

Try Plastic Wrap to Improve Estrogen Delivery

BY SHARON WORCESTER
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ATLANTA — Occlusion with plastic wrap may improve the delivery of topical estrogen to the vaginal area in postmenopausal women with vaginal atrophy who are being prepared for pelvic reconstructive or obliterative surgery, Peter L. Rosenblatt, M.D., said at the annual meeting of the American Urogynecologic Society.

It is generally accepted that local estrogen therapy improves vaginal thickness and integrity of the vagina in this population, and most surgeons typically recommend several months of treatment before pelvic reconstructive surgery, explained Dr. Rosenblatt of Harvard Med-

ical School, Boston. But patients with advanced prolapse, who can have particularly poor tissue quality, are likely to have problems with the cream rubbing off on pads or undergarments. Pessaries can help, but some patients can't retain them due to poor perineal support, and in some cases they can cause or worsen erosions.

To keep the estrogen cream in place, Dr. Rosenblatt borrowed the plastic wrap occlusion technique from dermatologists, who often use plastic wrap with the ap-

plication of EMLA cream before laser hair removal, skin biopsies, and other procedures.

Have the patient apply a thick layer of estrogen cream and cover it with plastic wrap or any other occlusive dressing, he advised.

"We have the patient use this every other night for several hours. ... It's not pretty, but it gets the job done," he said at the meeting.

In his "informal experience" with eight

patients who were candidates for pelvic surgery, subjective improvement in tissue quality, including resolution of erosions in one patient, was noted in all except two patients. Those patients both had a prolapse that would recede when they weren't bearing down, which would displace the plastic wrap.

A prospective trial comparing the effects of standard estrogen cream application and estrogen cream application plus plastic wrap is planned, Dr. Rosenblatt said. ■



Plastic wrap is applied as occlusive dressing over estrogen cream.

COURTESY DR. PETER L. ROSENBLATT

Study Links Melatonin to IBS Improvement

Administration of melatonin at bedtime for 2 weeks significantly increased rectal pain threshold and attenuated abdominal pain in patients with irritable bowel syndrome and sleep disturbance, according to a randomized, double-blind, placebo-controlled study conducted in Singapore.

G.H. Song of the National University of Singapore and colleagues reported that 40 patients with IBS took 3 mg of melatonin or placebo nightly and completed questionnaires on psychological, sleep, and bowel symptoms. Patients also underwent overnight polysomnography and rectal manometry.


The improvements in abdominal pain were realized without changes in sleep disturbance or psychological distress. The treatment did not significantly change the frequency of defecation or stool type; nor did it change rectal pressures during squeezing, pushing, or resting states (*Gut* 2005;54:1402-7).

In a commentary, Sigrid Elsenbruch, Ph.D., of the University Clinic of Essen, Germany, noted that the Singapore researchers did not screen their patients for mood disorders, which can be associated with alterations in sleep physiology, but concluded that the findings "are intriguing and call for replication and further study" (*Gut* 2005;54:1353-4).

—Randy Frey

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