

Comment on Residual Adherent Placenta with Bladder Injury: Can We Use Methotrexate

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To the Editor,

An article by Ajay Halder that appeared in the recent issue of journal (2014,64:293–294) was thought provoking but we could not understand the rationale behind giving inj. Methotrexate alternate day without knowing beta-hCG level [1].

We think that fistula may be remnant fistula or not properly repaired fistula.

Hypothesis that methotrexate interferes in healing is interesting but we think methotrexate has no role in healing process as sepsis has already set in due to retained placenta, thus not allowing healing of fistula. Methotrexate may be a confounding factor only.

Conflict of Interest Shaveta Jain and Krishna Dahiya declare that they have no conflict of interest.

Reference

1. Shekhar S, Chauhan N, Singh K, et al. Delayed and successful manual removal of abnormally adherent placenta necessitated by uterine sepsis following conservative management with adjuvant methotrexate—a rewarding clinical experience. *S Afr J Obstet Gynaecol.* 2012;19(1):19–21.

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