

EDITORIAL

Chronic obstructive pulmonary disease (COPD) is one of the leading non-communicable respiratory diseases. COPD is linked to occupationally related exposure of the lungs to toxic inhalational materials such as wood dust. Dunga et al report the findings of a case-control study, which compared the prevalence of COPD amongst 200 healthy adults and 200 workers employed at four saw mills in Jos, North central Nigeria. They found that respiratory symptoms and COPD are prevalent among saw mill workers in Northern Nigeria, where exposure to saw mill dust can be reduced by improved working conditions and better public awareness.

Type 2DM (T2DM) prevalence is emerging as a major health problem even amongst children and adolescents. The onset of T2DM is usually preceded by a period of impaired glucose metabolism known as impaired fasting glucose and/or impaired glucose tolerance. Drs Jaja and Okoh carried out a study aimed at determining the presence of impaired glucose tolerance in adolescents aged 10 to 19 years with impaired fasting glucose. They found that (10.3%) of the subjects had impaired glucose tolerance with no case of diabetes. The mean BMI and fasting blood glucose values were higher in subjects with impaired glucose tolerance compared to those without. They conclude that screening for only IGT is inadequate in the evaluation of children at risk for T2DM.

Laboratory investigations are often required to manage patients in the hospital and laboratory request forms serve as a medium between the pathologists and the clinician. Drs Alagoa and Okoye evaluated the adequacy of laboratory request form filling and documentation by doctors at the Niger Delta University Teaching Hospital, Okolobiri. They conclude that the most forms are improperly and inadequately filled by doctors in the institution and advocate for education of doctors on the importance of properly filled laboratory request forms in the management of patients.

Nigeria which has one of the world's highest burdens of children living with Sickle cell anaemia is also endemic for hepatitis B, C and the Human immunodeficiency virus (HIV). This study by Yaguo-Ide et al set out to determine the prevalence of Hepatitis B surface antigen (HBsAg), antibodies to Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV) co-infection among children with Sickle cell anaemia (SCA) at the University of Port Harcourt Teaching Hospital (UPTH). They found a relatively low prevalence of HBV and HIV infection among the SCA children without any case of HBV, HCV and HIV co-infection.

The fluid management of low birth weight and preterm babies can be challenging, as the determination of maintenance fluid volumes have to be calculated to suit the demands of this delicate neonates in order to avoid fluid overload or dehydration. It is on this background Dr Ledisi reports the process for the development and validation of a formula called the "RAW" formula for the calculation of maintenance fluid volumes in preterm and low birth weight babies using the Paediatric Surgical Unit Guidelines, of the Sheffield Children's Hospital as the template. He recommends that the derived and validated RAW formula be used to calculate maintenance fluid volumes as it is an easy to use tool.

Pectus excavatum which is uncommon in children is also a rare presentation of pulmonary tuberculosis in children. Yaguo-Ide and Uchenwa-Onyenegecha present and uncommon report a case of pulmonary tuberculosis with pectus excavatum in an 18-month old male. They observe that while cases of pulmonary tuberculosis with pectus excavatum are not common in children. A high index of suspicion will be needed to make an early diagnosis and recommend that Pulmonary Tuberculosis should be considered in children presenting with pectus excavatum.

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