Letters to the Editor

DOI: 10.1111/j.1478-3231.2008.01922.x

Response to Surti *et al*.: 'Pregnancy and liver transplantation'

To the Editor:

Surti and colleagues note in their comprehensive review of pregnancy following liver transplantation that the timing of pregnancy is linked to its success: the longer after transplantation, the lower the rate of obstetrical and graft-related complications (1–3). In order to achieve this goal, women must have access to reliable and effective contraception. While the AST consensus statement (4) recommends *against* the use of intrauterine devices (IUDs), the evidence cited for this is thin. It is based solely upon two cases reported in a single article in 1981 (5). Moreover, the risk of IUD-related pelvic infection in other immune-compromised individuals in not significantly increased compared with women with an intact immune system (6). Given these facts, when counselling women with a transplant, IUDs should be routinely offered as a first line method of contraception.

Intrauterine devices are used successfully and safely by women with many different types of transplants in my practice (and those of other experienced family planning providers). This letter is a call to the research community in the fields of organ transplantation and family planning to collaborate in an effort to investigate this important issue in more detail. Following this, appropriate, evidence-based recommendations could be made to aid clinicians and patients in selecting the best method of contraception. This will ensure that women with transplants remain healthy and are given the best opportunity to experience a healthy pregnancy.

Christopher M. Estes
Department of Obstetrics and Gynecology, Reproductive Health Services, University of Miami Miller School of Medicine, Miami, FL, USA

References

1. Surti B, Tan J, Saab S. Pregnancy and liver transplantation. *Liver Int* 2008; **28**: 1200–6.
2. Christopher V, Al-Chalabi T, Richardson PD, *et al*. Pregnancy outcome after liver transplantation: a single-center experience of 71 pregnancies in 45 recipients. *Liver Transpl* 2006; **12**: 1138–43.
3. Nagy S, Bush MC, Berkowitz R, Fishbein TM, Gomez-Lobo V. Pregnancy outcome in liver transplant patients. *Obstet Gynecol* 2003; **101**: 121–8.
4. McKay DB, Josephson MA. Reproduction and transplantation: report on the AST consensus conference on reproductive issues and transplantation. *Am J Transpl* 2005; **5**: 1592–9.
5. Zerner J, Doil K, Drewry J. Intrauterine contraceptive device failures in renal transplant patients. *J Reprod Med* 1981; **26**: 99–102.
6. Morrison C, Sekadde-Kingondu C, Sinei S. Is the intrauterine device appropriate contraception for HIV-1 infected women? *Br J Obstet Gynaecol* 2001; **108**: 784–90.

DOI: 10.1111/j.1478-3231.2008.01966.x

IUD in transplant recipients

To the Editor:

Intra-uterine devices (IUDs) are an underutilized form of contraception despite its confirmed safety and efficacy in the general population (1). We appreciate the letter by Dr Estes regarding the need for further research in the use of IUDs in transplant recipients (2, 3). The use of IUDs in the transplant population is associated with concerns of lack of efficacy and increased risk of infection despite the paucity of published data.

We are only aware of two published cases reporting IUD failure in transplant recipients (4). Another case report addresses the risk of infection, in which a levonorgestrel IUD was used to treat uterine myomas in a patient 4 years post-renal transplant (5). Although the report did not discuss IUD use as contraception, the patient was asymptomatic and did not develop any infection up to 1 year after device insertion (5). Recent studies have demonstrated safe and efficacious use of IUDs in other immunocompromised patients such as those with HIV (6, 7) and lupus (8). Whether these data can be extrapolated to transplanted patients is debatable.

Although we agree that IUDs would likely provide a safe and effective method of contraception in transplant patients, there are little or no data supporting this and therefore no guidelines or endorsements from the major transplant societies. We hope these discussions promote awareness and encourage investigation and reporting of IUDs in the transplant population.

Bujil Surti and Sammy Saab
David Geffen School of Medicine at UCLA, Los Angeles, CA, USA

References

1. Stanwood NL, Garrett JM, Konrad TR. Obstetrician–gynecologists and the intrauterine device: a survey of attitudes and practice. *Obstet Gynecol* 2002; **99**: 275–80.