

Editorial

Nodding syndrome, infections and sexuality

Nodding syndrome:

Nodding syndrome has indeed become a very disturbing disorder of children and young adults living in environs heavily infested with *Oncocerca volvulus* and compounded by extreme poverty and socioeconomic deprivation.¹ Teams from Uganda and Tanzania have put together several articles and these have been published in this month's *African Health Sciences*.

In the first of these seminal papers, US and Tanzanian researchers² describe the earliest recorded cases of Nodding syndrome from Tanzania, with special reference to the earliest reported dates of onset. They show that this syndrome has been in Tanzania for at least 80 years!

In a related paper Spencer and others³ report 'environmental, nutritional, infectious, and other factors that existed before and during the de novo 1991 appearance and subsequent increase in cases of Nodding syndrome' in South Sudan in 2001. Musisi⁴ reports neuropsychiatric perspectives on Nodding syndrome in northern Uganda. Ugandan researchers on the other hand propose 'guidelines for the management of nodding syndrome',⁵ while Winkler and others describe MRI findings among Nodding syndrome patients seen in Tanzania.⁶ Clearly, Nodding syndrome is taking center stage in our current thinking about emerging and re-emerging diseases in Africa.

Viral infections and STIs:

There are several other papers on infectious diseases such as one on Crimean-Congo hemorrhagic fever,⁷ use of DNA microarrays in human cytomegalovirus⁸; and hepatitis C among sickle cell patients in Uganda.⁹ Others include 'baboons as potential reservoirs of zoonotic' parasites,¹⁰ intravenous immunoglobulin use in intensive care,¹¹ and sleeping sickness in Gabon.¹²

West African authors report on HIV/AIDS;^{13,14,15} Mondal¹⁶ describes factors affecting the HIV/AIDS epidemic, while Uganda workers report on personal barriers to antiretroviral therapy adherence.¹⁷ South African workers¹⁸ report on traditional remedies for STIs, while from India we have a report on an antiviral surgical gown.¹⁹

Other infections

We have several other papers on infectious diseases.^{20,21,22,23}

Scientists²⁴ report anti-inflammatory properties of *Capsaicin* in rats, and use of non-carbapenem-based antibacterial therapy in patients with malignancies.²⁵ Dejavu? Kassaye et al²⁶ report results of their evaluation of amoxicillin capsules, while Siziya reminds us about correlates of diarrhea,²⁷ followed by 'sonographic biometry' of the spleen.²⁸

Sexuality:

'Gynaecological laparoscopy courses'²⁹; effects and satisfaction following colposcopy for cervical biopsy³⁰; introduce us to the sexuality issue of this treatise. Others include condom use at sexual debut³¹, contraception among male soldiers³², and cost effectiveness of facility and home based HIV voluntary counseling and testing in Uganda.³³ Several interesting associations are noted: anti-Chlamydia antibodies with ectopic pregnancy;³⁴ abdomino-pelvic surgery and tubal pathology;³⁵ recurrent pregnancy loss with chromosomal abnormalities and hereditary thrombophilias.³⁶ Other articles are on leiomyoma,³⁷ emergency maternal and newborn care,³⁸ peripartum hysterectomy,³⁹ dexamethasone use for cesarean sections,⁴⁰ and the effect of unilateral vasectomy on testosterone.⁴¹ Papers on substance abuse among brothel-based female sex workers⁴²; and risky sexual behavior among preparatory school students living with their parents⁴³ completes this sexuality section. Several papers on hygiene,^{44,45} histoplasmosis⁴⁶, tuberculosis diagnosis using GeneXpert® complete the series.⁴⁷ Unique in this issue are letters to the editor that touch on death and cadavers,^{48,49} organophosphate poisoning⁵⁰, and visual disability.⁵¹

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