Correspondence

The Editorial Board will be pleased to receive and consider for publication correspondence containing information of interest to physicians or commenting on issues of the day. Letters ordinarily should not exceed 600 words, and must be typewritten, double-spaced and submitted in duplicate (the original typescript and one copy). Authors will be given an opportunity to review any substantial editing or abridgement before publication.

Thermally Mediated Wound Healing in the Anatidae

To THE EDITOR: In my surgical practice, I strive to promote wound healing by paying strict attention to surgical principles proved over time. Such factors as meticulous technique, adequate blood supply, tension-free anastomoses, proper nutrition and the like are of undisputed importance. There is, however, an additional factor that has not received sufficient attention.

I have discovered a technique for optimal cosmesis in the closure of skin defects overlying the body cavity of domestic fowl. A continuous suture of 3-0 chromic catgut, under the influence of moderate oven temperature, yields a virtually invisible suture line. Knowledge of this technique is most significant during the months of November and December, when such repairs are commonly performed.

Suture removal is best effected after the surgeon has been premedicated with a good white wine.

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Cough Radiculopathy—Another Cause of Pain in the Neck

To THE EDITOR: While cough can, at best, be considered an invaluable reflex, it can be responsible for a number of problems, including syncope, headache, vomiting, subconjunctival hemorrhage and urinary incontinence. We wish to report the phenomenon of cough radiculopathy as another cause of pain in the neck.

Report of a Case

Violent coughing developed in a 44-year-old steroid-dependent woman with asthma. This was associated with the abrupt onset of excruciating pain radiating down the right arm, accompanied by tingling and weakness. The paresthesias were located in the right third, fourth and fifth fingers. On examination, she was found to have decreased strength in wrist dorsiflexion, finger abduction and some weakness of arm extension. Sensory examination showed a loss over the dorsum of the fourth and fifth fingers of the right hand extending onto the forearms. Deep tendon reflexes were active and symmetric with the exception of the right triceps jerk, which was absent.

Despite conservative therapy with a cervical collar and a short course of high-dose steroids, there was no improvement. On a cervical myelogram (Figure 1) there was evidence of an extruded disc and C-7 root compression. A posterior laminectomy was carried out at C-7 with immediate pain relief and an uneventful subsequent course.

Discussion

Acute cervical radiculopathy is an uncommon condition that chiefly affects middle-aged persons.[1] Symptoms may be mimicked by neoplasms, cysts, rheumatoid arthritis, infections, apophyseal osteoarthrosis and degenerative disc disease with spondylosis. The diagnosis can be made with myelography, discography or a surgical procedure.[1] Conservative therapy with traction and analgesics is recommended initially. If an operation is required, several recent reports suggest that anterior cervical discectomy without fusion is the best approach.[2,3]

The cause of disc protrusion is controversial. Martin found that 49 (72%) of his 68 patients with lumbar

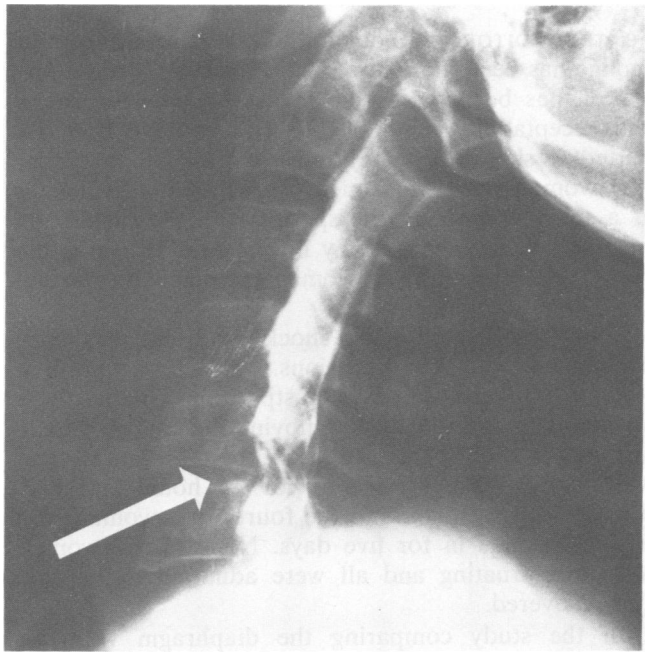

Figure 1.—Cervical myelogram with arrow marking the area of disc protrusion at C-7 level.

