

Dear Editor-in-Chief,

Re: NEURO-OPHTHALMIC AND CLINICAL CHARACTERISTICS OF BRAIN TUMOURS IN A TERTIARY HOSPITAL IN GHANA, by Tagoe N.N. et al; Ghana Med J 2015; 49(3):181-186

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The above article contains no reference to any peer-reviewed paper published on the clinical presentation of brain tumours in Ghana, but at least one such paper is available.¹ The article, however, quotes a reference to research done on Brain Tumours in Ghana from an internet article from a newsite intended for education of the lay public. This newsite is added as part of the formal references for the article. Would it not have been appropriate, therefore, to include relevant peer-reviewed articles from Ghana in the list of references?

The tumour frequencies quoted in the article are markedly different from prior reports published from Ghana. The prior published reports put Astrocytoma at 42%; meningioma 19% and pituitary adenoma at 11%.¹ This poses a severe limitation on the article's results and conclusions that pituitary adenoma and meningioma are the commonest brain tumours as less than 50% of the pituitary adenomas and only 30% of the meningiomas were confirmed histologically.

The article states that only 13 out of a total of 36 brain tumours that presented at the tertiary centre that has a dedicated neurosurgical department (and a training program for neurosurgical residents) were operated on during a 12 month period. It is stated that only 13 of the patients could afford surgery.

Is this an appropriate and adequate case load for a training program that has been in existence for at least a decade? The preponderance of evidence from the neurosurgical literature would indicate that this volume is extremely small.^{2,3,4} The article advocates, "Education of the public as well as physicians to pick up early signs and symptoms of brain tumours is important to ensure timely diagnosis and management".

It may also be worthwhile to urgently institute measures that will provide an adequate caseload for trainee neurosurgeons at the tertiary center in order to ensure that the residents' knowledge of the management of brain tumours is optimised.

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Response to N.B. Andrews

We would like to thank N.B. Andrews, for the comments and questions raised regarding our article.

As he rightly pointed out our article does not contain any reference to any peer-reviewed paper published on the clinical presentation of Brain Tumours in Ghana. This is because the said reference¹ was not available to us at the time and we appreciate his making this available to us for future reference. The only reference available from Ghana was the online one we cited.³

With respect to the comment on disparity of tumour frequency between our study² and work published from Tema, Ghana¹, our paper looked at consecutive cases of brain tumours seen at the Eye Unit at Korle Bu Teaching Hospital (KBTH) and found that the commonest brain tumours were pituitary adenoma and meningioma.² This is not surprising if one considers the sources of referral of the patients reported in the study.

It is standard obligatory practice in KBTH, Neurosurgical unit to have a detailed visual evaluation of tumours in the region of the sella turcica.

Other tumours that do not directly interfere with the optic pathway or ocular movement may not be referred for this evaluation especially when initial neurological exam is unremarkable. Pituitary adenomas and meningiomas are the commonest tumours in the sellar region.^{4,5}

Taking the settings and the design for the two studies^{1,2} it is not expected that the results would be the same. With regard to neurosurgical training with respect to brain tumours, this was out of the scope of the aims of this article. It is important to note, however, that a large proportion of Ghanaians cannot afford neurosurgical care even in a public facility like KBTH. Most neurosurgical procedures are not covered under the National Health Insurance Scheme (NHIS). Maintenance of Intensive Care services and inadequate supporting staff are some of the challenges the hospital faces. Notwithstanding these challenges, the hospital continues to work to improve service towards producing competent neurological surgeons from Ghana and other countries in the sub region.

We support the call for Tumour registry to reflect the burden in Ghana which will also enhance budgeting and planning.

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