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VASCULAR LESIONS AND CONTRACEPTIVES—IREY ET AL

Clinical Data on 20 Cases of Vascular Lesions Associated With Oral Contraceptives

Case No.	Age	Type of Antiovilant	Indications for Antiovilant	Time on Antiovilant	Other Medications	Initial Symptoms	Interval From Symptoms to Death
1	26	Norethynodrel and mestranol	Dysmenorrhea	3½ mo	...	Pain in shoulder	5 days
2	27		Dysmenorrhea	13 mo	Cortisone	Dyspnea	10 days
3	23		Contraception	37 days	...	Apprehension, syncope, tachycardia	3 days
4	41		Contraception	5½ mo	Thyroid extract, tranquilizer	Pain in leg	3 wk
5	40	Mestranol and norethindrone	Menorrhagia	2 mo	...	Dyspnea, syncope, cold sweats	7 days
6	36		...	12 mo	...	Blindness, right eye	...
7	34		...	2 mo	...	Pain in leg	5 days
8	18		...	...	Anorexiant, tranquilizer	Died unexpectedly at home	...
9	25	Mestranol and ethynodiol	...	...	...	Chest pain	5 days
10	33		Contraception	6 mo	...	Died unexpectedly at home	...
11	24		Contraception	6 wk	...	Dyspnea, syncope, palpitation	3 days
12	24		...	4½ mo	...	Chest pain	9 days
13	22	Mestranol and chlormadinone	Contraception	3 mo	Tranquilizer	Chest pain, leg pain, dyspnea	5 hr
14	27		Contraception	6 wk	Anorexiant	Syncope, abdominal pain	7 days
15	20		Irregular menses	3 mo	...	Rectal pain	12 days
16	41		Contraception	71 days	Thyroid extract	Abdominal pain	11 days
17	26	Type unstated	Contraception	9 mo	Anorexiant	Chest pains, dyspnea	1 day
18	29		Dysmenorrhea	12 mo	Tranquilizer	Swelling abdomen (ascites)	2 mo
19	30		Contraception	...	Tranquilizer	Chest pains	3 wk
20	34		...	...	...	Chest pains, dyspnea	7 days

three; irregular periods in one; and menorrhagia in one. The duration of oral contraceptive medication ranged from five weeks to 13 months, and averaged five months. Other drugs were being taken by nine of these patients, including tranquilizers, anorexiants, and thyroid extract. One patient was receiving cortisone acetate for ulcerative colitis.

Symptoms associated with the terminal episode varied. Pain was the most frequent, occurring in the chest in six, in the leg in three, in the abdomen in two, and in the rectum and shoulder in one patient each. Dyspnea was noted in six patients, syncope in four. Tachycardia, apprehension, palpitation, sudden blindness, and cold sweats were each described in a single instance. Ascites was the initial finding

in one patient with hepatic vein thrombosis (Budd-Chiari syndrome).

Most patients were taking a combination type preparation, but a sequential product was used by two. The estrogenic component in 16 cases was mestranol and in one case was ethinyl estradiol. The progestins included norethynodrel, norethindrone, chlormadinone acetate, and ethynodiol diacetate. All of these are 19-nortestosterone compounds except chlormadinone (6-chloro-progesterone [17 α] acetate). In terms of the relative effect of the constituents as evaluated by Dickey and Dorr,³ most agents used were of intermediate estrogenic and progestational effect, but five patients received products with strong progestational effect and weak estrogenic effect, and the sequential agents