Letters to the editor

References

Reply

We welcome the response by Lee et al., which is a valuable contribution towards the management of translocated intrauterine devices (IUDs).

Lee et al. referred to the series of three cases described by Markovitch et al. These patients did not develop any complications resulting from the translocated IUD. Markovitch et al. clearly describe the circumstances under which conservative management of translocated IUDs is possible and also express the need for additional study results.

The WHO and the Faculty of Sexual and Reproductive Healthcare guidelines recommend removing the IUD, particularly the copper ones, as soon as is reasonably possible. The problem with not following these guidelines is the unpredictability of the migration of the IUD and the associated outcome.

Avni et al. studied a case history of a patient using a Copper-7® IUD who remained asymptomatic for 2 years despite the device being translocated to the sigmoid colon without any evidence of intra-abdominal abscess or sepsis. The remote possibility of catastrophic events cannot be ruled out. Robinson describes an asymptomatic patient at serious risk from catastrophic rupture of the superior mesentric artery by a translocated Copper-7 device. Avni et al. studied the peritoneal reaction to copper devices in female albino rats. They found that the Copper-7 device group developed severe adhesions and consequently they recommended removal to minimise the harmful effects of copper. It is unclear to what extent these findings may be applied to human patients.

In the absence of a tool to assess the risk, we recommend adhering to the WHO and Faculty of Family Planning guidelines.

We would welcome further discussion of this topic.

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References

For the LoC IUT

I read Dr Siddiqi’s letter1 in the January 2008 issue of the Journal with great interest. I agree that LoC is surgical removal. I also liked the simple anatomical sitings of the implant was particularly alongside my own growing experience of implant insertion in Zimbabwe.

I read the article by Mansour et al.2 on methods of accurate localisation of non-palpable subdermal implants in the January 2008 issue of the Journal, which comes from the same group of doctors who wish to train to obtain the necessary experience; we do not need to make it more difficult.

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References

Localisation of non-palpable implants

I read the article by Mansour et al. on methods of accurate localisation of non-palpable subdermal implants in the January 2008 issue of the Journal with great interest. I agree that alongside my own growing experience of implant insertion in Zimbabwe, I could usefully add that it was common practice for two rods to be inserted at a medical practice in Zimbabwe, and that patients had been advised that duration was 5 years. The patient had not experienced any adverse effects and had decided to have the Implanon removed so that she could become pregnant.

It would be interesting to know whether the above is a true representation of Implanon insertion in Zimbabwe and, if so, whether this is an indication of training needs or whether there appears to be a misconception that two rods must in combination provide greater contraceptive cover than one single rod as prescribed by Norplant®.

We would be grateful for any feedback from readers.

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References

Implanon insertion in Zimbabwe

Recently in a family planning session, a 32-year-old Zimbabwean female presented for an Implanon® removal. The patient was insisted that she had had Implanon inserted and that the procedure had involved two rods and that she had been advised that this would last for 5 years. On palpation, two rods could be felt in different planes in the left upper arm but it was difficult to decipher whether these were one rod divided in two or two separate rods. On removal, they were found to be two separate intact Implanon devices.

On further enquiry from the patient, we were advised that it was common practice for two rods to be inserted at a medical practice in Zimbabwe, and that patients had been advised that duration was 5 years. The patient had not experienced any adverse effects and had decided to have the Implanon removed so that she could become pregnant.

It would be interesting to know whether the above is a true representation of Implanon insertion in Zimbabwe and, if so, whether this is an indication of training needs or whether there appears to be a misconception that two rods must in combination provide greater contraceptive cover than one single rod as prescribed by Norplant®.

We would be grateful for any feedback from readers.

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References