suggest that this was not in the patients’ best interests given that it contradicts the advice of the RCOG and the Charing Cross Hospital GTN website.

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References

Resolution of localised lipoatrophy at the site of Implanon© insertion
I have previously reported a 40-year-old woman who had had an Implanon© implanted into her right upper arm.1 At the site of the Implanon in the middle of the inner aspect of her right upper arm it was noticed at the time of implant removal 3 years later that she had a localised area of lipoatrophy extending approximately 2 cm either side of the implant. The length of this was approximately 15 cm extending above and below the ends of the implant. In this 4 x 15 cm area there was virtually no subcutaneous fat. The lipoatrophy had been asymptomatic and had had no effect on the patient who had to have the area of lipoatrophy demonstrated to her.

Six months after removal the area of lipoatrophy had completely resolved and the patient remains asymptomatic. Both arms looked the same with return of the subcutaneous fat on the affected side. It has been suggested2 the lipoatrophy might have been due to high dose topical steroids but a review of the patient records shows they have not been prescribed over the last 8 years and the resolution of the lipoatrophy after removal of the implant does not support this as a cause.

I suggest that localised lipoatrophy is added to the rare side effects described for Implanon and that the possibility of it developing, even if it is reversible, further motivates correct placement of the implant.

Peter Lindsay, FRCP, FRCGP, DRCOG
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References

Reply
Dr Lindsay should be commended for reporting1 and following up on this case;2 indeed reported side effects should be followed up and the information collated used to assess causality or the relationship between the drug and the event.

In the case reported by Dr Lindsay, causality cannot be fully established and, as such, the event of localised lipoatrophy cannot be classified as caused by Implanon©. The fact that, at the 6-month follow-up assessment, after implant removal the event had resolved is not enough to establish causality.

When we applied the Naranjo Scale to this case, it is possible that the event was caused by Implanon©. The Naranjo Scale is a questionnaire designed by Naranjo et al. for determining the likelihood of whether an adverse drug event is actually due to the drug rather than the result of other factors such as pre-existing condition.3

The score of two suggests the relationship is possible; however, it is too low to classify this event as definite or probable. Therefore Dr Lindsay’s conclusion regarding this event in our opinion is not valid. Furthermore, the patient’s pre-existing autoimmune condition is still a confounding or alternative explanation as previously mentioned in our letter.4 Excluding the use of steroids is very important in assessing this case, as these are sometimes prescribed with the contraceptive. Additional information, however, the evaluation of all the information gathered so far is not adequate to allow Implanon to be classified as a definite or probable cause of this event.

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Florence Falowo, BSc, MSc.
Medical Information Officer, Schering-Plough Ltd, Welwyn Garden City, UK.

References
1 Lindsay P. Localised lip atrophy at the site of Implanon© insertion [Letter]. J Fam Plann Reprod Health Care 2009; 35: 266.

Use of an expired Cu-IUD
I was ready to fit an intrauterine device (IUD) in the CASH clinic when the nurse announced that the expiry date of the Flexi-T® was 6 months previous. Having already opened the pack, I continued to fit the IUD to save National Health Service money, confident in the knowledge that many years ago at an update conference I had heard an expert panel state that it is safe to use an IUD up to a year after the expiry date. Common sense dictates that an expired Cu-IUD is not the same as expired sandwiches, for example.

Shortly after this episode occurred I was on annual leave. During my holiday, one of my colleagues contacted the patient and subsequently replaced the IUD, informing the patient that there was a risk of pregnancy. I was surprised at this since I am aware that there are a number of problems associated with Cu-IUD fitting and removal per se. One could argue that the IUD could have been left in situ for 4.5 years instead of the normal 5 years.

I would be interested to know whether any other Journal readers have used an expired IUD and, if so, what the outcome was. Was my colleague right to replace the IUD on this occasion?

Rajendra Prasad Yadava, FRCP, FFSRH
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Reply
I would like to respond to Dr Yadava’s letter1 on behalf of Williams Medical Supplies, a manufacturer of copper intrauterine devices (IUDs). Most Cu-IUDs have an expiry date of around 4 years. This is because the sterility can be guaranteed over this time frame. Once the expiry date has passed, the product is no longer guaranteed to be sterile and therefore we would not recommend fitting an expired IUD in a patient because of potential infection concerns. If an expired product is fitted by mistake, then there are two courses of possible action. One would be to undertake close patient observation over an agreed time span to ensure infection has not occurred. The second option would be to remove the IUD and fit a new one that is within its expiry date.

April Jones
Category Manager – Pharmaceuticals & Family Planning, Williams Medical Supplies Ltd, Tredgre, UK.
E-mail: april.jenkins@wms.co.uk

Reference

Reply
I would like to respond to Dr Yadava’s letter1 on behalf of the Clinical Effectiveness Unit of the Faculty of Sexual and Reproductive Healthcare. We are not aware of any evidence or
Resolution of localised lipoatrophy at the site of Implanon® insertion

Peter Lindsay

*J Fam Plann Reprod Health Care* 2010 36: 107
doi: 10.1783/147118910791069312

Updated information and services can be found at:
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