



Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit

A unit funded by the FSRH and supported by Sandyford

MEMBERS' ENQUIRY RESPONSE

Enquiry Reference: 2495

Sent: 5.11.08

Prepared: 4.11.08

A: Question

Is there any evidence that Mirena will worsen lymphoedema (Milroy's Disease) in a person whose lymphoedema previously worsened with Combined Oral Contraceptive use?

B: Response

The CEU was unable to find any evidence to confirm or refute that Mirena would have a negative impact on lymphoedema. The CEU has previously been asked the safety of COC use in women with Milroy's disease and similarly the CEU was unable to identify any evidence.

Theoretically because there is a lower circulating dose of progestogen with Mirena, there may be a lower risk of fluid retention than with COC. However the CEU is unable to guarantee that there will be no reaction with Mirena.

Clinicians should be alert to any particular drug interactions during the treatment of the lymphoedema and consult the latest British National Formulary, The UKMEC and Guidance on Drug Interactions with Hormonal Contraception before considering the most suitable contraceptive for a woman with this condition

C: Evidence-Based Medicine Question (which guided our literature search strategy)

Population: Women with congenital lymphoedema (Milroy's Disease)

Intervention: Mirena

Outcome: Safety

Keywords: Lymphoedema, Milroy's Disease, Mirena, LNG-IUS, 2495

D: Information Sources

The CEU searched the following sources in developing this Member's Enquiry Response

Source Searched	Information Identified
Existing FSRH and RCOG guidance	No Relevant Information
The National Guidelines Clearing House	No Relevant Information
The United Kingdom Medical Eligibility Criteria for Contraceptive Use (2005/2006) The United Kingdom Selected Practice Recommendations for Contraceptive Use (2002) The World Health Organization Medical Eligibility Criteria for Contraceptive Use (2004) The World Health Organization Selected Practice Recommendations for Contraceptive Use (2005)	No Relevant Information
The Cochrane Library	No Relevant Information
MEDLINE and EMBASE from 1996 to 2008	No Relevant Information

E: Evidence Reviewed

Lymphoedema is characterised by swelling of the soft tissue secondary to obstruction of lymphatic drainage. Lymphatic obstruction causes an increase in the protein content of the extravascular tissue with subsequent retention of water. The increase in the extravascular protein stimulates proliferation of fibroblasts, organisation of the fluid, and development of a "woody feeling" nonpitting swelling of the affected extremity. Fibrosis also obstructs the lymphatic channels and leads to increased protein concentration in the tissues, continuing this cycle. Lymphoedema opens channels in the integument and allows bacteria to enter the subcuticular space, which overwhelms host defences and leads to cellulitis of the extremity.¹

Clinicians should be alert to any particular drug interactions during the treatment of the lymphoedema and consult the latest British National Formulary, The UKMEC and Guidance on Drug Interactions with Hormonal Contraception² before considering the most suitable contraceptive for a woman with this condition

F: References

1. e-Medicine. Milroy Disease. <http://www.emedicine.com/med/topic1482.htm>. 2006.
2. Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. Drug Interactions with Hormonal Contraception. *Journal of Family Planning and Reproductive Health Care* 2005;**31**:139-50.

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Enquiry response by JC