


Emergency contraception and the LNG-IUS

The Faculty guidance document from the CEU on ‘Emergency contraception’ (April 2006 edition) is comprehensive, and does provide sound practical guidelines on the subject. It is surprising that no mention is made that the levonorgestrel-releasing intrauterine system (LNG-IUS) is not considered suitable and not licensed for emergency contraception. It would have been appropriate to emphasise that there is no research evidence available on the effectiveness of the LNG-IUS for use for emergency contraception.

R K Bhathena, MD, FRCOG
Consultant, Petit Parcure General and Matuna Hospitals, B Petit Road, Camabilla Hill, Bombay 36, India. E-mail: rkb_bhathena@hotmail.com

References

Terry McCarthy, MD, FRCOG
Consultant, Directorate of Sexual and Reproductive Health, Gwent Healthcare NHS Trust, Llanyrwydd House, Cwmbran, Torfaen NP44 4YN, UK. E-mail: terry mccarthy@gwent.wales.nhs.uk

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Reply
Thank you for the opportunity to respond to the letter from Dr Elena Valarache on ovarian cysts and the levonorgestrel-releasing intrauterine system (LNG-IUS) (Mirena®).

Based on the evidence, Faculty of Family Planning and Reproductive Health Care Guidance (2004) recommends that women may be reassured that although ovarian cysts occur in levonorgestrel-releasing intrauterine system (LNG-IUS) users, there is no significant increased risk compared to copper-bearing intrauterine device users (Grade A). A systematic review did not identify an increased risk of ovarian cysts in LNG-IUS users at 5 years compared to copper-bearing intrauterine device users (RR 1.5; 95% CI 0.51–4.4).1

Guidance from NICE on ‘Long-acting reversible contraception’3 states that ovarian follicular cysts occur in 20% of women using the LNG-IUS; however, these are almost always asymptomatic. In addition, spontaneous resolution of ovarian cysts in women using the LNG-IUS has been reported.4 Only one non-steroidal anti-inflammatory drug study has reported that women discontinue with the LNG-IUS as a result of the development of ovarian cysts.5

The CEU suggests that the counselling of women on potential risks and benefits of contraceptive methods includes the guideline that whilst ovarian cysts do occur in LNG-IUS users, these are rare and usually asymptomatic, spontaneous resolution is common, and the cysts are unlikely to cause any harm.

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