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 lipatrophy 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. 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 lipatrophy extending approximately 2 cm either side of the implant along a length of 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 lipatrophy had been asymptomatic and had had no effect on the patient who had to have the area of lipatrophy demonstrated to her.

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

I suggest that localised lipatrophy 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
1 Lindsay P. Localised lipatrophy at the site of Implanon© insertion [Letter]. J Fam Plann Reprod Health Care 2009; 35: 266. 

Reply
Dr Lindsay should be commended for reporting1 and following up on this case; indeed all localised events 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 lipatrophy 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 the maximum score we achieved was two out of a possible ten. 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.

The scoring of two suggests the relationship is possible; however, it is too low to classify this event as definite or possible. 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 there is no provided valuable 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.

Boshi Mohiala, MRCGP, FFSRH
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Medical Information Officer, Schering-Plough Lid, Welwyn Garden City, UK.

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-3000® was 6 months previous. Having already opened the pack, I continued to fit the IUD to save National Health Service money, considering 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 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 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 time span to ensure infection has not occurred. 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

Letters to the editor

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Use of an expired Cu-IUD

Rajendra Prasad Yadava

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