In order to investigate the professionals’ adherence to measures of standard precautions, we conducted a study at the 550-bed Imam Reza Teaching Hospital, Kermanshah, in September 2007. A total of 120 health care workers (nurses and paramedical staff) from different departments were surveyed using a standardized questionnaire. Data were analyzed using the EpilInfo version 6 statistical package.

Within the area of assessing the use of protective devices, although the figure (94.5%) for correct transport of safe containers was acceptable, for some others, the figures were disappointing. Use of disposable face masks whenever there was a possibility of splash or splatter was 0.0%. Wearing eye shields to prevent exposure to splashing of body discharge was 6.7%, with the recap of needles after injections at only 8.3%. As for the use of gloves, the practice was not found to be promising; only 57.5% wore fresh gloves for the next patient, and 65.6% wore gloves when they were exposed to deep body fluid or blood product. The respondents’ practice regarding the other measures were far from ideal, with the disposal of sharps coming at 74.3% and the safe method for breaking the vials accounting for 73.2%. Only in 78.4% of the cases, the respondents practiced standard precautions is much more cost-effective as compared to laboratory tests for diagnosis of patients infected with blood-borne diseases. Future studies are needed to investigate the training of personnel with regard to such measures and to see if the protective barriers are readily available.

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CONSERVATIVE MANAGEMENT OF PLACENTA INVADING INTO LEIOMYOMA

Sir,
Leiomyoma uteri with pregnancy may lead to spontaneous abortion, preterm delivery, obstructed labor, or malpresentation. We report an unusual case of leiomyoma with pregnancy, resulting in preterm delivery, followed by retained placenta which was invading into the leiomyoma. Placenta was left inside and treated successfully with methotrexate.

A 25-year-old primigravida with 25-week pregnancy presented with complaints of pain abdomen off and on for 1 month and leaking per vaginum. Obstetrical examination revealed a 32-week size uterus. The fetal parts were felt in the upper part of uterus, and a hard mass (13x10 cm) was found arising from the outer surface of lower uterine segment. The cervix was 5 to 6 cm dilated; the membranes were absent; and fibroid was felt arising from lower uterine segment, which was projecting into the uterine cavity. The presenting part was high up and not felt because of the fibroid. Ultrasonography revealed a 23-week single live fetus, reduced liquor; and a heterogeneous mass (117x85 mm) suggestive of fibroid anteriorly in uterus, extending in the lower segment. She delivered a fresh stillborn baby weighing 750 g. The placenta did not separate; therefore, manual removal of placenta was attempted. However, it was found to be embedded into the fibroid without any plane of cleavage. Since the patient was not bleeding, the decision to leave the placenta inside was taken in consultation with her family, and the cord was cut as high as possible. The MRI scan on the 15th postpartum day revealed enlarged uterus with well-marginated heterogeneous mass (12x10.5x12 cm) without any interface with the endometrial stripe in posterior-inferior part and with thinning of anterior myometrium [Figure 1]. The patient had profuse vaginal discharge mixed with bits of tissue and membranes, histology of which revealed autolyzed tissue. Methotrexate was given in a dose of 50 mg intramuscularly on 7, 14 and 21 postpartum days. On the 21st postpartum day, the patient passed fleshy mass, which histopathologically revealed autolyzed fibroid with decidual tissue. The patient had fever off and on till the 37th postpartum day; thereafter, she remained afebrile and was discharged on the 53rd day. No mass was palpable per abdomen at the 6-week follow-up, and the patient resumed normal menstrual period.
the Bladder is seen as a white shadow antero-inferior to
placenta was left inside, and the patient was
cases have been reported where placenta
removal of placenta failed because placenta
Here, we have reported a case where manual
Cases have been reported where placenta
placenta accrete
managed with injection methotrexate have been
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Figure 1: MRI, sagittal section, showing big anterior wall
fibroid displacing the uterine cavity postero-superiorly.
Bladder is seen as a white shadow antero-inferior to
the fibroid

2.5 BILLION LIVE WITH POOR SANITATION FACILITIES
Every day, over 2.5 billion people suffer from a lack of access to improved sanitation and
nearly 1.2 billion practise open defecation, the riskiest sanitary practice of all, according
to a report issued by the WHO/UNICEF Joint Monitoring Programme for Water Supply and
Sanitation. The programme is the official UN mechanism tasked with monitoring progress
towards the Millennium Development Goals (MDG) Target 7c on drinking water supply and
sanitation.

The report titled “Progress on drinking water and sanitation - special focus on sanitation,”
comes halfway through the International Year of Sanitation. The report assesses -- for
the first time -- global, regional and country progress using an innovative “ladder” concept.
This shows sanitation practices in greater detail, enabling experts to highlight trends
in using improved, shared and unimproved sanitation facilities and the trend in open
defecation. “Improved sanitation” refers to any facility that hygienically separates human
waste from the environment.

Similarly, the ‘drinking water ladder’ shows the
percent of the world population that uses
water piped into a dwelling, plot or yard, and
other improved water sources such as hand
pumps, and unimproved sources.

Worldwide, the number of people who
lack access to an improved drinking water source (protected from faecal and chemical
contamination) has fallen below one billion for the first time since data were first compiled in
1990. At present 87% of the world population has access to improved drinking water sources, with current trends suggesting that more than 90% will do so by 2015.

The number of people practising open defecation dropped from 24% in 1990 to 18%
in 2006. The report also highlights disparities within national borders, particularly between
rural and urban dwellers. Worldwide, there are four times as many people in rural areas –
approximately 746 million – without improved water sources, compared to some 137 million
urban dwellers.

Threats to children’s survival
Poor sanitation threatens children’s survival as a faecally-contaminated environment is directly
linked to diarrhoeal disease, one of the biggest
killers of infants under the age of five. A clean
environment is very difficult to ensure if open
defecation is practised even by a minority of
the population.

“At current trends, the world will fall short of the Millennium sanitation target by more than
700 million people,” said Ann M. Veneman,
UNICEF Executive Director. “Without dramatic
improvements, much will be lost.”

However, more and more people are now
using improved sanitation facilities, which
ensure human excreta are disposed of in a
way that prevents them from causing disease
by contaminating food and water sources.