

# Medical Reports

Reviewed by Pat Cody

"Infertility among women exposed prenatally to diethylstilbestrol,"

J.R. Palmer et al, American Journal of Epidemiology, Vol. 154, No. 4, 2001.

In our Fall 2000 issue of the VOICE we reported on the abstract, or summary version, of this study. The abstract lacked the detailed information we now have from the publication of the entire report earlier this year.

This study collected data in 1994 on the fertility status of 1,753 DES daughters and 1,050 unexposed women. The median age of the women was 42 at that time. 24% of the exposed and 18% of the unexposed had never become pregnant. The researchers found that infertility in DES daughters was most often linked to uterine or tubal factors.

An interesting finding was that for the DES group, those exposed before 9 weeks of pregnancy had a never-pregnant rate of 30.2% and those first exposed

Reason for infertility among DES daughters		
	DES exposed	Non-exposed
Tried to become pregnant for at least 12 months without success	1,260	884
Had difficulty conceiving because of:		
Uterine problem	24	2
Tubal problem	33	9
Hormonal/ovulatory problem	57	28
Endometriosis	17	9
"Other" problem	13	3
More than one type of problem	64	14
Unknown type	174	64

later than 13 weeks of pregnancy the lowest rate among this group, 20.5%. This fits with what we have learned from embryology, that the reproductive tract develops in the early weeks of fetal life, so that an interference from DES could affect that development.

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"Prenatal DES exposure: the continuing effects" by Arthur F. Haney M.D., Director, Reproductive Endocrinology and Infertility, Dept. of Ob/Gyn, Duke University Medical Center, in OBG Management October 2001.

WITH his many years of experience with DES daughters, Dr. Haney reminds other physicians that "exposure to DES in utero may cause higher rates of spontaneous abortion, premature labor, and ectopic pregnancy. And since many exposed women are still of reproductive age, continued vigilance of these women is essential."

He points out that the uterine lining of a T uterus appears

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normal “which suggests that the fundamental change is in the underlying structural, i.e. fibromuscular, development of the uterus.” Writing about prematurity, Dr. Haney notes that the rate of premature delivery ranges from 2.6 to 4.7 times higher for DES daughters. Those with a normally shaped uterus still have a greater risk for premature delivery. He cautions about using cerclage on every DES daughter to prevent early delivery, reporting that the vast majority of DES daughters can deliver viable infants. He informs readers that “Some second-trimester losses may occur in DES-exposed women because of incompetent cervixes, while others are the result of premature labor. This is an important distinction, since the therapies employed in these conditions are very different, i.e., cerclage versus pharmacologic suppression of labor.”

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**“Ectopic (tubal) pregnancy rates for DES daughters range from 3.7 to 8.6 times higher than in unexposed women.”**

Ectopic (tubal) pregnancy rates for DES daughters “range from 3.7 to 8.6 times higher than in unexposed women...and “are not associated with a history of pelvic

inflammatory disease (PID)”. As for first-trimester pregnancy loss, he writes that “it has been observed repeatedly in women exposed prenatally to DES, with a relative risk in the range of 1.3 to 4.4.”

Dr. Haney concludes his review with this statement: “Prenatal DES exposure can affect virtually the entire reproductive tract, including the vagina, cervix, uterus, fallopian tubes, ovaries, and mesonephric remnants. DES-related anomalies can affect multiple reproductive functions causing higher rates of spontaneous abortion, premature labor, and ectopic pregnancy. A conservative approach is recommended when treating gynecologic and obstetric problems in this population, since the tissue response to conventional therapy may be different in these women.”

“The preterm prediction study: toward a multiple-market test for spontaneous preterm birth”: by R.L. Goldenberg et al, *American Journal of Obstetrics and Gynecology*, September 2001.

THIS study is of interest to us because DES daughters have a greater risk for preterm birth than do unexposed women. While the women in this study were not identified as to DES status, the risk factors that are described will be of interest to our readers.

A number of potential markers for spontaneous preterm birth were studied. The authors report that the strongest mark-

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ers—from tests done at 24 weeks—for delivery at less than 32 weeks were:

- a positive cervical-vaginal fetal fibronectin test
- a high percentile rating for a-fetoprotein and for alkaline phosphatase
- a short cervix

Prediction is helpful in that the woman and her doctor are prepared. Other benefits of prediction have not been shown, the authors write, “principally because we have few, if any, effective interventions that can be used once high-risk status has been identified.” ■

