end of an HRT trial. Sometimes ultrasound can give additional useful information (endometrial thickness, polyps, fibroids etc). The current “gold standard” test for endometrial assessment is hysteroscopy and curettage.

The three cases reported here raise the possibility that the oestrogen component of the troche was significantly absorbed but the dose of progesterone was inadequate, thereby causing endometrial hyperplasia. The North American Menopause Society has produced a useful discussion paper on bioidentical HRT, and it should be noted that the Australasian Menopause Society does not recommend the use of bioidentical HRT until this therapy has been properly tested, it may be prudent not to advocate bioidentical HRT and to perform endometrial surveillance (eg, annual transvaginal ultrasound and endometrial biopsies) on women who, despite counselling, continue to use bioidentical HRT.

Competing interests
John Eden is a consultant for Wyeth, AstraZeneca, Arkopharma, and Lawley Pharmaceuticals.

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References

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SNAPSHOT

A giant splenic artery aneurysm

A 70-year-old man had a 1-year history of intermittent abdominal distension. Abdominal ultrasound examination showed a cystic lesion near the pancreas. Contrast computed tomography scans showed a large aneurysm (Figure A, arrows) about 80 x 70 mm in size. Angiography of the coeliac and splenic arteries confirmed the diagnosis of a giant splenic artery aneurysm (Figure B, arrow). The aneurysm was surgically ligated and excised, and the spleen was removed. The postoperative course was uneventful. Splenic artery aneurysms larger than 80 mm are rare. Open ligation or embolisation should be considered for symptomatic aneurysms, aneurysms &ge; 20 mm in size, or any splenic artery aneurysm in a woman of childbearing age.

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