Letters to the Editor

The Journal welcomes letters to the editor. If found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with Journal style. All letters that reference a recently published Journal article are sent to the original authors for their reply. If no reply is published, the authors have not responded by date of publication.

CONTRACEPTION

To the Editor:

A subdermal levonorgestrel implant recently received FDA approval for contraceptive use.[1] Norplant is extremely safe and effective,[1–3] and is expected to be less expensive than oral contraceptives when amortized over its 5-year useful life.

Unlike previously available hormonal contraceptives familiar to American patients, this device requires an outpatient procedure for insertion and a substantial initial financial investment by the patient (if not covered by health insurance). The surgical procedure, though minor from the physician's perspective, can be daunting to patients, and the cost can impose a substantial hardship. In my experience, although many patients are interested in "trying" this new method, a significant fraction fear that side effects will necessitate early removal. These women are afraid that they will needlessly go through the insertion procedure, lose their monetary investment, or both.

For women in this situation, I suggest a therapeutic trial of oral norgestrel (Ovrette). The hormone used is the same as in Norplant (although the racemate rather than the single enantiomer) and the serum concentrations produced by the two methods are comparable.[2] This "mini-pill" is safe and effective with a 1-year actual use failure rate of 1.2%,[4] and has a side effect profile very similar to that of Norplant. If a patient has a favorable experience with Ovrette, her physician can with reasonable confidence explain that having Norplant will be like using this pill, but with even greater effectiveness and no need to remember the daily ingestion. Conversely, intolerance of Ovrette side effects can justifiably be considered a relative contraindication to the use of Norplant.

No guarantee of success (or failure) can be made to a patient on the basis of this trial, but I believe that it constitutes a fair test, the best that can be arranged. It is safe, inexpensive, easily discontinued, and reasonably based. Most important, it can provide many patients with well-founded confidence to proceed with insertion of Norplant, the single most effective form of contraception available.[5]

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References

1. A subdermal progestin implant for long-term contraception. Med Lett Drugs Ther 1991; 33:17–8.
2. Darney PD, Klaisle CM, Tanner S, Avarado AM. Sustained-release contraceptives. Curr Prob Obstet Gynecol Fertil 1990; 90–125.
3. Shoupe D, Mishell DR. Norplant subdermal implant system for long-term contraception. Am J Obstet Gynecol 1989; 160: 1286–92.
4. Mishell DR. Contraception. N Engl J Med 1989; 320:777–87.
5. Trussell J, Hatcher RA, Cates W, Stewart FH, Kost K. A guide to interpreting contraceptive efficacy studies. Obstet Gynecol 1990; 76:558–67.

PERIRECTAL ABSCESS

To the Editor:

The case report by Lipsky and Adelman (*Perirectal abscess in childhood: a case report. J Fam Pract 1991; 32:524–525*) failed to mention sexual abuse of the child as a possible cause of perirectal abscess. In our residency during the past 4 years, we have seen two suspected cases in which an infant probably developed a perirectal abscess as a result of anal sexual abuse. While perhaps not the most common cause, it should always be considered, and is certainly one of the most significant causes.

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The preceding letter was referred to Drs Lipsky and Adelman, who respond as follows:

Thank you very much for forwarding the letter from Dr Clark Smith commenting on our article. We believe that the author has raised an interesting point worth addressing.

We agree with Dr Smith that sexual abuse is an important consideration for children with perirectal abscesses. In addition to the history, the physical examination often provides clues suggesting abuse. Physical findings can include rectal scarring, mucosal tears, and bruising. The patient in our report had no history to suggest sexual abuse and no physical evidence to heighten the suspicion of sexual abuse. Another consideration, in addition to sexual abuse, is neglect. Parental neglect can lead to poor hygiene, which may predispose a child to a perirectal infection. This should also be considered in any child with a perirectal abscess.

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MEDLINE

To the Editor:

I was encouraged by Dr M. Lee Chambliss' (*Chambliss ML. Personal access to MEDLINE: an introduction. J Fam Pract 1991; 32:414–9.*) emphasis on the use of MeSH (National Library of Medicine Medical Subject Headings) for searching MEDLINE. In my experience, lack of knowledge of MeSH is often the greatest single technical barrier to efficient personal searching.

Dr Chambliss' article states, however, that "[in] 3 to 4 minutes and for $2 to $5, a personal computer can scan the entire literature base of the National Library of Medicine and produce a list of relevant journal citations and their abstracts." To test this assertion, I performed a MEDLINE search for references on the drug therapy of pulmonary emphysema, a simple search using a single MeSH term with one subheading. Retrieval was then limited to English-language articles concerning humans. The search was performed at 1200 baud on NLM's MEDLARS system and encompassed the current MEDLINE file (1989–present) and one backfile (1986–1988). To save time, the sixteen references with their eleven available abstracts were downloaded rather than printed online. Total search time was 5 minutes, and total search cost was $4.06. Thus, a search of two files that retrieved sixteen references approached the maximum amount of time and expense mentioned by Dr Chambliss. While a search of the recent literature is often all that most clinicians desire, "the entire literature base of the National Library of Medicine" covers literature back to 1966, and a search of backfiles would be more costly in terms of time and money.

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