BRIEF COMMUNICATIONS

Table 2
Changes in pain, gastrointestinal symptoms, and use of drugs during treatment.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No.</th>
<th>Baseline</th>
<th>6 months</th>
<th>12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysmenorrhoea</td>
<td>17</td>
<td>7.3 ± 1.3</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Chronic pelvic pain</td>
<td>11</td>
<td>5.8 ± 1.4</td>
<td>3.5 ± 1.0 (p = 0.001)</td>
<td>3.2 ± 1.2 (p = 0.001)</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>11</td>
<td>5.0 ± 1.0</td>
<td>3.4 ± 0.6 (p = 0.001)</td>
<td>3.1 ± 0.7 (p = 0.001)</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>12</td>
<td>4.7 ± 1.3</td>
<td>3.0 ± 1.3 (p = 0.001)</td>
<td>2.5 ± 1.3 (p = 0.001)</td>
</tr>
<tr>
<td>IBS-C</td>
<td>7</td>
<td>8.7 ± 1.0</td>
<td>8.0 ± 1.8 (p = 0.031)</td>
<td>8.0 ± 1.4 (p = 0.182)</td>
</tr>
<tr>
<td>IBS-D</td>
<td>8</td>
<td>7.9 ± 1.5</td>
<td>4.0 ± 0.9 (p = 0.001)</td>
<td>3.1 ± 1.4 (p = 0.001)</td>
</tr>
<tr>
<td>Intestinal cramping</td>
<td>11</td>
<td>8.0 ± 2.5</td>
<td>3.6 ± 0.9 (p = 0.001)</td>
<td>2.8 ± 1.3 (p = 0.001)</td>
</tr>
<tr>
<td>Abdominal bloating</td>
<td>10</td>
<td>7.2 ± 1.2</td>
<td>4.3 ± 1.5 (p = 0.001)</td>
<td>4.2 ± 2.6 (p = 0.003)</td>
</tr>
<tr>
<td>Feeling of incomplete evacuation</td>
<td>4</td>
<td>6.5 ± 0.8</td>
<td>9.0 ± 2.0 (p = 0.075)</td>
<td>6.2 ± 7.1 (p = 0.721)</td>
</tr>
<tr>
<td>Passage of mucus</td>
<td>3</td>
<td>8.1 ± 2.9</td>
<td>2.5 ± 0.5 (p = 0.040)</td>
<td>2.4 ± 0.9 (p = 0.021)</td>
</tr>
<tr>
<td>Cystic rectal bleeding</td>
<td>2</td>
<td>5.9 ± 0.8</td>
<td>2.0 ± 0.4 (p = 0.074)</td>
<td>1.0 ± 0.0 (p = 0.072)</td>
</tr>
<tr>
<td>Dapsone sodium (mean number of tablets used per patient each month)</td>
<td>13</td>
<td>11.4 ± 6.6</td>
<td>5.1 ± 0.1 (p = 0.001)</td>
<td>5.1 ± 4.2 (p = 0.001)</td>
</tr>
<tr>
<td>Lactulose (mean number of 10-g doses used per patient each month)</td>
<td>6</td>
<td>9.3 ± 1.8</td>
<td>7.5 ± 6.5 (p = 0.074)</td>
<td>2.0 ± 1.1 (p = 0.095)</td>
</tr>
</tbody>
</table>

Abbreviations: NA, not available; IBS-C, symptoms mimicking constipation-predominant irritable bowel syndrome; IBS-D, symptoms mimicking diarrhoea-predominant irritable bowel syndrome.
* Intensity of symptoms at 6 and 12 months of treatment was compared with baseline values.

In conclusion, this prospective study shows that triptorelin and tibolone effectively treat pain and some intestinal symptoms in patients with colorectal endometriosis such as IBS-D, intestinal cramping, and abdominal bloating. These findings might be useful for symptomatic patients who want to avoid surgery and accept the adverse effects of a long-term therapy with GnRH-a. Other hormonal suppressive agents (such as norethindrone acetate and oral contraceptive pill) may improve the intestinal symptoms of patients with colorectal endometriosis, particularly when they are used continuously, suppressing the menstrual cycle.

