

# VENOUS THROMBOSIS WITH AN ORAL CONTRACEPTIVE CONTAINING 30 ug OF ESTROGEN

## (A Case Report)

by

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The Royal College of General Practitioners' (1974, 1977) and other epidemiologic studies like the Boston Collaborative Program (1973) and Collaborative Group for study of Strokes (1973), have shown a strong relationship between oral contraceptives and thromboembolism. There is a dose dependent effect in relation to the estrogen content of the pill. Following these reports the estrogen content of most of the combination pills was reduced to 50  $\mu$ g or less. Laboratory studies like those by Alkjaersig *et al* (1975) have shown a relationship between hypercoagulability and the dose of estrogens. Stolley *et al* (1975) whilst confirming this correlation have remarked that it remains to be seen whether the lowering of the dose of estrogen to 20 or 30  $\mu$ g will reduce the incidence of thromboembolism. The incidence of venous thrombosis and pulmonary embolism was found to be 0.89 per 1000 women for oral contraceptive users in a large prospective study by Vessey *et al* (1976). No studies have been reported in India which give the incidence of thromboembolism in oral contraceptive users. The following case report from our Institute clinic indicates that the possibility remains even with the very low dose combination pills.

### CASE REPORT

Mrs. P.P., aged 29, para 1, had delivered 6 years ago. The husband had been using condoms for spacing. In between she had used a copper-T 200 intrauterine device for 2 months but had it removed for a nonmedical personal reason on 18th May, 1977. Subsequently again the husband used condoms till January, 1979 when she started using low dose combination pills containing norethisterone acetate 1 mg and ethinyl estradiol 30 ug (I.D.P.L.). At the time of starting pills her cycles were regular and the past medical history and the physical examination did not reveal any contraindication to the use of hormones. In the fourth oral contraceptive cycle she developed pain in the left thigh which extended to the leg along with pitting oedema on the foot, within a few days. Oral pills were discontinued and the case was clinically diagnosed as femoral vein thrombosis. She was treated conservatively and made an uneventful recovery.

### Discussion

During the period 1975 to 1978 in the same Institute there was no case of thromboembolism in over 800 women taking various types of combination pills. Individual susceptibility thus plays an important role. However, the occurrence of this complication in India where thromboembolism is rarely reported with oral contraceptives, should put the physicians on the guard. The need to establish a registry for such rare complications and

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conduct large scale epidemiological studies in India cannot be overemphasised.

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