

of the rapid progressive colonization of NICU with multi-resistant organism. This further reiterates on the importance of the policy of rationing the use of antibiotics and strictly following the infection control measures.

In conclusion, this report highlights on the phenomenon of quick spread of the rare multi-resistant organism in an intensive care setup. Neonates being relatively non-immune are more susceptible. Thus, vigilant care should be given to the infection control policies to prevent these outbreaks.

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Acute gluteal abscess due to chloroquine injection in Sudanese pregnant woman

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We have previously reported on the different manifestations of severe malaria among pregnant Sudanese women, which involved all parities and showed a wide range of presentations including cerebral malaria.¹ In Sudan, falciparum malaria has been reported as one of the main causes of maternal mortality.² A 24-years-old woman, gravida 3, para 2, pregnant for 24-weeks presented to New Halfa Teaching Hospital complaining of fever, sweating, headache, and pain in the region of chloroquine injections which she received 9 days earlier. On admission her weight was 63 kg, the pulse was 90/minute, the blood pressure was 110/70 mm Hg, the temperature was 38.9°C, with clear chest and there was no palpable spleen or liver. The patient's hemoglobin was 9.5 g/dl and her urine was clear. Right-sided gluteal abscess 6 x 8 cm was found. After preparation (fasting), the abscess was drained under general anesthesia (Ketamine). Ampicillin/cloxacillin 500mg was given at first intravenously and then continued orally for 7 days. *Staphylococcus aureus* was isolated and it was sensitive to Ampicillin/cloxacillin. After the appearance of healthy granulation tissue in the third day the patient was discharged to continue the dressing at the health center and to come for follow up in the antenatal clinic until delivery, which was normal vaginal delivery in hospital. The birth weight was 2.9 kg. This pregnant woman presented with fever, moreover the abscess was drained under general anesthesia; both the fever³ and anesthesia are hazardous during pregnancy. Such rare complication (abscess at chloroquine injection site) should be considered among the causes of morbidity and mortality associated with malaria or its treatment. Chloroquine is very popular in Sudan and is usually self prescribed drug with a common belief that the injectable form is more effective than the orally administered drug. Thus, in Sudan, chloroquine has been reported earlier to cause massive necrosis and associated with gluteal abscess especially when given at home or with minimum care for contamination.^{4,5}

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Pseudocyesis and infertility

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Pseudocyesis or phantom pregnancy is a psychological disorder in which the women firmly believes her to be pregnant and manifests the symptoms and signs of pregnancy. This definition excludes cases of willful and conscious deception. Since the symptom complex of pseudocyesis is erroneously, commence antenatal care of such patients. Between the 1 of January 1994 up to 31 December 1999 twenty cases of pseudocyesis were collected among patients who had previously being investigated and managed for reproductive failure at Wad Medani Teaching Hospital, Sudan. All the 20 women believed that they were pregnant and had obvious pregnancy fantasies. They all had history of secondary amenorrhea, ranging from 4-19 months, and all complained of abdominal enlargement. In all cases clinical examination revealed a non-gravid uterus. In 5 cases, the uterus was enlarged by leiomyomata of varying sizes, with the largest consistent with cyesis of 24 weeks. Urine specimens sent for pregnancy test were negative in all cases. Ultra-sound confirmed the absence of pregnancy of all cases. The case is a 34 years-old married woman which is a typical case of pseudocyesis. She was the first of her husband's 3 wives. In order to inherit a share of his wealth, it was mandatory to have children. The other 2 wives had 4 and 5 children. The patient have not succeeded in bearing and offspring despite all investigations and management. She attributed her delayed fertility to other 2 wives, but she believed now she is pregnant. When the patient presented, she gave a history of amenorrhea of 14-months, abdominal distension, previous nausea and vomiting, weight gain and fetal movements. Her native doctor had informed her that her pregnancy was due to witchcraft and evil spirits involved by others in an attempt to ensure that the baby would not survive. To overcome the malign influence, she had performed several rituals at great expense, although her husbands provided only

Table 1 - The distribution of the presenting features of pseudocyesis.

Signs or symptoms	n (%)
Amenorrhea	20 (100)
Belief of pregnancy	20 (100)
Abdominal enlargement	20 (100)
Fetal movement	16 (80)
Nausea and vomiting	12 (60)
Enlarge uterus	5 (25)
Softness of the cervix	2 (10)

limited financial supports. On examination, her breasts appeared full with little secretion, the abdomen was distended these are rhythmical movements of the abdominal wall simulating fetal movements. The uterus could not be palpated their abdomen and the fetal heart sound was not audible by the sonic aid. Pelvic examination revealed normal genital organs. Ultrasound revealed no fetal parts. Pituitary function tests revealed normal prolactin, (332 mu/L) normal Follicle stimulating hormone (FSH) (22.8 u/L) and normal leuteinizing hormone (LH) (29.2u/L). estradiol is slightly decreased and serum progesterone is slightly elevated (36.5 n mol/L) suggesting luteal phase. Nevertheless the patient still strongly believed that she is pregnant and intended to continue her follow up with her native doctor. Tow months later she presented claiming that her pregnancy was so prolonged that she is afraid to loose her fetus. She was then admitted to the hospital. She was seen 3 times by the psychiatrist who failed to convince her that she is not carrying any pregnancy. Two weeks later the symptoms and signs of pregnancy disappeared spontaneously. The total number of patients complaining of reproductive failure who were seen during the period 1 January 1994 up to 31 December 1999 was 3200. The number of patients with pseudocyesis was 20, giving an incidence of 1: 160. **Table 1** shows the presenting features of pseudocyesis, the age of patients ranged between 26-44 years, 12 patients were nulliparous, 5 gave birth to 3-5 but had no living child. The remaining 3 patients have got 3 female children but were desirous of a pregnancy hoping that they would give birth to a male child. The period of primary or secondary infertility ranged between 6-20-years and all patients were desperately eager to have a child. Six patients believed that witchcraft have prevented their pregnancies from developing to maturity and the remaining 14 patients will more than 9 months amenorrhea believed that spontaneous labor had