Conflict of Interest

None.

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Probiotic and metronidazole treatment for recurrent bacterial vaginosis

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Bacterial vaginosis is a polymicrobial syndrome. It arises when Lactobacillus bacteria, which are normally found in the vagina and produce hydrogen peroxide, are replaced by high concentrations of anaerobic bacteria, such as Gardnerella vaginalis and Mycoplasma hominis. It is frequently recurrent and may lead to pelvic inflammatory disease, postsurgical infections, increased risk of sexually transmitted infections and HIV, and preterm labor in pregnant women. Recurrent vaginosis in a patient is defined as 3 or more episodes occurring per annum [1].

Oral metronidazole and clindamycin vaginal cream is the treatment of choice, with a cure rate at 4 weeks of 60%–70% [2]. A randomized placebo-controlled trial for treatment of persistent bacterial vaginosis indicated that 0.75% metronidazole gel twice a week for 16 weeks followed by 12 weeks of therapy achieved significant reduction in the recurrence rate of bacterial vaginosis [3]. Various trials have reported a positive association between absence of lactobacillus and recurrent bacterial vaginosis, but there is still no definite protocol for complete recovery [4]. We conducted a pilot study to compare the effectiveness of 0.75% metronidazole gel alone and in combination with an oral probiotic (Ecloflora; Tablets India Ltd., Chennai, India) in patients with recurrent bacterial vaginosis.

The present pilot study included 16 patients who provided informed consent to undergo the treatment. All patients had had more than 3 episodes of bacterial vaginosis in the past year and had been treated repeatedly with 400 mg of oral metronidazole twice daily for 7 days with no success. The patients were allocated alternately into 2

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References
Trends in complicated illegally induced abortion in a low-resource Nigerian setting

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Restrictive abortion laws are, perhaps correctly, blamed for the high mortality and morbidity associated with unsafe abortion in low-income countries [1]. Induced abortion is illegal in Nigeria, except for strict medical indications certified by at least 2 doctors. Legalization could enable women with unwanted pregnancies to procure safe induced abortions from health facilities; however, abortions performed by caregivers in private health facilities may not be entirely safe—consistent with clinical experience and previous studies from Nigeria in which physicians at private hospitals were implicated by patients in a significant proportion of complicated induced abortions [2,3].

Using interviewer-administered questionnaires and information from case records, we studied consecutive cases of complicated illegally induced abortions seen over 5 years at the University of Nigeria Teaching Hospital and Enugu State University Teaching Hospital, Enugu, Nigeria. The objective of the study was to determine

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Table 1: Treatment outcome based on Ansell criteria in the study groups. a, b

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Treatment duration</th>
<th>4 weeks</th>
<th>8 weeks</th>
<th>12 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n=8)</td>
<td>(n=8)</td>
<td>(n=8)</td>
<td>(n=8)</td>
</tr>
<tr>
<td>Group 1</td>
<td>Group 2</td>
<td>Group 1</td>
<td>Group 2</td>
<td>Group 1</td>
</tr>
<tr>
<td>Fully cured</td>
<td>6 (75%)</td>
<td>8 (100%)</td>
<td>4 (50%)</td>
<td>6 (75%)</td>
</tr>
<tr>
<td>Improved</td>
<td>4 (50%)</td>
<td>2 (25%)</td>
<td>2 (25%)</td>
<td>2 (25%)</td>
</tr>
<tr>
<td>Partially cured</td>
<td>2 (25%)</td>
<td>4 (50%)</td>
<td>4 (50%)</td>
<td>4 (50%)</td>
</tr>
<tr>
<td>Failure</td>
<td>1 (12.5%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Group 1, metronidazole only; group 2, metronidazole plus probiotic tablet.

Values are given as number (percentage).

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References