

“IN WHICH CLINICAL SITUATIONS CAN THE USE OF THE 52-MG LEVONORGESTREL-RELEASING IUD (MIRENA) AND THE TCU380A COPPER-IUD (PARAGARD) BE EXTENDED?”

ROBERT L. BARBIERI, MD
(SEPTEMBER 2016)

Extended-use IUDs and infection risk

For some time now I have been leaving hormonal intrauterine devices (IUDs) in place for 6 to 7 years, until menses returns. In my practice, long-term use of copper-IUDs has been associated with the presence of actinomyces in the endometrial cavity, although usually without sepsis.

George Haber, MD
Montreal, Canada

Suppressing menses, pain with an IUD

I have a number of patients using the 52-mg levonorgestrel-releasing (LNG) IUD (Mirena) for noncontraceptive reasons, especially for reduction or elimination of menstrual flow and/or pain. Many have permanent sterilization in place (tubal sterilization, partner vasectomy) and I tell them we can leave the IUD in as long as they are satisfied with the results, since we are not concerned with pregnancy. Several have continued IUD use well past the 5-year mark.

Alan Smith, MD
Savannah, Georgia

LNG-IUD effective for multiple uses

In our practice, we have used the LNG-IUD Mirena off label for over a decade successfully for menstrual suppression in perimenopausal and postmenopausal women effectively for up to 8 years. We often place this device in the uterus after an endometrial ablation. We also offer it extended use as an alternative



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for menopausal hormone therapy when a progestin is indicated due to the presence of a uterus. Progestin delivery by this IUD is maximized in the endometrium and minimized in the breast and other systemic sites.

John Lenihan Jr, MD
Tacoma, Washington

>> Dr. Barbieri responds

I thank Dr. Haber for his observations. He notes that users of IUDs may have Actinomyces organisms identified on cervical cytology. These women should be informed of the finding and examined for evidence of active pelvic infection. If the woman has evidence of pelvic infection, the IUD should be removed and sent for anaerobic culture.

I appreciate that Drs. Smith and Lenihan shared their clinical pearls with readers. Dr. Smith notes that when an LNG-IUD is used to control bleeding in women who are sterilized, there are few concerns about the

duration of its contraceptive efficacy, and adequate control of bleeding is a clinically useful end point demonstrating the IUD's continued efficacy. If bleeding begins to increase after 5 years, the clinician might choose to remove the old device and replace it with a new one. Dr. Lenihan reports his use of the 52-mg LNG-IUD as the progestin in a regimen of menopausal hormone therapy. Of note, there are multiple reports from Finland that use of an LNG-IUD in premenopausal and menopausal women may be associated with an increased risk of breast cancer.^{1,2} Conflicting reports from Finland and Germany did not detect an increased risk of breast cancer in women who used an LNG-IUD.^{3,4} Clinicians should be aware that when Mirena is used past its approved 5-year time limit, it is an off-label use of the device.

References

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“SHOULD RISK-REDUCING GYNECOLOGIC SURGERY FOR BRCA MUTATION CARRIERS INCLUDE HYSTERECTOMY?”

ANDREW M. KAUNITZ, MD
(WEB EXCLUSIVE; AUGUST 28, 2016)

Hysterectomy warranted?

I am wondering if Dr. Kaunitz really is recommending performing 270 hysterectomies to prevent

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Comment & Controversy

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one endometrial cancer? Is this justified given the risks from the hysterectomy itself, the economics of the disease, or any significant reductions in endometrial cancer mortality?

David O. Holtz, MD
Paoli, Pennsylvania

» Dr. Kaunitz responds

I appreciate Dr. Holtz's interest in my commentary on the role of hysterectomy as part of risk-reducing surgery in BRCA mutation carriers. Women who are mutation carriers are at increased risk for serous or serous-like endometrial cancers. Further, hysterectomy offers specific advantages for

young mutation carriers for whom menopausal hormone therapy is often indicated after risk-reducing salpingo-oophorectomy. Accordingly, I would indeed encourage such women to consider hysterectomy as part of risk-reducing gynecologic surgery if such surgery can be accomplished via minimally invasive techniques.