Progestogen-only emergency contraception

Madam

We read with great interest the editorial on progestogen-only emergency contraception (POEC). The author refers incorrectly to a July 2003 article as the first case report of ectopic pregnancy following POEC. In late 2000 we undertook a post-marketing surveillance study of POEC prescription in France in order to investigate the efficacy and safety of this method in ‘real life’ use. Our results, published in July 2001, covered in excess of 2500 POEC prescriptions and included reports of three cases of ectopic pregnancy following POEC failures. We addressed the question of a possible association between POEC use and ectopic pregnancy via a two-fold analysis of the data available at that time. First, as an incidence rate within the context of the study results. Second, as an extrapolated incidence based on the number of spontaneously reported cases of ectopic pregnancies after POEC failures relative to the number of POEC units that we knew had been bought during the same period. We concluded at that time that it was unlikely that the incidence of ectopic pregnancy was increased after POEC failure.

A recently published World Health Organization (WHO) multicentre clinical study presented data from an additional 2712 women who had taken levonorgestrel emergency contraception, but did not report any cases of ectopic pregnancy following POEC use are more likely to be ectopic than those occurring in the general population. Nevertheless, it is important to point out that POEC protects against ectopic pregnancy overall by preventing conception. Because POEC is not 100% effective, however, patients and providers should be alert to the symptoms of ectopic pregnancy in the event of a method failure. Our product’s patient information leaflet specifically defines ectopic pregnancy and salpingitis and cautions women who have a history of either one to seek medical advice prior to taking POEC. The summary of product characteristics reminds providers of the importance of performing a pregnancy test in case of suspected failure (menstrual delay by more than 5 days or abnormal bleeding at the expected date of the menstrual period). We conclude that the data presented by the authors do not warrant any change in our current recommendations. We shall remain vigilant regarding this issue and will take appropriate measures to communicate any new information as it becomes available.

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Competing interests
All three authors for Laboratoire HRA Pharma, the French pharmaceutical laboratory that holds market authorisations for a progestogen-only emergency contraceptive product in over 50 countries (variously known as Norlevo®, Velcia® or Duofem®).

References

How to remove a Chinese IUD

Madam

I recently saw a 21-year-old nulliparous woman in a family planning clinic. She was using an intrauterine device (IUD) for contraception and was seeking its removal as she wished to conceive. The IUD is a popular contraceptive in China with two-thirds of the world’s 106 million IUD users being Chinese. The IUD used in China is usually thread-free and it has been argued that this is associated with a lower incidence of PID. However, this does mean that removal may be difficult particularly in a nulliparous woman.

In this case it was possible to pass a hock coil remover into the uterine cavity and with some difficulty the IUD was removed. It was a metrical anaesthetic intracervical block and dilatation of the cervix to Hegar 3 was necessary. The problem that I experienced was that the hock tended to slide over the IUD rather than to grasp it. The IUD when removed was a stainless steel wire, flexible ring.

The difficulties I experienced raised two questions:
1. Is there a hook specifically designed for the removal of these ring coils?
2. When inserted, is a loading device needed or can the IUD simply be pushed into the uterine cavity through an undilated cervix?

This lady did not speak English; her sister accompanied her for moral support and she spoke a little English. She too has an IUD and is also considering its removal. It would be grateful to POEC to hear of other readers’ experiences, hopefully before I am challenged again.

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