

# Letter to the Editor

## Levonorgestrel-Releasing Intrauterine System and New-Onset Acne

Dear *Cutis*<sup>®</sup>:

We recently encountered 5 patients with new-onset acne after the placement of a levonorgestrel-releasing intrauterine system (LNG-IUS). The women ranged in age from 31 to 36 years and all developed inflammatory papules localized to the jawline and/or back 1 to 3 months after insertion of an LNG-IUS. None of the patients were aware that acne could be a side effect of the device. Therapy was initiated with multiple agents, including topical and oral antibiotics, topical retinoids, and spironolactone, with variable responses to treatment. To the best of our knowledge, only one patient was considering removal of the device due to acne.

A search of the literature revealed a similar observation of acne and the LNG-IUS in a Dutch journal.<sup>1</sup> The association between androgens and acne is well-known and the androgenic activity of levonorgestrel also is well-documented.<sup>2</sup> The hormonal effects of the LNG-IUS are thought to be mostly local; however, systemic effects have been described.<sup>3</sup> A trial comparing the LNG-IUS and copper-bearing intrauterine devices noted a higher incidence of acne in the LNG-IUS group. The difference became statistically insignificant at 60 months.<sup>4</sup>

We suggest that acne as a side effect of LNG-IUS use is underappreciated. Dermatologists should inquire regarding the use of an LNG-IUS in women with new-onset or worsening acne, and physicians providing contraception and contraceptive

counseling need to be aware of acne as a side effect of the LNG-IUS.

Sincerely,  
Jordan R. Ilse, MD  
Temple, Texas

H.L. Greenberg, MD  
Las Vegas, Nevada

Daniel D. Bennett, MD  
Temple, Texas

The authors report no conflict of interest.

### REFERENCES

1. Cohen EB, Rossen NN. Acne vulgaris in connection with the use of progestagens in a hormonal IUD or a subcutaneous implant [in Dutch]. *Ned Tijdschr Geneeskd.* 2003;147:2137-2139.
2. Sitruk-Ware R. Pharmacological profile of progestins. *Maturitas.* 2004;47:277-283.
3. Dubuisson JB, Mugnier E. Acceptability of the levonorgestrel-releasing intrauterine system after discontinuation of previous contraception: results of a French clinical study in women aged 35 to 45 years. *Contraception.* 2002;66:121-128.
4. Andersson K, Odland V, Rybo G. Levonorgestrel-releasing and copper-releasing (Nova T) IUDs during five years of use: a randomized comparative trial. *Contraception.* 1994;49:56-72.

### Erratum

Due to a submission error, the article “Nephrogenic Systemic Fibrosis: Is Gadolinium the Missing Piece to the Puzzle?” (*Cutis.* 2008;81:421-426) incorrectly stated that the patient discussed in the case report received gadolinium (Gd)-diethylenetriamine-penta-acetic acid (DTPA) contrast. The patient received Gd-DTPA-bismethylamide contrast. Gadolinium-diethylenetriamine-penta-acetic acid

was used as a generic term in the text to refer to Gd-containing contrast and not intended to be in reference to a specific agent. This term was used in error, as Gd-DTPA refers to the specific Gd-containing contrast agent gadopentetate dimeglumine.

*Cutis*<sup>®</sup> makes every possible effort to ensure accuracy in its articles and apologizes for the error.