Fibroid embolisation

Bilateral uterine artery embolisation (fibroid embolisation) is a new technique that has gained some favour in the treatment of fibroids. However, relatively few successful pregnancies have been reported, and there is a risk of hysterectomy because of sepsis of necrotic fibroids. The joint report of the Royal College of Obstetricians and Gynaecologists and the Royal College of Radiologists does not recommend fibroid embolisation for infertile women until more is known about outcome.[7]

Fibroids and in vitro fertilisation

In women about to begin a course of in vitro fertilisation treatment, there is evidence that intramural fibroids reduce the chance of treatment success because they decrease the implantation potential of an embryo. Evidence also exists that the incidence of miscarriage may be increased in women with an intramural fibroid having in vitro fertilisation treatment. However, no randomised trials show whether myomectomy done on these women will increase their chances of conception.

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The ABC of subfertility is edited by Peter Braude, professor and head of department of women's health, Guy's, King's, and St Thomas's School of Medicine, London, and Alison Taylor, consultant in reproductive medicine and director of the Guy's and St Thomas's assisted conception unit. The series will be published as a book in the winter.

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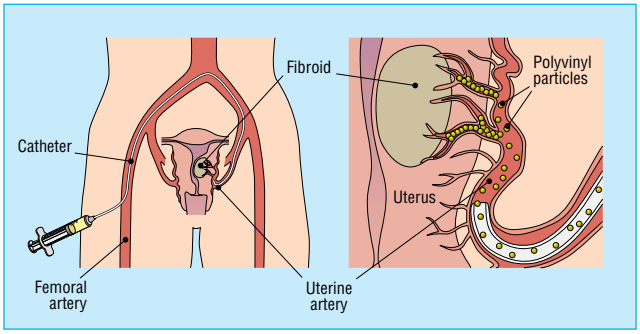

Fibroid embolisation—both uterine arteries are occluded using a transfemoral approach. Small polyvinyl alcohol beads obstruct the blood supply to the fibroids, causing necrosis and shrinkage

Practice points

- Couples should be referred for assessment of their subfertility if they have failed to conceive after one year of frequent unprotected intercourse
- Unexplained infertility should be treated initially with superovulation and intrauterine insemination except if a couple has more than three years of subfertility or if the woman is aged ≥38 years (in which case early recourse to in vitro fertilisation is recommended)
- Women with endometriosis who fail to conceive should have surgical ablation of their deposits except in severe disease, when in vitro fertilisation is recommended after treatment of endometriomas
- Fibroids are a cause of subfertility. Surgery should always be considered if no other explanation for subfertility is found and is essential if the fibroid is intracavity

Further reading

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- Philips Z, Barraza-Llorens M, Posnett J. Evaluation of the relative cost-effectiveness of treatments for infertility in the UK. *Hum Reprod* 2000;15:95-106
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The photograph of a couple in bed is from Elinor Carucci/Photonica. The figure showing the cumulative birth rate and prognostic influence of history uses data from Collins JA et al. *Fertil Steril* 1995;64:22-8. The photograph of an endometrioic cyst taken at laparoscopy is reproduced with permission of Dr D A Hill, Florida hospital family practice residency, Orlando, Florida. The magnetic resonance scan showing the bright endometrioma is reproduced with permission of B Cooper, St Paul's Hospital, Vancouver, British Columbia. The figures showing fibroid embolisation are adapted courtesy of Dr J Spies, Georgetown University Medical Center, Maryland.

Corrections and clarifications

Medical prescription of heroin to treatment resistant heroin addicts: two randomised controlled trials

Three errors occurred in the paper by Wim van den Brink and colleagues (9 August, pp 310-2). In the last sentence of the results section the authors' original word "none" inexplicably lost its first "n" in the editing process and ended up as "one." The sentence should read: "There were three deaths (one in group A, one in group B, and one in group C (in the first phase before heroin was prescribed)), none of which were related to the coprescribed heroin." In the last sentence of the first paragraph of the discussion in the full version of the paper (on bmj.com), the proportion of participants who did not respond to the coprescribed heroin was 45-78% [not 45-88%]. Finally, in the abridged version, an electronic glitch led to the name and position of the last author (Jan M van Ree, professor) "dropping off."

Chiropractic causes leak of CSF

The BMJ Family Highlights page in the issue of 21 June (p 1353) got its terminology confused. In the picture story we used the term chiropractor, whereas the paper in the *Journal of Neurology, Neurosurgery and Psychiatry* stated that a chiropractitioner did the treatment. Chiropractors undergo prolonged training and supervision; almost anyone, however, can set up as a chiropractitioner after a brief training, and the methods they use are not those that would be accepted as chiropractic in Germany (where the case report originated) or elsewhere.