difficult to wear for extended periods and often must leave the room to remove the device and "catch their breath" before returning into respiratory isolation, a finding suggested by others.[2]

After discovering the cost savings, we opted to continue to use the HEPA respirator at our hospital, despite the revised OSHA guidelines that allowed use of cheaper respirators. However, in recent months, healthcare worker preference for the cheaper (and decidedly more comfortable) N-95 units has resulted in a gradual shift to these devices. We continue to monitor the cost of the PPE program, but feel strongly that safety—not cost—must be the single determinant when selecting proper equipment for worker protection against tuberculosis or any potential occupationally acquired pathogen. In that regard, the best respirator is the respirator that people will wear.

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Vibrio fluvialis and Leech Therapy

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For centuries, leeches have been used in medicine for blood-letting, wound draining, and healing. Most recently, the use of medicinal leeches has increased in the field of plastic surgery for venous insufficiency in previously devascularized tissue or failing flaps.

In a recent case report, the use of leech therapy to treat postsurgical venous congestion in a patient following oral reconstructive surgery for mouth cancer led to a wound infection with *Vibrio fluvialis*—an intestinal pathogen. This is the first reported case of wound infection caused by *V fluvialis* associated with medicinal leech therapy. The most common reported pathogen causing infections associated with medicinal leech therapy is *Aeromonas hydrophilia,* a gram-negative rod that is part of the normal gut flora of leeches and assists in digestion.

The authors recommend that leech therapy should be reserved for cases in which surgical correction is not possible or for the temporary alleviation of venous congestion while the patient is waiting for definitive surgical intervention.

FROM: Varghese MR, Farr RW, Wax MK, et al. *Vibrio fluvialis* wound infection associated with medicinal leech therapy. *Clin Infect Dis* 1996; 22:709-710.

https://doi.org/10.1017/S0195941700018993 Published online by Cambridge University Press