

A FURTHER CONTRAINDICATION TO ORAL CONTRACEPTION

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One of the first cases of thrombophlebitis occurring in a woman taking oral contraceptive pills was described by Jordan⁹ in Great Britain in 1961. Since then there have been further reports of thrombophlebitis followed by pulmonary embolism, some of which have been fatal.^{2,3,11,14,15} Cerebrovascular accidents¹⁰ and coronary thrombosis¹³ have also been reported. Recently a case of erythema nodosum has been described.⁷

In my own practice I have had one patient who developed a spontaneous central artery occlusion of the right optic nerve with complete blindness in that eye. Recently Eisalo *et al.*⁴ have reported on liver damage and impairment during the intake of contraceptive pills.

Some of the contraindications as listed by the Family Planning Association⁶ in Britain are: gross overweight, liver dys-

function, jaundice, recent catarrhal jaundice or gallstones, menopausal irregularity, lactation.

The following is a report where rapid enlargement and red degeneration occurred in a fibromyoma in a woman taking oral contraceptive tablets.

CASE REPORT

History

Mrs. F. U., para 3, gravida 4, aged 36 years, was seen as an urgent case presenting with acute abdominal pain. The patient was a White woman who had had 3 normal pregnancies delivered 14, 12 and 8 years before, respectively. Her second pregnancy ended in an abortion at 4 months and a dilatation and curettage was done. There was nil contributory in the rest of her history.

Her present complaint was that of acute lower abdominal pain which had commenced a few hours previously. There was no nausea or vomiting. Her house doctor was called, who gave her an injection of 100 mg. of pethidine and she was referred for specialist attention.

The last menstrual period was 20 days previously. During the past 14 days she had been taking oral contraceptive tablets containing 2.5 mg. of norethisterone acetate and 50 µg. of ethinyl oestradiol. She had previously been told that there was a uterine 'fibroid' which was slightly smaller than a tennis ball.

Examination

General. A young apyrexial female, obviously in severe pain. Pulse 98/min., temperature 99°F, blood pressure 110/70 mm. Hg.

On abdominal examination a tender, regular, firm, smooth mass was found to be arising out of the pelvis filling the lower abdomen and extending to the level of the umbilicus. The abdomen appeared distended. This mass was dull to percussion. There was no free fluid detected in the abdominal cavity. Bowel sounds were present.

On vaginal examination this mass filled the pelvis and appeared to be a large uterine tumour. The cervix appeared healthy. There was some albuminuria present.

The blood. The haemoglobin was 11 G/100 ml. The blood count showed a neutrophil shift to the left. The red cells showed slight polychromasia. A straight X-ray examination of the abdomen showed a soft-tissue tumour with no irregularities or calcification.

Diagnosis. A tentative diagnosis of a large fibromyoma, which had degenerated, was made. A twisted ovarian cyst or a haemorrhage into a large ovarian cyst was also considered.

Operative Findings

At laparotomy, under general anaesthetic, this mass was found to be a large and distorted uterus. This was due to the presence of a large intramural fibromyoma which showed the appearance of red degeneration (Fig. 1).

The right ovary was replaced by a cyst 3 inches in diameter. This was removed. The left ovary was healthy.

Microscopic examination confirmed the observation that the fibroid had undergone 'red degeneration'. The ovarian cyst was a simple follicular one. Postoperative recovery was uneventful.

DISCUSSION

Red degeneration or so-called carneous degeneration occurs most frequently and most characteristically in pregnancy.^{3,5,12}

'Aetiology of this form of necrosis is unknown and the frequent occurrence in pregnancy unexplained.'⁵

'Some say that arterial venous thrombosis is the basis of this and that the lesion is essentially the result of infarction.'⁸

It is claimed that the taking of oral progestogens produces the physiological effect of pregnancy.¹ It is thus not unreasonable to assume that fibromyomata in persons who are taking oral progestogens are liable to undergo the same degenerative

changes that occur in pregnancy. The above case is described with this point in mind and the author is strongly of the opinion that the presence of fibromyomata are a contraindication to the taking of oral contraceptive tablets.

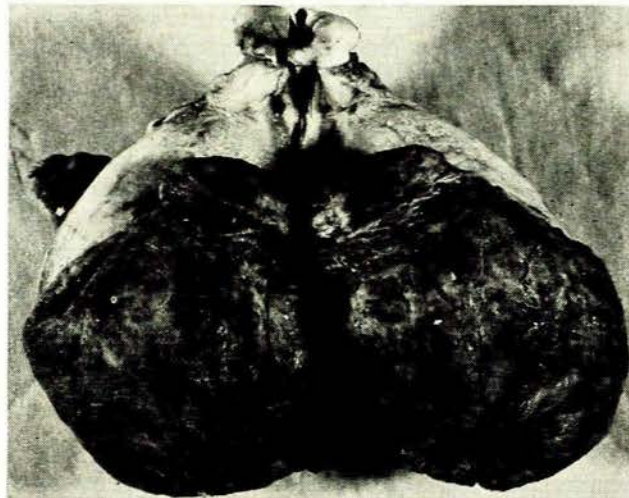


Fig. 1. Intramural fibromyoma showing red degeneration.

SUMMARY

A case of red degeneration occurring in a fibromyoma where the patient was on oral contraceptive tablets is described. It is assumed that the presence of fibromyomata should be regarded as a contraindication to the taking of oral contraceptive tablets.

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