the neck. The complications were a hit to the cocktail of drugs that at one time was taken as a breakthrough in the battle against AIDS. From the Geneva Conference, only two pieces of encouraging news could be extracted. The 1st came from The United Nations, it will launch a program encouraging the large drug companies to develop and donate affordable versions of these drugs that could also be used in a simple regimen. The 2nd item of encouraging news was about the AZT (nucleoside reverse transcriptase inhibitor). The AZT which is now used (as the only monotherapy) to reduce the vertical transmission of HIV. The usual dose which is given in 12 weeks to the HIV infected pregnant woman and which costs around $1000.00 for the course. Researchers in Thailand, Carribean and in Africa had developed a version of AZT that could be given for 4 weeks only with a cost of $100.00. This stimulating news could cut the vertical transmission by more than 66%. The only real hope is to develop an HIV preventive vaccine, but until now, no one is predicting an imminent victory in the immediate future. Dr. Anthony Fauci, of the National Institute of Health (NIAID/NIH) is expecting a vaccine within the next 10 years, at around 2008. The conference threw some light on the future vaccines which are under research and development nowadays. The VaxGen team in the USA is making a trial on 7000 HIV negative and at risk group in Thailand and USA. These volunteers will be vaccinated by AIDSVax which is made mainly from gp 120 protein, though the researchers know very well that gp 120 gene is not the ideal one, as it is the most infidel gene and it is the most mutant one, so the AIDSVax will not cover all the HIV mutants which well evolve eventually. Besides the fact that the antibodies that are generated by the AIDSVax could only counterattack the free-floating virus and will never affect the intracellular virus. HGP-30W vaccine is a promising vaccine as it will use the core gene instead of the env pg 120. This HGP-30W is under development by Cel-Sci corporation in USA. Pasteur/merieux of France is developing a vaccine that is the combination of the AIDSVax and the HGP-30W. This vaccine will constitute the env & core proteins, and will be created in canary-pox viral vaccine that will carry both proteins.

Ronald Desrosiers (the well known HIV vaccine authority) in association with the Therion Biology corporation, is developing a live vaccine from engineered HIV that is lacking 3 genes of the original 9 genes of the HIV. This type of vaccine will contain a weakened HIV. However, many questions are facing such a vaccine, could this weakened virus vaccine for instance, cause AIDS in people with feeble immunity? Also, if this proposed vaccine could evolve towards a virulent mutant and could cause AIDS directly instead of preventing it? Ethical dilemmas are facing the vaccines and could cause a delay in human experimentation of such vaccines.

Sami E Fathalla
Dammam Regional Labs & Blood Bank
PO Box 4103
Dammam 31491
Kingdom of Saudi Arabia

References

Etiological factors of placenta previa at Rashed Ben Al-Hasen Hospital.

Sir,

This study was conducted to determine whether there was a significant relationship between placenta previa and previous history of dilatation and curettage, evacuation of retained products of conception, previous cesarean section and spontaneous abortion. Sixty women with proven placenta previa were reviewed and analyzed over 2 years.

There was a significant correlation between placenta previa and dilatation and curettage (18 cases), evacuation of retained products of conception (31 cases), previous cesarian section (10 cases) and spontaneous abortion (28 cases). Findings of the study are consistent with the hypothesis that endometrial and myometrial damage is significant in the etiology of placenta previa.

Clinically, apparent placenta previa is a serious, but uncommon complication of pregnancy. It was found that placenta previa complicated 4.8 per 1000 deliveries, and was fatal in 0.03% of cases. 4 Multiparity, advancing age, previous cesarian section, multiple pregnancies, placenta acereta, cigarette smoking and previous dilatation and curettage all increase the risk of placenta previa, low socio-economical class as well as diabetic and pregnant women who bear male fetus also increases the risk of placenta previa. Singh and associates, for example, indentified placenta previa in 3.9% of women who had undergone cesarian delivery, compared to 1.9% for the whole obstetrical
The mechanisms by which many of these factors lead to placenta previa are well-defined. One major theory proposes that damage to the endometrium or myometrium may alter the site of implantation. Other factors include defective vascularization of the decidua, the possible result of inflammation or atrophic changes. Another factor is a large placenta which spreads over a wide area of the uterus as seen in erythroblastosis fetalis and multiple pregnancies. This study was undertaken in order to investigate possible etiological factors that increase the risk of placenta previa.

All cases of placenta previa treated by cesarian section at Prince Rashed Ben Al-Hasen Hospital between January 1995 and December 1996 were reviewed and analyzed. In each, the diagnosis of placenta previa had been confirmed by ultrasound and at cesarian section. Parity was defined as the number of previous pregnancies reaching at least 28 weeks gestation, excluding terminations and spontaneous abortions. Details of past obstetric history were recorded for cases.

There were 60 cases of placenta previa, they were more common in the low socio-economic class (48 cases), compared to the high socio-economic class which occurred in 12 cases. During the same period there were 12050 deliveries in the unit; the incidence of placenta previa was 0.5%. The patients ranged in age from 19 to 44 years, with a mean of 30.98. Review of the past gynecological procedures is shown in Table 1.

The main finding of this study, was that the incidence of placenta previa increases in those cases with previous history of operative procedures that could damage the endometrium or myometrium. This supports the hypothesis that such damage is an etiological factor in placenta previa.

Many workers, namely Bender, Cotton et al, and Singh et al found that there was an association between placenta previa and previous cesarian section, and our study supports their findings. The association between placenta previa and spontaneous abortion (28 cases) and evacuation of retained products of conception (31 cases) supports the findings obtained by Brenner and Cotton. The lack of association between termination of pregnancy and placenta previa is in agreement with other studies. This lack of association could be attributed to the lack of sharp curettage in this group of patients.

In conclusion, endometrial and myometrial damage induced by lower uterine segment cesarian section and sharp curettage play a role in low implantation of placenta.

Mohammed Shehab
Department of Obstetrics & Gynecology
Rashed Ben Al-Hasen Hospital
Irbid, Jordan

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