

F(2 α) and urea, and intracervical laminaria. Case patients at 20 weeks' gestation ($n = 32$) were compared with case patients at >20 weeks ($n = 30$) and with a matched group ($n = 64$; 1:2 ratio) of control patients in whom cervical laminaria and intraamniotic urea were used with prostaglandin E2 vaginal suppositories. Results: The mean induction-to-abortion interval among the case patients (gestational age 16 to 27 weeks) was 13 h 11 min; 60 of 62 (97%) were delivered within 24 h. There was a statistically significant negative correlation between the induction-to-abortion interval and gestational age ($p = 0.04$). When patients at ≤ 20 weeks and those at >20 weeks were compared, few differences were noted. The mean induction-to-abortion interval for case patients at ≤ 20 weeks was 13 hours 54 min versus 19 h 34 min for control patients ($P = 0.001$). One of 32 (3%) case patients remained undelivered beyond 24 hours compared with 17 of 64 (27%) control patients ($P < 0.01$). Immediate and delayed complications were uncommon in either group. Conclusion: Our study demonstrates that 15(s)-15-methyl prostaglandin F(2 α) can serve safely as a surrogate for prostaglandin F(2 α) when used in combination with urea and laminaria for termination of pregnancy. This technique appears safe for use through 27 weeks' gestation; further investigation is encouraged.

HIV INFECTION

Pneumocystis carinii pneumonia among US children with perinatally acquired HIV infection

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J AM MED ASSOC 1993 270/4 (470-473)

Objective To describe epidemiologic characteristics of *Pneumocystis carinii* pneumonia (PCP) among children with perinatally acquired human immunodeficiency virus (HIV) infection to guide prevention efforts. **Design** National acquired immunodeficiency syndrome (AIDS) surveillance of children aged 0 through 12 years, a multisite surveillance study of HIV infection in children aged 0 through 12 years, and the national HIV serosurvey of childbearing women. **Setting** Surveillance conducted by state and local health departments and reported to the Centers for Disease Control and Prevention 1982 through 1992. **Results** *Pneumocystis carinii* pneumonia was reported in 1374 (37%) of 3665 perinatally acquired AIDS cases. Over half of these cases occurred between 3 and 6 months of age. In 183 (64%) of 275 PCP cases reported in the special surveillance study, PCP was the first or only AIDS-defining condition diagnosed, and in 44% of cases, the child had not been evaluated for HIV infection before diagnosis of PCP. The estimated median survival after diagnosis of PCP was 19 months. **Conclusions** *Pneumocystis carinii* pneumonia is a common and serious opportunistic infection that affects young children with HIV infection. Effective efforts to prevent PCP in this population will require identification as early as possible of children who may be infected with HIV.

Recurrent cervical intraepithelial neoplasia in human immunodeficiency virus-seropositive women

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OBSTET GYNECOL 1993 82/2 (170-174)

Objective: To determine the effect of human immunodeficiency virus (HIV) infection on the rate of recurrence of cervical intraepithelial neoplasia (CIN) after standard ablative therapy, and to correlate the degree of immunosuppression with treatment results. **Methods:** The clinical courses of 44 HIV-positive women with CIN were compared with those of 125 HIV-negative women. Patients were treated with cryotherapy, laser therapy, or cone biopsy per standard indications and were followed with cytology at regular intervals, with a range of follow-up of 3-43 months. **Results:** Seventeen of 44 HIV-positive women (39%) developed biopsy-proven recurrent CIN, compared to 11 of 125 HIV-negative women (9%) ($P < 0.01$). The distributions of CIN severity, lesion size, and modality of treatment were similar in the two groups. In HIV-negative patients, recurrent CIN was associated with increasing grade, but in HIV-positive patients, recurrence was related to increasing immunosuppression. The mean CD4 count in HIV-positive patients with recurrence was 239/mm³, compared to 367/mm³ in HIV-positive patients who remained free of CIN. Only 18% of HIV-positive patients with CD4 counts over 500/mm³ had recurrence, compared to 45% of those with CD4 counts under 500. There was a trend toward poorer treatment results with the use of cryotherapy in HIV-positive patients. All recurrences occurred in patients whose mode of acquisition of HIV was heterosexual transmissions. **Conclusion:** Recurrence rates of CIN after standard treatment in HIV-positive women are high, and recurrence is related to immune status in this high-risk group. Therapeutic strategies that address these treatment failures should be developed for HIV-seropositive women.

Prostitution and risk of HIV: Female prostitutes in London

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BR MED J 1993 307/6900 (356-358)

Objective To measure the prevalence of HIV and to describe established risk factors in female prostitutes. **Design** A cross sectional survey. **Setting** A genitourinary medicine clinic, streets, and magistrates' courts in London. **Subjects** 280 female prostitutes recruited between April 1989 and August 1991. **Main outcome measures** Infection with HIV-1, reported risk behaviors, and prevalence of sexually transmitted infections. **Results** 228 of the women had HIV tests, and two (0.9% (95% confidence interval 0% to 2.1%)) were infected with HIV-1. Reported use of condoms was high for commercial clients and low for non-paying partners: 98% (251/255) of women used condoms with all clients and 12% (25/207) with non-paying partners for vaginal intercourse. Twenty two women were current or past injecting drug users. Of the 193 women examined for sexually transmitted infections, 27 had an acute infection