LETTERS

Williams1 has already eloquently answered the question as to whether LBC offers any real advantage over the conventional smear technique. We agree that LBC is a very welcome technique in the capable hands of new users and would encourage ongoing endeavours to explore how LBC can bring further benefits to women’s health.

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References
4 Williams AR. Liquid-based cytology and smear comparison over two 12-month periods. Cytotechnology 2006; 47: 82-85.

Implanon® insertion

I was interested to read the articles in the July 2006 issue of the Journal regarding problems related to the Implanon® device.

I recently inserted an Implanon device into the left arm of a 23-year-old, right-handed patient. The procedure went smoothly. Eleven days after the insertion the patient presented with a 3-day history of a red rash around the site of the implant. On examination she had a lymphangitis-type reaction extending proximally and distally from the site of the implant. She was otherwise well with no systemic symptoms. The patient was commenced on oral Fluocinolid. Three days later the patient was reviewed. The erythema had resolved. A sclerotic vessel commenced on oral flucloxacillin.

Three days later the patient was reviewed. The erythema had resolved. A sclerotic vessel commenced on oral flucloxacillin.

I too have a patient who presented in similar circumstances and is continuing her pregnancy with Implanon® in situ as she would wish to use this method of contraception following her confinement. After discussion with the patient and colleagues, it seemed that to leave the Implanon in place was an option. Time will reveal the outcome in due course.

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References

Full-term pregnancy with Implanon® in situ

I write in regard to the letter on full-term pregnancy with Implanon® in situ by Drs Cooling and Pauli that appeared in the July 2006 issue of the journal. I had a similar experience when I fitted an Implanon in a patient who, in retrospect, was probably about 4 months pregnant. She gave a history of regular periods and was bleeding when I fitted it. She had not had unprotected sexual intercourse at all needing this in the history.

The patient then had amenorrhea for several months and presented to her general practitioner with abdominal swelling and weight gain. She was obviously in advanced pregnancy (perhaps not the world’s brightest!). She was 36 weeks pregnant and the hospital contacted me to see if the Implanon should be removed. I could not see any reason for doing so at such a late stage. The patient delivered without problem and chose not to breastfeed. She at least now could see effective contraception for a few years!

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Reference

Full-term pregnancy with Implanon® in situ

I read with interest the letter in the July 2006 issue of the Journal regarding a successful full-term pregnancy with Implanon® in situ.1 I too have a patient who presented in similar circumstances and is continuing her pregnancy with Implanon® in situ as she would wish to use this method of contraception following her confinement. After discussion with the patient and colleagues, it seemed that to leave the Implanon in place was an option. Time will reveal the outcome in due course.

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References

Full-term pregnancy with Implanon® in situ

The case of the full-term pregnancy with Implanon® in situ reported by Drs Cooling and Pauli in a recent issue of this Journal raises several interesting issues.

First, influence of pregnancy on Implanon. As stated by the authors, the rate of release of the progestogen from the implant is likely to be unaltered in pregnancy. Also, the effects of the progestogen (both in terms of intended action and side effects) are likely to be overwhelmed by the massive increase in the placental production of progestogens.

Second, influence of Implanon on pregnancy. The authors correctly state that “progestogens in pregnancy have not been linked with fetal abnormality” which applies only to low-dose progestogens. High doses (>10 mg per day of progestogen) are likely to be toxic to the male fetus.4 It is accepted that the dose of progestogen released by Implanon is low at 40 µg per day.