with etonogestrel implants *without* barium) with two attending with partially extruded implants. Their clinical histories were very similar to the case reported by Dr Chaudhry.<sup>1</sup> Initially they had no skin reaction or signs of infection at the implant insertion site but started to experience pain or reddening over the implant within the next month or so. They had been given several courses of antibiotics resulting in some benefit but their symptoms then returned. By the time I saw them the only option was to remove the implant, with two women choosing to have a further implant fitted in the other arm. I prescribed flucloxacillin to all women yet no pathogen was grown from wound swabs. All women made a complete recovery with the sites of infection healing well.

I can only conclude that these chronic, initially subclinical infections originate at the time of implant insertion. For some women a course of appropriate antibiotic will result in resolution of the infection but, as the implant acts as a foreign body, if signs of infection recur I would remove the implant.

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**Provenance and peer review**

Commissioned; internally peer reviewed.

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## REFERENCES

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