



## Letters to the Editor

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Letters should be submitted in duplicate, double-spaced (including references), and should not exceed 400 words.

### Estrogen Use and Gallstone Disease

I read with great interest the comments of Drs. Petitti, Weiss, and Kakar about estrogen and gallstones in the letters of the October issue of American Journal of Public Health.<sup>1</sup> In a recent cross-sectional study of gallstone disease, ascertained by ultrasonography,<sup>2</sup> I found no association between gallstones and non-contraceptive estrogen (OR=1.02). Dr. Petitti<sup>3</sup> deals with cholecystectomised cases only, which can be a selected group, as it comprises less than half of the total gallstone prevalence<sup>4</sup> in a random population. Looking more closely at my data<sup>2</sup> it was evident that among those with gallstone disease, more cases were diagnosed in the group that used non-contraceptive estrogen as compared to the group that did not (OR=1.83). This is in accordance with Everson<sup>5</sup> who found that more men in a group treated with estrogen due to prostatic cancer had a cholecystectomy performed as compared to a control group, whereas gallstone prevalence, as found by autopsy, was equal in cases and controls.

These facts indicate that estrogen treatment is not associated with gallstone disease itself but rather with the detection of gallstones. This can be due to a higher prevalence of abdominal pain or different iatrogenic stimulus among estrogen users as compared to non-users. It also can be due to a diagnostic suspicion bias if doctors more often send estrogen users than non-users to gallbladder examination—maybe because of the results from Boston Collaborative Drug Surveillance Program!<sup>6</sup>

Further data from my study<sup>2</sup> showed that users of oral contraceptive (both combined estrogen/progestin and pure progestin preparations) more frequently suffered gallstones. This suggests that progestin, and not estrogen, should be evaluated in the future as regard gallstone formation.

#### REFERENCES

1. Petitti DB: Estrogen use and gallstone disease. (letter) Am J Public Health 1988; 78:1365. Also: Response from Drs. Kakar and Weiss (same cite).
2. Jorgensen T: Gallstones in a Danish population: Fertility period, pregnancies, and exogenous female sex hormones. Gut (London) 1988; 29: 433-439.
3. Petitti DB, Sidney S, Perlman JA: Increased risk of cholecystectomy in users of supplemental estrogen. Gastroenterology 1988; 94:91-95.
4. Jorgensen T: Prevalence of gallstones in a Danish population. Am J Epidemiol 1987; 126:912-921.
5. Everson RB, Byar DP, Bischoff AJ: Estrogen predisposes to cholecystectomy but not to stones. Gastroenterology 1982; 82:4-8.
6. Boston Collaborative Drug Surveillance Program: Surgically confirmed gallbladder disease, venous thromboembolism, and breast tumours in relation to postmenopausal estrogen therapy. N Engl J Med 1974; 290:15-19.

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### Response from Dr. Petitti

Dr. Jorgensen points out the important distinction between gallstone disease and surgery for gallstone disease. We were careful to describe our own story<sup>1</sup> as one of cholecystectomy to highlight the distinction. If diagnosed gallstone disease results in cholecystectomy, women on supplemental estrogen will incur excess risk due to surgical mortality irrespective of whether estrogen use causes gallstones, causes gallstones to be symptomatic, or causes gallstones to be diagnosed in the absence of symptoms.

#### REFERENCE

1. Petitti DB, Sidney S, Perlman JA: Increased risk of cholecystectomy in users of supplemental estrogen. Gastroenterology 1988; 94:91-95.

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### Hunting Firearm Injuries

The article by Cole and Patetta on firearm injuries in North Carolina<sup>1</sup> appears to have a contradiction in the description of the results. The article states, "All hunting-related injuries reported in 1984-85 were *unintentional*." However, in the first full paragraph in the left column on page 1586, the final sentence states, "Among the 14 victims of self-inflicted injury who were tested for alcohol, five had positive blood-alcohol tests, two of which were *suicides*." Are not unintentional and suicide contradictory? If so, it could easily be altered with an erratum or, if necessary, a letter to the editor.

Also, I'm troubled by the terminology in the authors' Table 2. The caption is "Unsafe Hunting Practices," yet the very first item is "Firearm discharge although the trigger was said not to be pulled." I'm not sure this is an unsafe hunting practice, that is, not to pull the trigger. Maybe it's a simple item, and you might pass this on to the authors for reply.

#### REFERENCE

1. Cole TB, Patetta MJ: Hunting firearm injuries, North Carolina. Am J Public Health 1988; 78: 1585-1586.

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### Response from Cole and Patetta

In response to the comments of Dr. Kraus:

As stated in the introduction of our report,<sup>1</sup> we analyzed two study populations. The first consisted of fatal and non-fatal injuries that occurred in 1984 and 1985. All of these injuries were unintentional.