extensive damage in the peritoneal cavity that ultimately resulted in the patient's death from multiorgan failure. Monsel's solution, as described by the authors, is an excellent agent for causing hemostasis. However, it can defuse through the cell layers of bowel over several days and ultimately can produce full-thickness bowel necrosis. A small amount of Monsel's solution can be cleared by the polymorphonuclear response it elicits; however, if large amounts are present, it may overwhelm the system.[2] Given this risk, Monsel's solution should be applied very cautiously in minimal amounts. If the amount applied to the placental site is in excess of the amount that can be cleared by the polymorphonuclear response, it may result in necrosis and uterine perforation. I agree with the authors that the solution should never be allowed to leak into the perineal cavity. In their reference number 30,[2] the patient died of exposure to the Monsel's solution, in spite of extensive peritoneal irrigations. All applications of Monsel's solution should be done with great care in this setting, and the patient should be monitored carefully for signs of uterine perforation. ■

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REPLY

The authors concur that the peritoneal cavity must not be exposed to Monsel solution, and that the consequences of spillage may be catastrophic. The authors disagree, however, with Dr Witter's interpretation that Monsel solution "caused a full-thickness necrosis of the uterus" in the case report of Shuhaiber et al.[1] It seems more likely that the physician who performed the cone biopsy (who also unknowingly damaged the bilateral uterine arteries leading to the patient's exsanguination with a hemoglobin of 4 g/dL within 60 minutes of departing the operating room) may also have created an unintentional posterior colpotomy/defect in the posterior aspect of the uterus through which the Monsel solution leaked into the peritoneal cavity.

Iatrogenic colpotomy has been described as a complication of excisional biopsies,[2,3] and may be particularly easy to incur in the setting of prolapse or distorted anatomy. The authors would like to emphasize that Monsel solution has been studied extensively and used safely for hemostasis after treatment of cervical intraepithelial neoplasia.[4] ■

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Amniocentesis vs chorionic villous sampling as a diagnostic test after an abnormal noninvasive prenatal testing result

TO THE EDITORS: Noninvasive prenatal testing (NIPT) using cell-free DNA (cfDNA) in maternal blood is being embraced by patients.[1-4] The rapid evolution of such a test requires that health care providers stay up to date with developments in the field.[5] After 10 weeks of gestation, approximately 10-15% of the total cfDNA in maternal plasma is of placental origin. Given that the cfDNA present in maternal plasma is a mixture of maternal and placental cfDNA, false-positives can occur, and may be due to a number of biologic phenomena including confined placental