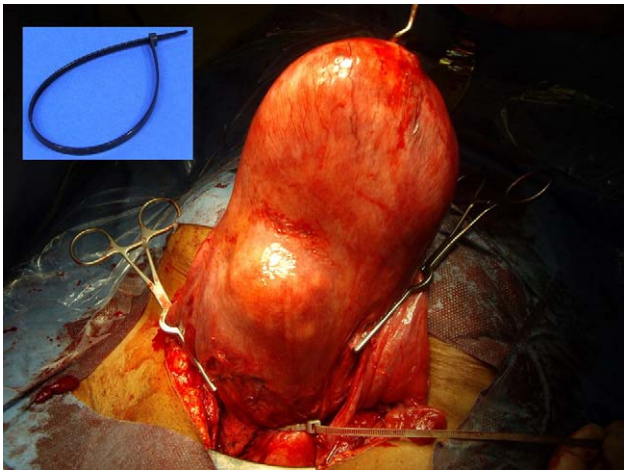

Fig. 1. Cable tie in situ around the cervix occluding the uterine vessels (ovarian clamps can also be seen on either side occluding the ovarian vessels). Inset picture shows a typical cable tie.

occurred to us that cable ties would also make the ideal pericervical tourniquet at open myomectomy. Our preliminary experience has confirmed both their efficacy and ease of use. The measured intraoperative blood loss is similar to previous data from our Unit using conventional triple tourniquets [3,4] as well as other reports of open myomectomy comparable in terms of the number and weight of fibroids removed [5]. Although we did not time how long it took to apply cable ties around the cervix, our impression was that it was technically easier and quicker than tying a suture. Cable ties are also inexpensive, costing a few pence at the most, compared with approximately £2.50 (€3) for a typical suture. Steam autoclaving did not present a problem. By the very fact that cable ties are made of a robust material, strong scissors were required to cut them off on completion of the surgery.

Although there is no reason why cable ties should not be used around the infundibulopelvic ligaments to occlude the ovarian vessels as part of the triple tourniquet technique, we now prefer to use ovarian artery clamps that can be applied medial to the ovaries thereby preserving ovarian perfusion during surgery [2]. We have tried cable ties at laparoscopic myomectomy, but found them too rigid for easy application.

In summary, cable ties appear to be useful tourniquets for open myomectomy. Cable ties already have other medical uses, and it could be argued that medical grade cable ties, perhaps made of a softer material, should be made available for clinical use.

Conflict of interest

None to disclose.

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Trafficking experiences and violence victimization of sex-trafficked young women in Cambodia

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While evidence suggests that trafficking of women and girls for commercial sex work (CSW), or sex trafficking, is prevalent in Cambodia, studies to date have not identified the actors perpetrating this gender-based crime [1]. Moreover, the vulnerabilities faced by trafficked women and girls—such as violence victimization or risk of sexually transmitted infections (STIs) and HIV—are unclear in this Cambodian context; this makes design of successful efforts to protect women at risk of being trafficked and provision of assistance to those already victimized less likely [2].

Trafficked women seeking services at 26 nongovernmental organizations (NGOs) across Cambodia completed intake forms that assessed their trafficking experiences and health status. Data were compiled by ECPAT-Cambodia for the purposes of creating a standardized dataset for all cases of trafficking seen by NGOs from 2005 to 2006. Secondary data analysis conducted at the Harvard School of Public Health (HSPH) was deemed exempt from review by the HSPH Human Subjects Committee. Victims of trafficking were defined as those who had entered CSW under the age of 18 years and/or those who reported being forced or tricked to begin CSW [3]. These criteria yielded a sample of 136 cases of sex trafficking.

The characteristics of sex trafficking are shown in Table 1. Slightly more than half (52.2%) of the sample were trafficked under the age of

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Table 1
Trafficking characteristics (N = 136).[a]

Assessment items	% (n/N)
Trafficking/trafficker characteristics	
Trafficked under 18 years of age	52.2 (71/136)
Trafficked within Cambodia	75.4 (95/126)
Parents participated in trafficking decision	29.2 (14/48)
Cases involving female traffickers	72.0 (72/100)
Violence victimization[b]	
Forced to perform sex acts against her will	33.1 (45/136)
Sexually abused	30.9 (42/136)
Beaten	9.6 (13/136)
Deprived of food	5.9 (8/136)
Deprived of movement	9.6 (13/136)
STI infection (self-reported)	65.8 (48/73)

[a] A floating sample was used to examine frequencies because of small amounts of missing data.
[b] Categories not mutually exclusive.

18 years. Internal trafficking was common, with 3 out of 4 (75.4%) women/girls reporting having been trafficked within Cambodia. Almost one-third (29.2%) reported that their parents had participated in the decision to traffic them, and 72% of cases involved a female trafficker. Violence victimization was common; 33.1% of women/girls had been forced to perform sex acts against their will, while 30.9% reported other sexual abuse. One in 10 women (9.6%) had been physically beaten. Non-violent maltreatment was also reported, including being deprived of food (5.9%) and movement (9.6%). Of the 73 women with STI data, 48 (65.8%) reported that they were infected. Young women under the age of 18 ($P = 0.002$) and women trafficked to Cambodia ($P < 0.001$) were more likely to be tested for STIs than older women or women trafficked to surrounding countries (data not shown).

Current evidence demonstrates that young trafficked women in Cambodia are vulnerable to sex trafficking primarily within their country and by individuals that include family members. The extensive violence victimization experienced by this group likely poses risk for a range of sexual and reproductive health concerns, including STIs/HIV. Findings strongly indicate the need for efforts to prevent trafficking across Cambodia and the provision of much-needed guidance on efforts to identify and intervene with potential traffickers in this Southeast Asian nation.

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Conflict of interest

The authors have no conflicts of interest to declare.

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Transmigration of a vaginal foreign body to the fallopian tube

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A 27-year-old woman presented with discomfort in the left iliac fossa. Her past medical history was noncontributory. The patient's first menarche was at 13 years of age and she experienced regular menstrual cycles. She had been married for 3 years and had been diagnosed with primary infertility.

The patient had marked tenderness on palpation of the left abdomen; her temperature was 37.5°. Pelvic examination revealed a uterus of normal size and full and painful left adnexa. Abdominal palpation showed guarding.

Laboratory values were C-reactive protein 285 mg/L; white blood cell count 11 000 cells/mL; tumor markers were normal. Abdominal ultrasound and abdominal X-ray were normal. Pelvic ultrasound revealed a normal sized uterus, normal right adnexa, and a left endometriotic ovarian cyst measuring 43 mm, with free fluid in the pouch of Douglas. The working diagnosis at this stage was pelvic peritonitis of gynecologic cause.

The patient was treated with antibiotics for 48 hours, but abdominal symptoms did not improve and she had persistent diarrhea and vomiting. Laparoscopy was performed followed by laparotomy; at peritoneal incision significant purulent material was encountered. Pelvic exploration revealed a normal appendix and agglutinated adhesions in the left side. Adhesiolysis was performed and revealed a rigid left fallopian tube of abnormal consistency; the left ovary was normal. Salpingectomy removed a thick and phlegmonous tube, 10 cm in length and 3–4 cm thick. The tube was incised (Fig. 1) and a white foreign body was extracted, which was revealed to be a curved candle measuring 8 cm long and 2 cm thick.

The patient's postoperative clinical course was uneventful. The woman revealed that on her wedding night, after normal intercourse, she had remained a virgin. Cultural traditions in the couple's village required that the husband prove that his wife was no longer a virgin. To avoid any scandal, the patient's husband penetrated her vagina

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