disc herniations had a history of trauma that varied from minimal to severe.[4] Most of these patients noted the sudden onset of back pain. Of the patients with no history of trauma, the onset of pain was typically gradual. In 3 of the 68 patients acute radiculopathy had developed when coughing or sneezing was added "to their other trauma at the time of onset."[4] In our patient, the herniation also developed suddenly in association with violent coughing. There was no history of other trauma. The patient had no pertinent history other than her chronic asthmatic bronchitis. Since she had not taken systemic corticosteroids for four months before the onset of the cervical disc herniation, their role, if any, is unknown. In addition, systemic corticosteroid therapy is not known to be a risk factor for cervical disc herniation.

In summary, this report documents an unusual complication of violent coughing, namely cervical disc herniation. It broadens the differential diagnosis of acute cervical radiculopathy.

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Use-Associated Problems With the Vaginal Contraceptive Sponge—A Preliminary Report

TO THE EDITOR: Although the vaginal contraceptive sponge has been marketed since July 1983, little information has been published on its effectiveness, safety and acceptability. Unpublished studies have been reported to show pregnancy rates of from 10 to 27 per 100 woman-years of sponge use.[1] Preliminary results of a study comparing the sponge with the diaphragm suggest that the sponge may not be as effective as the diaphragm, especially in women familiar with the use of vaginal contraceptives.[2]

Sponge-associated toxic shock syndrome has been documented on four occasions.[3] The first was in a woman who was 37 days postpartum, another in a woman who had difficulty removing the sponge, finally resulting in sponge fragmentation, the third in a woman who had left the sponge in for 32 hours and had trouble with removal, and the fourth in a woman who left the sponge in for five days. None of the women were menstruating and all were admitted to hospital and recovered.

In the study comparing the diaphragm with the sponge, sponge acceptability appeared to be high with only 1% to 2% of users experiencing difficulties with insertion, removal or vaginal discomfort.[2] No other information on the kinds or extent of use-associated problems has been reported. Because we had seen several patients with questions and concerns about the contraceptive sponge, we surveyed a group of sponge users about their experiences.

Methods

Female students using the San Diego State University Student Health Center from March through May 1984, indicating on their gynecologic history that they had used or were currently using the sponge, were asked to complete a one-page questionnaire. In addition, women purchasing the vaginal sponge at the Student Health Center Pharmacy were given the questionnaire and a stamped return envelope. Questions were completed anonymously and included questions about length of use of the sponge, reason for selection, previous methods of contraception, problems associated with its use and reasons for discontinuation if the sponge was no longer used.

Results

Thirty-six students responded, ranging in age from 18 to 29 years (median 21 years). Half (18) of the respondents indicated that they were still using the contraceptive sponge with an average length of time from first use of the sponge to completion of the questionnaire of 3.4 months. The half (18) indicating that they were no longer using the sponge had used it an average of 2.4 months.

Asked why they selected the sponge, the majority (24) indicated "convenience" as the reason. Others felt that the sponge held an advantage over the other barrier methods and spermicides because it was "less messy."

TABLE 1.—*Previous Methods of Contraception and Problems Experienced by Contraceptive Sponge Users**

	Continuing Use	*Discontinued Use*	*Total*
Other Birth Control Methods Used Previous to Use of the Sponge			
Diaphragm	10	6	16
Condom	8	8	16
Spermicides	5	4	9
Birth control pills	9	10	19
None	2	2	4
Problems Associated With Use of the Sponge			
Trouble inserting	..	5	5
Complaints from partner	2	4	6
Trouble removing	9	12	21
Increase in vaginal infections	1	4	5
Discomfort	2	3	5
Interferes with intercourse	..	1	1
Displacement	1	..	1
Odor	1	1	2
Pregnancy	..	1	1
Vaginal irritation	3	6	9
No problems	5	..	5

*36 respondents. One or more responses could be given by the same respondent.