

ble to oxacillin and other antibiotics tested. The patient's symptoms resolved and the follow-up period was two months.

Both adolescents had no history of diabetes, smoking, sexual activity, or corticosteroid/contraceptive use. The age of menarche in both girls was 11 years. Predisposing factors for mastitis and breast abscess include skin lesions, mammary duct ectasia, trauma related to sexual foreplay, nipple piercing, and shaving or plucking periareolar hair [3,4]. None of these factors was identified in the cases described. Breast malignancy, tuberculosis, and protozoal and fungal infections are differential diagnoses for mastitis [3].

In both cases, management with oral antibiotic therapy and ultrasound-guided needle aspiration was successful. Surgical drainage should be reserved for unresolved cases following aspiration. This is especially valid for adolescents as surgery may affect the breast bud, resulting in impaired breast development [3].

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## Conflict of interest

The author has no conflicts of interest.

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# A call to action for evidence-based safer conception interventions for HIV-affected couples desiring children in Sub-Saharan Africa



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In support of the reproductive rights and promotion of reproductive justice for HIV-affected couples desiring children, implementation studies are needed to guide the integration of evidence-based interventions in Sub-Saharan Africa. HIV-affected couples desiring children in this region need equitable access to assisted reproductive services (e.g. vaginal insemination, sperm washing with intrauterine insemination, and in vitro fertilization) as components of HIV prevention interventions. Inadequate action to address the reproductive priorities of HIV-affected couples may thwart HIV prevention interventions because couples knowingly risk sexual and perinatal HIV to fulfill their reproductive goals [1]. The present article calls for a shift in the global perspective to address the reproductive desires of individuals and couples affected by HIV.

In Sub-Saharan Africa, HIV-affected couples desiring children are counseled to limit unprotected intercourse to the peak fertile period to limit HIV exposure. Pre-exposure prophylaxis is recommended in

high-risk partnerships [2], but is not readily available in low-resource settings. In middle- and high-resource countries, HIV-affected couples desiring children have greater options for assisted reproductive services [3,4] and greater access to pre-exposure prophylaxis [5], which may allow couples to conceive while limiting the risk of HIV transmission to their uninfected partner and child (Box 1).

## Box 1

Studies demonstrating the efficacy of safer conception methods for HIV-affected couples.

- Treatment of the HIV-infected partner as prevention [6].
- Pre-exposure prophylaxis [5,7].
- Voluntary male medical circumcision [8–10].
- Sperm washing with intrauterine insemination [11,12].
- In vitro fertilization, intracytoplasmic sperm injection [13,14,15].

We should seek to achieve equitable options and access to assisted reproductive services for HIV-serodiscordant couples desiring children in Sub-Saharan Africa, particularly in communities with a high prevalence of HIV and cultures where social identity and value are inextricably linked to reproduction.

Traditionally, “family planning” has referred mainly to contraception and safe abortion. However, it should also embrace a reproductive justice framework that addresses each individual's reproductive need across their life cycle [16]. For HIV-affected couples, this includes access to safer conception education, counseling, and clinical services as components of HIV prevention interventions. Access and provision of safer conception services is an innovative approach to HIV prevention that challenges the status quo and addresses the needs of a critical at-risk population. Implementation studies evaluating safer conception services in Sub-Saharan Africa will highlight the

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barriers and facilitators that may affect the integration and scale-up of evidence-based safer conception programs from high-resource countries. Furthermore, these implementation studies will identify the adaptable program components to ensure cost-effective and sustainable services in low-resource settings. From a reproductive justice perspective, HIV prevention programs should include accessible safer conception services for HIV-affected couples. Financial support needed to achieve this goal may require commitment from foundations and national and global organizations to strengthen HIV prevention efforts and assure the reproductive rights of HIV-affected couples.

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OM has been a paid consultant for the World Health Organization. VKD has been a paid consultant for Bayer Healthcare Pharmaceuticals and the University of California, San Francisco.

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## Blood salvage device for use during ruptured ectopic pregnancy in low-resource countries



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Obstetric hemorrhage, the leading cause of maternal mortality, accounts for up to 44% of maternal deaths in regions of West and East Sub-Saharan Africa; 26% of these deaths can be attributed to the paucity of donated blood available for emergency transfusions [1]. This situation complicates the efforts of clinicians to treat ruptured ectopic pregnancy, which is the largest contributor to mortality in the first trimester. Auto-transfusion is a life-saving intraoperative blood salvage procedure that is routinely performed using automated blood salvage devices in high-income countries [2]. Such devices are inappropriate for low-income countries owing to their cost and complexity (i.e. difficult to maintain), among other factors [3]. Furthermore, effective manual blood salvage solutions including the soup ladle method [4] and the Tanguieta funnel [3] developed for use in low-income countries can be labor intensive and require numerous disposables.

Design ethnography studies including clinical observations and interviews were conducted primarily at Komfo Anokye Teaching