What drug is best for penicillin-allergic women who undergo C-section?

Dr. Duff’s recommendations for therapy are most helpful. He includes a recommendation for antibiotic prophylaxis in penicillin-allergic patients undergoing perineal repair, but not for women undergoing cesarean delivery. What is Dr. Duff’s recommendation in that case?

Jane Helwig, MD
Lancaster, SC

Dr. Duff responds:
A combination of drugs is recommended.

Dr. Helwig poses a very thoughtful question. If a patient has an immediate, life-threatening allergy to beta-lactam antibiotics, she should not receive a cephalosporin antibiotic for prophylaxis. Rather, I would give a single dose of clindamycin (900 mg intravenously [IV]) plus gentamicin (1.5 mg/kg of actual weight, IV) plus azithromycin (500 mg IV). The first two drugs can be administered rapidly. However, azithromycin should be administered slowly over the course of 1 hour. We begin the infusions before surgery.

Oophorectomy in young women may not be so harmful

One headline in the Update on Menopause was misleading. It said: “Bilateral oophorectomy raises young women’s risk of cardiovascular death.” In the article itself, in much finer print, it was explained that the mortality rate does not rise if the woman is given hormone replacement therapy immediately after oophorectomy and continues to take it until she is at least 45 years old.

The article does not mention the rather severe surgical difficulties that are often encountered when a physician attempts to remove the uterus without the ovaries. I’m sure every gynecologic surgeon has had numerous cases in which the ovaries were plastered to the posterior peritoneum, immediately adjacent to the ureters. These cases are technically difficult and dramatically increase the risk of ureteral injury—and subsequent lawsuit. Also relevant is the fact that there is an incidence of ovarian cyst formation of about 20% in the years following hysterectomy, necessitating oophorectomy. It is important that the patient be informed of this possibility during counseling.

David Priver, MD
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“UPDATE ON MENOPAUSE”
ANDREW M. KAUNITZ, MD (MAY 2009)

The happiest posthysterectomy patients I have cared for are those who undergo concurrent bilateral salpingo-oophorectomy and spend years comfortably taking estrogen.