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Reply

Dear Editor,

We are extremely grateful to the reader for showing interest in our article and bringing out relevant observations.

Follow up MRI in the post intra uterine progesterone implant cases showed minimal change in the junctional zone thickness and no change in the uterine size. So it can be concluded that clinical follow up is cheaper, reliable and more sensitive modality in these patients, as also has been pointed out by the learned reader.

There was no change in the MRI findings in 4–6% of cases who did not respond to treatment. The evaluation modality of assessment of pain and menstrual blood loss was the only observation of these patients.

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Letter to the Editor

Human papillomavirus detection in genital samples by novel PGMY Primers

Dear Editor,

I read with interest the communication titled “Detection of human papillomavirus in women attending pap cervical screening camp at a peripheral hospital of North Eastern India” by Datta et al published in *Med J Armed Forces India* 2015; 71(2) 182–185.¹ I would like to add the following to the context.

The study highlights HPV and its oncogenic role in cervical cancer disease a well established association now, this being relevant as data from the AFMS which has a substantial population as vaccine candidates is not available. HPV 16/18 vaccines provide over 75% protection against invasive cervical cancer.² Regarding methodology the use of PGMY L1 consensus primers over MY09/MY11 primer pairs improves detection of HPV in genital samples.³ This suggestion may be useful to increase detection of HPV genotypes in cervical samples. Findings of HPV DNA positivity in almost 60% of inflammatory smears is a clear indicator of the importance of

regular follow-up and multiple rounds of screening to identify persistent HPV infections, this maybe expanded to include the immunosuppressed population, definitely a high risk subset.

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