

Artículo (publicado el 8 diciembre 2011)

Templeton A and Grimes DA. A Request for Abortion. N Engl J Med 2011;365:2198-204

This Journal feature begins with a case vignette highlighting a common clinical problem. Evidence supporting various strategies is then presented, followed by a review of formal guidelines, when they exist. The article ends with the authors' clinical recommendations.

Case: A 22-year-old student presents to her primary care physician with an unintended pregnancy at 9 weeks of gestation and requests an abortion. She is aware of both medical (drug-induced) and surgical methods of terminating a pregnancy and wants to know which approach would be recommended. She also asks whether either method will affect her future reproductive health. What would you advise?

Conclusion: The patient described in the vignette, with a pregnancy at 9 weeks of gestation, should be offered the choice of a medical or surgical abortion. Both are safe with respect to short- and long-term sequelae. Medical abortion is associated with more pain and bleeding and a higher risk of incomplete abortion, whereas the risk of rare complications requiring major surgery is higher after surgical approaches. Antibiotic prophylaxis has well-established benefits in suction curettage and may also be useful in medical abortion, although this is less certain. The patient can be reassured that the best evidence indicates no long-term psychological harm, impairment of future fertility, or increased risk of breast cancer associated with abortion. The insertion of an IUD at the time of the abortion should be recommended to prevent another unintended pregnancy.

Comentario enviado a la revista el 13 diciembre (no fue publicado):

Several issues are "astonishing":

(1) The use of "products of conception" or "the aspirated tissues" instead of the biologically accepted term of "embryo". Is this lack of knowledge or bias? This is comparable to be using "product of electronics" instead of "computer".

(2) The statement "Counselling should be offered only if the woman requests it or there is a perceived need for it". Who is entitled to perceive the need? Patients cannot request information on topics they are unfamiliar with. We counsel on anaesthesia whether patients ask about or not. The issue is: can it be important to the patient to know more? If yes, we should counsel and they will be free to choose.

(3) The authors do not cite the study from Coleman (BJPsychiatry 2011). This meta-analytic review shows that abortion is associated with moderate to highly increased risk of mental problems, even compared with term pregnancy. Therefore, the statements "both [abortion] are safe with respect to short- and long-term sequelae" and "The patient can be reassured that the best evidence indicates no long-term psychological harm" could be biased unless we want to convey wishful thinking.

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