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## Hormone replacement in ovarian cancer

Doctors in the United Kingdom are reluctant to prescribe hormone replacement therapy for patients who have had a bilateral oophorectomy for ovarian cancer because of fears that it may cause relapse. The epidemiological evidence is conflicting, ranging from suggestions of a protective effect to an increased risk of up to 1.6-fold for developing ovarian cancer if a woman has previously taken hormone replacement therapy. To date there are no data on the use of hormone replacement in patients who have undergone surgery for ovarian cancer. On p 259 *Eeles et al* report an analysis of 373 women with epithelial ovarian cancer, 78 of whom received hormone replacement after diagnosis. Mortality among patients receiving hormone replacement was 27% lower than that among those not receiving it, suggesting that it is unlikely that hormone replacement therapy has a detrimental effect on the survival of these patients, and may even be beneficial.

## Predicting outcome of manual aspiration of pneumothorax

Manual aspiration of pneumothorax is a simpler and less uncomfortable form of management than drainage with an intercostal tube. It does, however, have the disadvantage that the lung will recollapse if there is a persistent pleural leak. It has been impossible to predict which patients have persistent leaks, but on p 262 *Seaton et al* describe a technique by which patients breathe in a chlorofluorocarbon marker gas during aspiration and the aspirate is simultaneously monitored for the gas by flame ionisation. Of 25 episodes of pneumothorax, marker gas was not detected in nine, and in all of those cases re-expansion of the lung was sustained. Of the 16 cases in which marker gas was detected, 13 required drainage with an intercostal tube to achieve sustained re-expansion of the lung. The authors conclude that the technique can be used to assess the effectiveness of manual aspiration.

## Immunotherapy for hay fever

The treatment of hay fever has improved considerably with the introduction of non-sedating antihistamines and intranasal corticosteroids. Nevertheless, a few patients have extreme hypersensitivity which responds poorly to drugs. In most countries such patients would be offered immunotherapy. In the United Kingdom this form of treatment virtually stopped after 1986, when the Committee on Safety of Medicines questioned its safety and efficacy and recommended strict guidelines on its use. The role of immunotherapy in patients with severe summer hay fever has been re-examined by *Varney et al* (p 265), who found that an actively treated group showed a significant reduction in symptoms and drug requirements compared with a placebo group. Conjunctival and skin provocation tests also showed a

significant reduction in allergen sensitivity in the actively treated group. In a total of 523 active injections two systemic reactions occurred, both of which responded promptly to treatment. They conclude that immunotherapy is effective in severe summer hay fever, but anaphylactic reactions limit its use to specialised centres, and patient selection is important.

## Changes in haemostasis after stopping the pill

Women who take the combined contraceptive pill have an increased risk of venous thromboembolism, and most surgeons advise stopping the pill before major surgery to reduce the risk of a thromboembolic event, but how long the pill should be stopped is controversial. On p 269 *Robinson et al* report a study of changes in the haemostatic system during treatment with the combined pill and for 12 weeks after its cessation. They conclude that the pill should be stopped four to six weeks before major surgery.

## Cryptosporidiosis outbreak

Cryptosporidiosis in patients with AIDS causes prolonged diarrhoea, which may prove fatal since there is no effective method of eradicating the parasite. On p 277 *Ravn et al* describe the course of an outbreak of cryptosporidiosis in an AIDS ward in Denmark, which started after admission of a man with AIDS, cryptosporidiosis, and faecal incontinence. The outbreak was the most serious to date; of 18 patients who developed cryptosporidiosis, 11 died, eight from prolonged diarrhoea. The important lessons are that the outbreak arose from non-observance of the existing procedures against transmission of enteric disease and that sensitivity to cryptosporidium may be an unrecognised side effect of oral sulphonamide treatment in patients with AIDS.

## General practice and menopausal problems

Although several specialist menopause clinics have been established, most care of women undergoing the menopause remains based in general practice. *Barlow et al* (p 274) carried out a six month prospective survey of consultations related to the menopause in nine practices in the Oxford area covering 572 consultations with 416 women aged 40-69. The overall rate of consultation varied considerably between practices. Over 98% of the presenting women had symptoms. Fifty one per cent of the women were prescribed oestrogen treatment, but over 27% received only advice, and only 1% were referred to a specialist clinic. Their results suggest a low use of hormone replacement therapy in the general postmenopausal population despite the known benefits of oestrogen treatment in preventing osteoporosis and the subsequent risk of fractures.