morbidity not associated with endometritis (malaria), none of the study group developed this complication ($p = 0.5$).

There were 2 (4%) babies with low Apgar score (< 8) at 1 and 5 minutes in the study group versus 3 (6%) in the control group ($p = 0.64$). There were 2 perinatal deaths; one in each group, due to respiratory distress syndrome (control) and second died due to septicemia complicated imperforate anus (study).

The total incidence of postoperative febrile morbidity was 3% without significant statistical difference between the two groups; this figure is near to the incidence of postoperative febrile morbidity when ceftriaxone was compared with ampicillin/cloxacillin in the Central Sudan.[5] Thus, postoperative infections morbidity following low-risk cesarean section cannot be reduced by ceftriaxone prophylaxis.

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Retropubic space hemorrhage. *An unusual complication in cesarean section*

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Hemorrhage during cesarean section is usually from the uterus. Massive bleeding from the parietes is an unusual case. We report a very rare case of hemorrhage in the space of Retzius during elective cesarean section. The bleeding was a venous ooze and was eventually controlled with tamponade. Tamponade is the first approach to bleeding from the space of Retzius and it usually controls the bleeding. Factor VIIa is a single coagulation factor manufactured by recombinant cell technology and has been found to be useful in controlling hemorrhage in some surgical patients.

A 34-year-old female, gravida 3, para 2 with history of 2 previous cesarean sections, was booked in the antenatal clinic in our hospital at 32 weeks of gestation. She had undergone 2 cesarean sections for big babies (4.9 kgm and 5.2 kgm) in the past. She was healthy with no significant family history of diabetes mellitus. Abdominal examination revealed subumbilical midline vertical scars from previous cesareans. Oral glucose tolerance test was performed in view of her past recurs of having big babies and the results were as follows: fasting 6 mmol/l and 2 hours postprandial was 10 mmol/l. She was advised to follow diabetic diet and the subsequent glucose profile was normal. She was booked for an elective cesarean section at 38 weeks gestation. She was counseled for a subumbilical midline incision in view of her previous 2 subumbilical midline scars, but she refused. Cesarean section was carried out under spinal anesthesia through a suprapubic transverse incision at her request. A baby girl weighing 3330 gms was delivered without difficulty and uterine wound hemostasis was satisfactory. At the time of closure some bleeding was noted in the retropubic space, which appeared to be venous bleeding. An attempt was made to control the bleeding with simple pressure. This procedure only deteriorated the bleeding for there was deepening of the bleeding space and hemorrhage became heavy. An attempt to control the bleeding by putting stitches also failed. As there was no identifiable arterial bleeder, the

space was eventually packed with hemostatic surgical cellulose (oxidized regenerated cellulose, Ethicon) and a large wet pack. The bleeding was controlled and the rectus sheath was closed with interrupted sutures. Part of the pack was brought out through an opening in the rectus sheath and the skin. The wound was closed and a urinary catheter was left *in situ*. We estimated the blood loss to be approximately 2000 ml. The patient was a transfused 4 units of matched blood. Clear urine was draining after the cesarean section. Coagulation profile carried out intraoperatively and a few hours after transfusion were normal. She was started on cefuroxime (Glasgow Smith Kline, United Kingdom) and metronidazole. The pack was left *in situ* and was removed after 48 hours under general anesthesia. Since there was no further bleeding after pack removal the rectus sheath and skin were closed again and the catheter was removed soon after. She was discharged home after another week of hospital stay in good condition. On further follow up, after 6 weeks she remains well with no complaints.

Hemorrhage from retropubic space is an uncommon complication usually reported after bladder neck buttress operations. Foley catheter tamponade is usually used to control such a bleeding.[1] Although sometimes, this method may not work. Ottolenghi and Sesenna[2] described a rare case of hemorrhage in the space of Retzius after normal delivery, which was treated with tamponade as other methods failed. Another case of a male patient involved in a traffic accident who also responded to the same method of treatment was reported by a Polish authors.[3] Tamponade appears to help control bleeding from retropubic space. Another treatment option could have been recombinant FVIIa. Recombinant FVIIa has been considered as a universal hemostatic agent, prompting its use in the management of severe uncontrolled surgical bleeding in patients without pre-existing coagulopathies.[4] However, it is costly and not readily available in many units.

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Condylomata acuminata in infants and young children. *Topical podophyllin an effective therapy*

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Condylomata acuminata, an infection caused by human papilloma virus, has become one of the most common sexually transmitted disease in adults.[1] Correspondingly, the incidence of anogenital warts among children is rising.[2] Although its relationship to child abuse remains controversial, many cases of anogenital warts in children probably represents autoinoculation, vertical transmission or nonsexual transmission. Still, anogenital warts can be the only manifestation of child sexual abuse and that human papilloma virus typing does not provide a definite evidence for or against sexual abuse.[3] Prospective surveys have documented perinatal transmission of human papilloma virus at oropharyngeal and genital sites in as many as half of infants delivered vaginally. Reports of subclinical infection of neonates delivered by cesarean section and of congenital condylomata strongly support the possibility of ascending infection.[4] The potentially long incubation period of human papilloma virus also confounds the picture. Some investigators believe that the appearance of warts before the age of 2 years is suggestive of perinatal transmission and appearance either at birth or within the first week of life, is a diagnostic of perinatal transmission.[5] The existence of multiple treatment modalities reflects the fact that there are no effective or direct antiviral.[1] Several treatment options are available for condylomata acuminata in adults, none have been studied for the treatment in children. Most of the treatments mentioned are painful and traumatic for children, some even requiring general anesthesia with its associated risk. Whatever method is used, there will be failure and recurrences.[2]

The present work was conducted to evaluate this condition among Iraqi children and to report the experience with podophyllin as a safe, effective, mode of therapy. Condylomata acuminata was assessed in 18 patients attending the Department of Dermatology and Venereology in Baghdad Teaching Hospital, Baghdad, Iraq during the period