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. Send letters to Paul M. Fischer, Editor, The Journal of Family Practice, Department of Family Medicine, Medical College of Georgia, Augusta, GA 30912, or Fax (706) 855-1107.

LEEP

To the Editor:

The article on the loop electrosurgical excisional procedure[1] is informative, but the authors' statement that "Pregnancy rates after LEEP are comparable to laser therapy and better than rates for conization" is a major overstatement unsupported by the literature. The reference for this statement is a letter to the editor that noted that 48 of 1000 women who received the LEEP procedure got pregnant.[2] There appeared to be no abnormally high rate of pregnancy complications. However, neither this letter to the editor nor the articles referenced by this letter actually determined the rate of infertility in women after any of the ablative cervical procedures. For example, this letter[2] did not state the number of women who wished to conceive, the age of the women, or the dropout rate in follow-up.

I continue to believe that the potential for reduced fertility exists after ablative procedures of the cervix, and that we must further study this issue.

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References

1. Mayeaux EJ Jr, Harper MB. Loop electrosurgical excisional procedures. J Fam Pract 1993;36:214–9.
2. Bigrigg MA, Codling BW, Pearson P, Read MD, Swingler GR. Pregnancy after cervical loop diathermy [letter]. Lancet 1991;337:119.

The preceding letter was referred to Drs Mayeaux and Harper, who respond as follows:

Dr Bowman is correct in stating that no prospective studies on pregnancy rates after LEEP are currently available. The cited study by Bigrigg et al[1] primarily addressed the low rate of pregnancy complications. However, they do reference a prospective study that examines pregnancy rates after diathermy treatment of the cervix.[2]

Hollyock and colleagues followed 109 patients after diathermy treatment who did not practice contraception and were not postmenopausal to establish their pregnancy rates. Of the 109 patients followed, 96 conceived during the 3-year follow-up period. Their findings suggest that diathermy causes minimal adverse effects on fertility, parturition, and menstrual function. This procedure is similar to LEEP in that it uses electrical current to fulgerate and destroy dysplastic tissue but differs in that straight wires and ball electrodes were used instead of the wire loop used in LEEP. Diathermy is considered by many physicians to be a more destructive therapy than the newer LEEP approach.

We also have an active infertility service at our hospital. To date, no patients have presented or been referred after LEEP for infertility evaluation in the 3 years in which LEEP has been performed here.

We do agree that there is a need for prospective cohort studies to establish post-LEEP pregnancy rates. However, we cannot find any support in the literature for Dr. Bowman's concern that there is reduced fertility after this procedure.

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References

1. Bigrigg MA, Codling BW, Pearson P, Read MD, Swingler GR. Pregnancy after cervical loop diathermy [letter]. Lancet 1991; 337:119.
2. Hollyock VE, Chanen W, Wein R. Cervical function following treatment of intraepithelial neoplasia by electrocoagula-

tion diathermy. Obstet Gynecol 1983; 61: 79–81.

CLARITHROMYCIN vs PENICILLIN

To the Editor:

Dr Schrock has certainly shown that clarithromycin is as effective as penicillin in the treatment of streptococcal pharyngitis (*Schrock CG. Clarithromycin vs penicillin in the treatment of streptococcal pharyngitis. J Fam Pract 1992; 35:622–6*). However, there is information missing from the study that would certainly be important if we as family physicians are to use this agent as primary therapy. What would be the cost of such a decision?

While Schrock's study found that clarithromycin was marginally better in bacteriologic cure rates, the clinical success rates of the two drugs seemed identical. In an era of cost-containment, providing information on the cost consequences of a change in therapy would be most useful.

What would be the dollar cost if we treated all patients with group A β-hemolytic streptococcal pharyngitis with clarithromycin as a first-line agent? What would be the cost if we treated only those who did not respond to penicillin therapy? What would be the cost if the penicillin VK were administered only as 250 mg bid for children with streptococcal pharyngitis?

When the answers to questions such as these are included in research studies, their clinical value to practicing family physicians will increase.

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To the Editor:

Schrock's study comparing clarithromycin with penicillin for the treatment of streptococcal pharyngitis (*Schrock CG. Clarithromycin vs penicillin in the treatment of streptococcal pharyngitis. J Fam Pract 1992; 35:622–6*) was interesting in its content, but very disturbing by its omissions. A quick telephone call to a local pharmacy revealed that the cost of penicillin V 250 mg tid for 10 days is $5 while the cost of clarithromycin 250 mg bid for 10 days is $65, more than 10 times the cost!

Schrock states that $300 million is spent yearly on the diagnosis and treatment of streptococcal pharyngitis. How would the cost change if clarithromycin was used to treat all these cases? Clearly, because of its cost, clarithromycin should not be a first-line drug for this illness and the author should have stated this. The author states that " . . . clarithromycin twice daily is as effective and as well tolerated as penicillin . . . ." By "well tolerated," I assume that the author is referring to the safety analysis, but had the patients purchased the medication themselves, they might not have tolerated the price tag!

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