We report persistent galactorrhoea and raised prolactin in a woman taking methadone, which is commonly prescribed for the treatment of opiate dependence. A heroin smoking 28 year old mother of two (younger child aged 4), with hepatitis C (of nine years’ duration), weighing 50 kg, was first prescribed 30 mg methadone a day for opiate dependence. She reported newly emergent galactorrhoea after four months of taking methadone, when the dose was increased to 40 mg. The subsequent persistent galactorrhoea required her to use breast pads. Her prolactin concentrations over the next year were persistent galactorrhoea after four months of taking methadone, but when the dose was increased to 40 mg. The subsequent persistent galactorrhoea required her to use breast pads. Her prolactin concentrations over the next year were persistently elevated, and there was no other drugs. Two years later, she still takes methadone and has galactorrhoea.

We found no breast abnormalities other than tenderness; a negative pregnancy test; normal thyroid status; normal range concentrations of oestrogen, follicle stimulating hormone, and luteinising hormone; and an unremarkable head magnetic resonance imaging scan with contrast. She remains amenorrhoeic.

Hyperprolactinaemia with chronic methadone use is described in three reports to the UK Committee for the Safety of Medicines but is not mentioned in the British National Formulary or the summary of product characteristics for methadone.

Tolis and colleagues (in 1978) showed a clear rise in plasma prolactin after acute administration of methadone in humans, reversed by dopamine agonists.1 We report persistent galactorrhoea and raised prolactin in a woman taking methadone, which is commonly prescribed for the treatment of opiate dependence. A heroin smoking 28 year old mother of two (younger child aged 4), with hepatitis C (of nine years’ duration), weighing 50 kg, was first prescribed 30 mg methadone a day for opiate dependence. She reported newly emergent galactorrhoea after four months of taking methadone, when the dose was increased to 40 mg. The subsequent persistent galactorrhoea required her to use breast pads. Her prolactin concentrations over the next year were persistently elevated, and there was no other drugs. Two years later, she still takes methadone and has galactorrhoea.

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Pituitary prolactin release is tonically inhibited by dopamine secreted from hypothalamic tuberoinfundibular neurones.2 Tubero-infundibular activity is suppressed by opiate agonists, via μ and κ receptors, thereby increasing release of prolactin.3 This case suggests that tolerance does not occur in the prolactin enhancing effect of methadone, consistent with experimental studies.

Drug rechallenge could not be done, so causality is not proved. But together with previous reports and experimental findings, this case indicates an association between galactorrhoea and methadone use.

Galactorrhoea and other effects of hyperprolactinaemia may be under-reported in patients using methadone.

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Ditch the digraph

A surgeon uses a ligature to tie off a bleeding vessel, although the word is somewhat archaic and conjures up an image of John Hunter tying off a popliteal aneurysm. Yet lexical ligatures cast a long shadow, at least on this side of the Atlantic. Medical language is full of words containing ae or aé; although these pairs are now printed as separate vowels (digraphs), a look in an older text will reveal their earlier form as ligatures (ae). The ligature rapidly morphed into a long time ago, and one must admit a sneaking sympathy for this use of ae digraphs. Furthermore, its non-medical use in British English is in decline, a notable example being the demise of cyclopaedias in favour of encyclopedia. Americans binned the ae digraph a long time ago, and one must admit a sneaking admiration for their revolutionary spirit.

Use of the digraph oe is just as questionable. In earlier borrowings the ligature oe, also pronounced as a long e, was used to represent the Greek digraph oe. The ligature rapidly morphed into e alone, thus economy became economy. In later medical borrowings the ligature was also popular, but in due course it morphed into the oe digraph, thus oesophagus. Derivations can, however, show remarkable inconsistency. Coeliac and koilonychia both come from koilia (hollow); but, while the former took the ligature-digraph route, the latter did not. Anyway the oe digraph has great potential to confuse. Recently, I was shocked and saddened to hear a healthcare colleague pronounce osteoma with the first syllable like toe.

On grounds of phonetic utility and historical consistency, surely the time has come to call time on this use of ae and oe. Hard as it is to accept, perhaps our US colleagues got it right when they replaced both with a single e. Might I suggest that the BMJ, proponent of all things progressive in British medicine, sets an example by ditching these dodgy digraphs?

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