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## CONTRACEPTIVE METHODS IN THE McCUNE-ALBRIGHT SYNDROME

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*Summary:* We describe the case of a woman with McCune-Albright syndrome who had a pathological bone fracture while being treated with an oral contraceptive. In this syndrome the bone lesions contain estrogen and progesterone receptors. The possibility of progression of the bone lesions during pregnancy is well-known. We judge the use of oral contraceptives to be dangerous in this syndrome; the affected women must be orientated towards alternative contraceptive methods.

### INTRODUCTION

The McCune-Albright syndrome is a rare pathological condition characterized by: A) "café-au-lait" skin macules, appearing at or soon after birth<sup>(1)</sup>; B) precocious pseudopuberty, generally followed in the pubertal age by the establishment of a normal hypothalamic-pituitary control of the ovary<sup>(2)</sup>; C) polyostotic fibrous dysplasia, with slowly progressive tendency and often producing bone deformities and pathological fractures<sup>(3)</sup>. Women affected with this syndrome are fertile and bear healthy babies<sup>(4)</sup>. However some cases of accelerated increase in size of bone lesions and outbreak of pathologic fractures during pregnancy have been pointed out<sup>(5)</sup>. The presence of estrogen and

progesterone receptors in bone biopsies, from areas of fibrous dysplasia, in a case of McCune-Albright syndrome, has been recently shown<sup>(6)</sup>.

### CASE REPORT

A 30-year-old woman had typical "café-au-lait" macules, first noted two days after birth. At the age of 6 she had irregular vaginal bleeding, which however stopped at the age of 7½; then at 12 years old she began to menstruate normally. There had been no clinical evidence of pathologic fractures in the past years and she had never undergone radiographic studies of the skeletal apparatus. Two years ago she had a physiologic pregnancy, but with Caesarian section and partial ovariectomy for voluminous ovarian cysts: she was delivered of a healthy baby.

Afterwards she began to take oral contraceptives.

She was hospitalized for fracture of the middle segment of the right femoral diaphysis, following a small trauma. Skeletal radiological studies showed a typical picture of polyostotic fibrous dysplasia, not only at the fracture site but in almost all the right hemisoma, whereas on the left there were only lesions in one rib.

#### DISCUSSION

We should like to emphasize the problems of the use of oral contraceptives in McCune-Albright syndrome. During pregnancy there is the risk of a worsening of bone lesions with pathologic fractures (<sup>5</sup>, <sup>6</sup>), indicating the use of contraceptive methods, not in order to peremptorily exclude a pregnancy from which a baby not affected with this syndrome which is certainly not hereditary will be delivered (<sup>7</sup>), but in order that the patient may be fully aware of the risks a pregnancy could involve.

As stated by Kaplan F. S. *et al.* (<sup>6</sup>), the discovery of the presence of estrogen and progesterone receptors in the fibrous dysplasia lesions suggests a link between hormonal fluctuations and bone lesions in the

McCune-Albright syndrome. For these reasons we judge the use of oral contraceptives to be "dangerous" (either of combination type or with progestogen only) in fertile women with this syndrome, in that an alteration of the physiologic hormonal pattern takes place: the fact that our patient was taking the "pill" at the time of the fracture may not be coincidental. The affected women must therefore be orientated towards alternative contraceptive methods.

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## RANITIDINE IN THE TREATMENT OF REFLUX OESOPHAGITIS IN PREGNANCY

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*Summary:* A patient suffering from reflux oesophagitis under treatment with ranitidine continued the treatment throughout her pregnancy (450 mg/die). The ranitidine was delivered into the maternal blood serum and the amniotic fluid up to the 17th week of pregnancy, then into the blood serum of the maternal and umbilical cord immediately after delivery, and into the serum of the newborn 24 hours after birth. The Authors report the values and comment on them.