
Tobian and his team of researchers looked at data from two randomised controlled trials, to evaluate whether rates of HSV-2 and HPV infections in circumcised men involving

Serum levels of the same hormones that may occur in early pregnancy or during use of oral contraceptives can have the same symptoms. These symptoms were not reported during the clinical studies performed with Olaria, the possibility that they also occur under treatment cannot be ruled out. Other side effects – Premarin should consult the SmPC in relation to other side effects. Overdose: There have been no reports of serious and no increased risk of venous and arterial thromboembolism. Risk for venous thromboembolism with COCs increases with: age, family history of VTE, immobilisation, major surgery, any leg surgery, major trauma, obesity. There is an increased risk of VTE in smokers, and the risk decreases if COC use is continued for at least 12 months after the last period. Risk for arterial thrombosis or a cerebrovascular accident increases with age, smoking, family history of arterial thromboembolism, obesity, dyslipidaemia, hypertension, migraine, valvular heart disease, atrial fibrillation. Advertise users to contact a doctor at first sign of possible thrombosis (e.g. chest or leg pain, weakness, numbness, etc.). If thrombosis suspected or confirmed, stop COC use; consider increased risk during the puerperium. Diabetes, systemic lupus erythematosus, antiphospholipid or antinuclear syndrome (APS), chronic inflammatory bowel disease and sickle cell disease are associated with increased risk of vascular events in COC users. Cardiovascular disease in women may increase severity of migraine, significant hypertension, or pregnancy occurs. Some studies suggest increased risk of cervical and breast cancer associated with COC use. Hepatic tumours have been reported with isolated cases of life-threatening haemorrhage. Possible increase in risk of pancreatitis if presence of family history of hyperlipidaemia or pancreatitis occasions may occasionally occur or deteriorate: cholestatic jaundice and/or pruritus, gall stones, porphyria, SLE, HUS. Systemic lupus erythematosus, thrombosis, angina pectoris, related hearing loss, depression, epilepsy, Crohn’s disease, ulcerative colitis, chloasma. Stop COC use if recurrence of pre-existing conditions or occurrence of new or exacerbated jaundice or pruritus occurs. Angioedema may be induced or exacerbated in women with hereditary angioedema. Acute or chronic infarcts may develop. Risks of cardiovascular disease include: not more than 50 mg of aspirin per tablet, which should be consulted for further advice. Breast cancer associated with COC use. Hepatic tumours have been reported. In addition to the above, adverse reactions include: rash, urticaria, angioedema. The author did not describe how they randomised participants to intervention and control groups. There were no significant differences in the demographics of the two groups. However, there were some differences in sexual practices at baseline that could influence outcomes, namely significantly higher levels of condom use in the intervention group and higher alcohol use associated with sex in the control group. Results were adjusted for differences in sexual practice. The method for selecting the small subgroup of 309 (of 3393 participants) for HPV testing was not described, although again the numbers appeared equally spread between the intervention and control groups. In this study it was not possible to blind participants to which arm they were allocated; however, it was not described whether questionnaires were blinded. Methodology for obtaining sexual behaviour data is not described, and may be significant for findings in such an intimate area.

Results relating to outcomes were clearly presented with robust statistical analysis. Acquisition of HSV-2, syphilis and HPV were described using rates and percentages calculated both before and after adjustment for characteristics and practices. There was a significant reduction in HSV-2 and HPV infections, but no significant difference for syphilis infections. Confidence intervals were described and were supportive of the conclusions. The large number of participants lends further weight to the small, although initial power calculations were not included in the report.

Overall, this is an important piece of research with several significant findings concerning the potential for a reduction of STIs.

References


This very interesting and yet alarming article gives us an insight into the health consequences of the still prevalent child marriages in India. Defined as marriage before 18 years of age, child marriage has serious health consequences for national development and grave health consequences for both the young women and their children. India has maintained laws against child marriage since 1929. However, the legal age for marriage was increased from 12 to 18 years in 1975.

In this study, participants were selected from the India National Family Health Survey-3 (November 2005–August 2006). A nationally representative household-based sample was obtained and a uniform sampling design was used across all states. From a staggering sample of 1883 women, a 95% response was obtained.

The results obtained are eye opening. More than two-fifths of women aged 20–24 years were married before the age of 18 years. Almost half of these women were married before 16 years, of which one-sixth were married before 13 years. Poor, less well-educated girls from the rural areas of Central or Eastern areas of the country were more vulnerable to this practice. This practice is associated with poor contraceptive uptake and hence increased incidence of unwanted and terminated pregnancies. There is also increased incidence of repeat childbirth within 24 months. A marked association between child marriage and female sterilisation has been shown. Sterilisation reduces condom use in couples, thereby increasing risk of HIV and other sexually transmitted infections.

The recommendations from this study conclude that through government health care initiatives, India should establish reduction of child marriage as an essential element to build on the existing priorities of family planning, and maternal and child health. However, in drawing their conclusions, the authors admit that since their data were based on self-report, they are vulnerable to social desirability and recall biases.

Reviewed by Neha Gupta, MRCOG, MRCPI, Obstgyna Cutaneous and peripheral vascular disease is a rare entity. Here we present a case of a 55-year-old woman who presented with a history of recurrent episodes of leg pain, swelling, and ulceration. These symptoms persisted despite medical therapy and surgical intervention. The patient was referred to our center for vascular consultation. After a thorough evaluation, a diagnosis of cutaneous and peripheral vascular disease was made. The patient was started on a combination of antihypertensive and antiplatelet medications. The patient reported significant improvement in symptoms after 6 months of therapy. This case highlights the importance of early diagnosis and aggressive treatment of cutaneous and peripheral vascular disease.

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