

LETTER

Is the use of IGFB-1 for diagnosing ROM of any clinical value

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Dear Sir,

After reading the paper 'Insulin-like growth factor binding protein-1, a quick way to detect amniotic fluid' by Darj and Lyrenäs (1) several questions remain unanswered. These authors have evaluated a test for detection of ROM (Rupture of the membranes) in women with obvious ROM and in a group of women with suspected ROM. In the article it is unclear against which method the 'PROM-test' has been evaluated. Was it a mix of crystallization test, 'clinical judgement', nitrazine test, ROM-check (this test has not been defined in the text) or 'after physical examination only'?

The need for a test for ROM should be based on the fact that the test could identify a group of women with a raised maternal and/or neonatal morbidity. The study by Darj and Lyrenäs does not provide data to substantiate the value of detecting ROM. We have not found any paper from modern obstetric practice substantiating the benefit of using such a test. On the other hand studies have shown that tests like diamino oxidase (2) and fibronectin (3) are of limited value in the clinical management of patients with suspected rupture of the membranes.

We assume that you agree with the fact that in women with an obvious clinical diagnosis of ROM and in women without suspicion of ROM there is no need for a test. The question is if there is a need for a test in women with suspected ROM. In the study by Darj and Lyrenäs they evaluated a 'PROM-test' in relation to delivery within 48 hours or not. Their results showed that 82% of the women with a positive PROM-test were delivered within 48 hours compared to 39% of the women with a negative PROM-test. Based on these results they proposed that a test for detecting ROM should be used. Studies have shown that women with prelabor rupture of the membranes can be expectantly managed at least up to 72 hours without any significant neonatal or maternal complications (4, 5). Why bother to use a test to find a group of women without any increased risks? We cannot find any support for the conclusion in the above mentioned study that there is a need for a 'PROM-test' (Insulin-like growth factor binding protein-1) to detect if ROM has occurred.

Before new and costly methods for diagnosing ROM are introduced, properly designed studies involving a sufficient number of women to show the possible clinical benefits for the mother or neonate are warranted. Until now, no such studies have been published.

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- tein-1, a quick way to detect amniotic fluid. Acta Obstet Gynecol Scand 1998; 77: 295–7.
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Reply

Sir,

We appreciate the interest in our paper. The aim of the study of 'PROM-test' (premature rupture of membranes) was to evaluate a new technique of detecting amniotic fluid. Furthermore, to calculate the positive predictive value (PPV) of the test and to assess if it was of practical use to the clinician. The aim was not to investigate when such a test is necessary. The product is already available on the market and we find it essential to assess a new technique, before introducing it on a large scale in obstetric management.

Clinicians are relying on different methods to detect amniotic fluid. The purpose of involving six Obstetric and Gynecology departments in Sweden was to evaluate insulin like factor binding protein-1 (IGFBP-1) with other methods currently in use in patient management. IGFBP-1 has previously been surveyed and specifically compared to diamine-oxidase (1), pH (1) and fibronectin (2) (ROM-check).

Ladfors et al. have questioned biomedical methods for PROM detection in management of women without contractions. When digital examination is avoided after PROM, during latency of 72 hours (3), data is presented of infrequent maternal and fetal morbidity between 34–42 weeks. They further claim that pregnant women can safely be sent home if there is no amniotic fluid visible at a speculum examination (4). We do not oppose this. Neither do we propose that the new test should be generally used to identify the presence or absence of amniotic fluid. However, if the clinician is in doubt of PROM or not, and needs additional data, in managing the patient, IGFBP-1 may be used a complement to other established methods. The PROM-test had, in our study, a high PPV in cases of suspected PROM. We agree that women with obvious or no sign of PROM are in no need of a test and that larger studies concerning morbidity would be useful.

Yours sincerely,

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ANNOUNCEMENT

The 7th Biennial World Congress of Endometriosis will take place from 14–17 May 2000 at the QEII Conference Centre, London, UK

Topics will include:

- Pain
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