Letters to the Editor

HPV vaccines
I read with interest the article on human papillomavirus (HPV) vaccines published recently in this journal.1 I understand the reason for vaccinating girls as well as they may have been in the sexual transmission of the virus.

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Reference

Reply
Dr Greenwood is quite correct in her comment that vaccinating boys as well as girls is relevant. Herd immunity would require that the total population at risk for infection be vaccinated rather than a particular target group. However, apart from sociocultural issues there are some scientific ones. There are very few epidemiological data on either the incidence or prevalence of infection with the high-risk genotypes in men (other than anal and genital) and virtually none on the natural history of these infections in sexually active men. Fortunately, as far as I am aware, there are no published data on the safety and immunogenicity of the HPV VLP vaccines in men and certainly no efficacy data. All the trials to date have tested the vaccines exclusively in women. It is likely that the regulators would require this baseline data before the vaccines could be administered to boys as well as girls. However, Dr Greenwood’s point is highly relevant and one that is important if the vaccines are to be optimally effective.

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Confidentiality and patient care
Henrietta Hughes’ effort to seek the opinion of various health professionals when faced with the sensitive scenario of ‘to tell or not to tell, and what to tell’ is thought-provoking.1 As to what the reader would do when faced with such a situation, besides being in agreement to maintain confidentiality one cannot with such a situation, besides being in agreement.

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References

Reply
We are happy that Dr Banerjee has found our paper of interest and informative. Arrangements for full sexual screening varied between clinics. Chlamydia-positive women were either screened in the family planning clinic (FPC) or referred to GUM clinics when screening took place in the clinic the patient would have been tested for gonorrhoea (i.e. a high vaginal swab and endocervical swab taken). Screening for blood-borne viruses and syphilis would only have been done on request and dependent on sexual health risk history. The latter practice has now been changed and blood testing is routinely offered in the clinics.

No genetic pathology was found in the women who were symptomatic. They were treated symptomatically and further investigations (gynaecological) were undertaken where appropriate.

Polycystic ovary syndrome (PCOS) is a common condition that affects 5% to 10% of women of reproductive age. It is characterized by hyperandrogenism, hyperinsulinemia, and insulin resistance. Women with PCOS are at increased risk of developing type 2 diabetes, hypertension, and cardiovascular disease. The diagnosis of PCOS is based on clinical, biochemical, and imaging criteria. The management of PCOS is focused on symptom relief and the prevention of long-term complications. This includes lifestyle modifications such as regular exercise and weight loss, as well as the use of medications such as oral contraceptives and anti-androgens. It is important to monitor patients with PCOS regularly and to provide ongoing education and support.