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FROM THE EDITOR-IN-CHIEF

Addressing the Silent Strain: Unmasking Post-COVID Neurologic Complications in Resource-Limited Settings

Welcome to this edition of the journal, where we continue our mission of showcasing high-quality, context-relevant research. With growing interest in evidence-based, locally driven healthcare solutions, WAJM remains committed to amplifying scientific voices from the region. We invite clinicians, researchers, and policymakers to engage with the insights presented here, as we collectively work toward improved health outcomes. This issue presents a diverse collection of original studies, ranging from innovative diagnostic tools and therapeutic trials to the exploration of under-recognized conditions.

Among the diverse collection of articles spanning various medical disciplines, Nwosu et al. highlight the feasibility of diagnosing obstructive sleep apnoea using the WatchPAT® portable monitor-a promising tool in resource-limited settings. However, their findings also underscore the persistent barrier of limited treatment access due to cost constraints. Udoette et al. confirmed the high diagnostic accuracy of the Xpert MTB/RIF assay for pulmonary tuberculosis, including detection of drug resistance. Meanwhile, Olalusi et al. explored the safety and potential efficacy of *Peko-D forte*, a plant-based formulation, as add-on therapy for Parkinson's disease in a small, placebo-controlled trial. Collectively, these studies underscore the promise of context-appropriate diagnostic and therapeutic innovations. We also welcome the World Kidney Day editorial by Vassalotti et al. and the World Kidney Day joint steering committee. Their contribution is apt and addresses several critical issues related to the prevention and early detection of kidney disease.

As the world moves into a new phase of the COVID-19 pandemic, the focus is gradually shifting from acute disease management to the long-term sequelae affecting survivors. Among these, post-COVID neurologic complications are emerging as a significant public health concern. In this context, the study by Akase et al. provides a timely and critical exploration of a largely underreported issue in the Nigerian population: the burden of persistent neurological symptoms following SARS-CoV-2 infection. The COVID-19 pandemic initially gained global attention due to its respiratory manifestations. However, as the pandemic progressed, it became evident that the virus has significant effects beyond the lungs, particularly on the nervous system. [1,2]

Post-COVID neurologic complications-often grouped under the umbrella of "long COVID" or "post-acute sequelae of SARS-CoV-2 infection (PASC)"—have emerged as a major health concern. These complications can affect individuals regardless of the severity of their initial illness, and they encompass a wide spectrum of symptoms and disorders involving both the central and peripheral nervous systems.[1-4] Among the most commonly reported neurologic symptoms are persistent headaches, dizziness, and brain fog-a colloquial term describing cognitive impairment, difficulty concentrating, memory issues, and slowed thinking. These symptoms may be mild in some individuals but significantly debilitating in others, affecting daily functioning and quality of life. Fatigue, which often has a neurocognitive component, is also a hallmark of post-COVID syndrome and may persist for weeks or months. Neurological complications can also include more serious disorders. Some patients have developed new-onset seizures, strokes, and transient ischemic attacks (TIAs). Other central nervous system manifestations include encephalopathy, encephalitis, and demyelinating disorders such as acute disseminated encephalomyelitis (ADEM). [3-5]

The peripheral nervous system is not spared. Cases of Guillain-Barré syndrome (GBS), a post-infectious autoimmune polyneuropathy, have been reported following COVID-19 infection.[5-6] Other peripheral neuropathies, including small fiber neuropathy and dysautonomia—characterized by symptoms such as orthostatic intolerance, palpitations, and abnormal sweating—are increasingly recognized. Anosmia (loss of smell) and ageusia (loss of taste), which were prominent early symptoms of acute COVID-19, have also been observed to persist in some individuals, sometimes lasting for many months. [4,5]

The pathophysiology underlying these neurologic sequelae is multifactorial. It involves direct viral invasion of the nervous system, immune-mediated damage, systemic inflammation,

microvascular injury, and a possible reactivation of latent neurotropic viruses. Additionally, prolonged ICU stays, mechanical ventilation, and sedative use in severely ill patients may contribute to post-intensive care syndrome (PICS), which includes cognitive and psychiatric symptoms.[3-5]

Mental health implications are also part of the broader neurologic picture. Anxiety, depression, post-traumatic stress disorder (PTSD), and sleep disturbances are frequently reported in COVID-19 survivors, often overlapping with organic neurologic symptoms and further complicating recovery.[7,8]

In the study by Akase and colleagues, which leveraged on the evolving role of digital tools in epidemiologic surveillance, data was captured from a diverse cross-section of Nigerians, many of whom may not otherwise present to formal healthcare settings. The study revealed that about a quarter of respondents with PCR-confirmed COVID-19 experienced post-acute neurologic complications, most commonly fatigue, generalized weakness, and memory impairment. What is perhaps more striking, and deeply concerning, is the low rate of healthcare engagement for these lingering symptoms. Only just over half of those with post-COVID symptoms sought care, with a minority resorting to informal providers such as patent medicine vendors or community pharmacies. This highlights persistent cultural, perceptual, and systemic barriers to healthcare access in Nigeria. Compounding this challenge is the low PCR testing rate (18.1%), which limits accurate diagnosis and epidemiologic tracking. Together, these findings underscore the need for improved testing, greater public awareness, and strengthened neurological care services.

While this study provides essential preliminary data, more rigorous, prospective research is needed to define the natural history, risk factors, and therapeutic options for post-COVID neurologic sequelae in African populations. Policymakers, clinicians, and researchers must collaborate to ensure that survivors of COVID-19 are not left to silently navigate a new, often disabling, spectrum of disease. We must not allow this silent strain to go unaddressed. The neurologic complications of COVID-19 are diverse and potentially long-lasting. They can affect individuals of all ages and health backgrounds, regardless of initial disease severity. As the global health community shifts focus from acute management to long-term care, understanding, recognizing, and addressing these neurologic consequences is essential for comprehensive patient recovery and rehabilitation. Continued research is critical to unravel the underlying mechanisms and develop effective treatment strategies for those living with post-COVID neurologic sequelae.

This edition of the journal reaffirms the value of contextually relevant research in informing clinical practice and public health policy. The studies featured not only highlight the ingenuity and resilience of researchers in the region but also underscore the pressing need for continued investment in health systems research, innovation, and capacity building. As we reflect on the findings presented, we encourage our readers to translate this knowledge into action through improved patient care, informed decision-making, and sustained advocacy. We thank our contributors, reviewers, and readers for their ongoing support and commitment to advancing health across the subregion.

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