

Letters to the Editor

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This series is coordinated by Kenny Lin, MD, MPH, Associate Deputy Editor for *AFP* Online.

Cancer Risk Should Prompt Hepatitis B Surveillance for Patients

Original article: Challenges and Opportunities in the Care of Asian American Patients

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TO THE EDITOR: With regard to the case scenario posed in this article, I would like to comment as a family physician with an interest in the care of patients with hepatitis B. Although we should be circumspect about using scare tactics with our patients, I believe that one should emphasize the need for surveillance for cirrhosis and hepatoma in a 48-year-old male immigrant with chronic hepatitis B. To this end, I believe it is fair to emphasize the word cancer—a diagnosis fraught with fear and foreboding regardless of one's ethnicity or cultural identity.

Although the patient in the case scenario may not need antiviral treatment now, he should be informed that if future testing reveals that the hepatitis B has begun to cause hepatocellular damage, oral antiviral treatment is available, and that such treatment will decrease the likelihood of progression to cirrhosis and hepatoma.

As an aside, complete blood counts are justified to evaluate liver health. I have found that many such complete blood counts reveal eosinophilia. The main parasite for which to search in such cases is *Strongyloides stercoralis*, which can persist in immigrants because of its multiorgan life cycle. In many immigrants from Asia whom I have evaluated for hepatitis B, I have diagnosed *Strongyloides* infection via immunoglobulin G by enzyme-linked immunosorbent assay—easily treated with ivermectin. As Dr. Nguyen notes, many screening tests and preventive services can be completed with

a simple blood draw, as in the case of *Strongyloides*, for which serologic testing is better than stool sampling.

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Lidocaine Is an Option for Treating Postmenopausal Dyspareunia

Original article: Dyspareunia in Women

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TO THE EDITOR: I appreciated this article, which discussed several options for helping women deal with this difficult issue. However, I would suggest another treatment modality for postmenopausal dyspareunia, particularly if hormonal options and ospemifene (Osphena) are contraindicated. In one small study, 90% of patients with menopausal dyspareunia reported comfortable penetration when 4% aqueous lidocaine was applied to the vulvar vestibule for three minutes before intercourse.¹ I have since recommended this to patients in my own practice with good results, because lubricants alone often are not enough. I would recommend this option in patients with vaginal atrophy who are unable or unwilling to use estrogen preparations or ospemifene.

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REFERENCE

1. Goetsch MF, Lim JY, Caughey AB. A solution for dyspareunia in breast cancer survivors: a randomized controlled study. *Obstet Gynecol*. 2014;123(suppl 1):1S. ■