

The attached image (Fig. 1) is intended to complement the pulmonary radiography and CT imaging that accompany the report of a case of hereditary hemorrhagic telangiectasia described by Narinder Pal Singh and colleagues.¹

Hence, these dermal markers alert physicians to the possibility of concomitant visceral arteriovenous fistulae, which interestingly can also involve the myocardium,² mimicking coronary heart disease.

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Not safer and not cheaper?

Roberto Palencia and associates,¹ in their analysis of the economic outcomes of the Term Breech Trial, report that planned cesarean birth is both safer and cheaper for breech fetuses than planned vaginal birth. However, the authors have analyzed only their early results, in which newborn outcomes favoured planned cesarean birth.² They have not referred

to their own results at 2-year follow-up, which showed no difference in outcome for the babies or the mothers,^{3,4} thus demonstrating the resilience of both the newborns and of the mothers' pelvic floor. In addition, in their economic analysis, Palencia and associates looked only at immediate costs, thus vastly underestimating the real costs of elective cesarean for breech or any birth. Since most women will have more than one birth, the presence of a uterine scar will expose women to increases in placenta previa and placenta accreta,⁵ ectopic pregnancy,⁶ abruption,⁵ infertility,⁷ stillbirth⁸ and excess hospital readmissions because of the cesarean⁹ and adhesion-related intestinal obstruction.¹⁰ All of these costs have been ignored.

This analysis led to headlines in the popular press that cesarean births are both safer and cheaper. This lack of nuance fuels societal views that increasingly suggest that cesarean section is just another way of giving birth; in addition, it undermines the confidence of a generation of women who are coming to believe that they cannot give birth without massive technological assistance.

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