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TABLE OF CONTENTS

GENERAL INFORMATION	1C
INFORMATION FOR AUTHORS	1F
EDITORIAL NOTES	653
ORIGINAL ARTICLES	
Evaluation of Obstetricians' Opinion of Thrombocytopenia in Pregnancy: A Cross-Sectional Study	657
C. C. Efobi, H. C. Okoye, K. I. Korubo, I. U. Ezebialu, O. C. John	
A Retrospective Study on Changing Trends of Acquired Immunodeficiency Syndrome related Kaposi's Sarcoma in North-Western Nigeria	663
M. A. Adeiza, U. Abdullahi	
Latent Tuberculosis among Human Immunodeficiency Virus (HIV) Positive Patients: Prevalence and Correlates	670
B. D. Ajayi, J. O. Ogunkoya, A. Onunu, B. Okwara, O. Ehondo, F. O. Ajayi	
Perception and Learning Satisfaction of Resident Doctors Amid COVID-19 Pandemic: Adaptation Experience at a Virtual Educational Course in Internal Medicine	678
W. O. Balogun, A. A. Afolabi, A. Fadipe	
Parent-Youth Sexual Discussion and its Association with Sexual Activity among Undergraduates in a Nigerian University	685
O. A. Akinbajo, O. J. Daniel, A. O. Adekoya, O. O. Abolurin, A. E. Akinbajo, A. O. Adekoya	
Effect of Obesity on Resistin Concentrations in Normal, Pre-Obese and Obese Apparently Healthy Nigerian-Africans	691
O. U. Onyemelukwe, D. Ogoina, G. C. Onyemelukwe	
Impact of SARS-CoV-2 Pandemic on Antiretroviral Access at a Large Treatment Centre in Lagos, Nigeria	703
S. T. Adaba, T. E. Musari-Martins, A. O. Salako, I. I. Olojo, O. O. Odubela, S. O. Ekama, P. N. Ezemelue, I. E. Idigbe, T. A. Gbaja-Biamila, A. Z. Owolabi, B. A. Opaneye, E. C. Herbertson, A. N. David, O. C. Ezechi, B. L. Salako	
The Reliability and Validity of the 5-Item Who Well-Being Index (WHO-5) amongst Doctors and Nurses in Nigeria	708
O. J. Seb-Akahomen, E. O. Okogbenin, O. M. Obagaye, P. O. Erohubie, B. E. Aweh	
Evaluation of the Prevalence and Anatomic Types of Congenital Heart Diseases: An Echocardiographic Study in a Tertiary Hospital in Nigeria	714
W. E. Sadoh, E. Eyo-Ita, S. O. Okugbo	
Serum Immunoglobulin E and Vitamin D Levels in Asthma Patients in Enugu, Nigeria: Association with Asthma Control	721
M. D. Ibegbu, C. E. Ebulue, J. N. Eze, C. A. Ndubuisi, O. C. Orji, J. E. Ikekpeazu, C. C. Onyedum	
Sleep Quality in a Nigerian Community: Prevalence of Poor Sleep Quality, Risk Factors and Health-Related Quality of Life	729
A. C. Jemilohun, O. A. Fasesan, T. O. Ajiro, K. O. Akande, C. J. Elikwu, O. O. Adeleye	
Maternal and Child Healthcare Delivery in Secondary Healthcare Facilities in Oyo State, Nigeria: Working Towards Sustainable Development Goal 3	737
T. O. Salam, O. O. Akinyemi	
Knowledge and Attitude of Fathers towards Childhood Vaccination in Ogun State, Nigeria: A Comparative Study	747
K. J. Sodeinde, O. E. Olorunfemi, A. O. Adekoya, O. O. Abolurin, B. G. Imhonopi, J. O. Bamidele, O. A. Abiodun	
Community Advocacy and Capacity Building of Community Health Workers on Rheumatic Heart Disease in Osun State, Nigeria	756
J.A. Okeniyi, M.Y. Ijaduola, O.T. Elugbaju, O.S. Fakoyejo, B. Adeyefa, O.T. Bamigboye-Taiwo, O. Afolabi, K. Akinroye, A. Osibogun	
Association between Abnormal Serum Lipid Levels in Early Pregnancy and Development of Preeclampsia	761
E. L. Ameh, H. I. Abdullahi, R. A. Offiong, S. M. Dalili, E. T. Agida, A. Y. Isah	
CASE REPORT	
Acute Kidney Injury after First Dose of AstraZeneca COVID-19 Vaccine Managed in a Nigerian Hospital	769
A. E. Onukak, E. E. Akpan, A. I. A. Udo, M. K. Kalu	
INDEX TO VOLUME 39, NO. 7, 2022	
Author Index	772
Subject Index	773



A Retrospective Study on Changing Trends of Acquired Immunodeficiency Syndrome related Kaposi's Sarcoma in North-Western Nigeria

Étude Rétrospective sur l'Évolution des Tendances du Sarcome de Kaposi lié au Syndrome d'Immunodéficience Acquisée dans le Nord-Ouest du Nigeria

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ABSTRACT

BACKGROUND: The prevalence of AIDS-related Kaposi's sarcoma (KS) has been reducing following the widespread use of highly-active anti-retroviral therapy (HAART). In Nigeria, recent trends in the prevalence of KS in HIV-infected patients has not been described. We determined the prevalence, clinical pattern and treatment outcome of AIDS-related KS in Zaria, Nigeria.

METHODS: Over a 5-year period, a retrospective study was conducted at the HIV treatment and care centre of Ahmadu Bello University Teaching Hospital, Zaria and all patients with histologically confirmed AIDS-related KS were included.

RESULTS: A total of 4721 patients were enrolled during the period under review, out of which 45 were diagnosed with AIDS-related KS, which constituted 0.95% of all patient seen. The male to female ratio was 1:1.5 with a mean age of 35.2 ± 6.5 years. Twenty-six (58%) were on HAART, with median duration of 4 months (IQR: 1–31 months) between HAART commencement and KS diagnosis, while KS was reported as presenting illness in 19 (42%) patients. The lower extremity was the most frequently involved site in 24 (53.3%) patients and disseminated disease was present in 14 (31.1%) patients, commoner in the HAART-naïve group. Following KS treatment, 27 (60%) patients recovered fully, 12 (26.7%) died, while 6 (13.3%) were lost to follow up. Disseminated disease, male gender, and low CD4+ T-cell count was associated with higher mortality.

CONCLUSION: Kaposi's sarcoma remains an important AIDS-defining illness though with a decreasing prevalence. Early diagnosis and treatment should be prioritized at the time of HAART initiation in HIV service delivery programs in Nigeria.

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Keywords: Kaposi's sarcoma, AIDS, prevalence, HAART.

RÉSUMÉ

CONTEXTE: La prévalence du sarcome de Kaposi (KS) lié au SIDA a diminué à la suite de l'utilisation généralisée de la thérapie antirétrovirale hautement active (HAART). Au Nigeria, les tendances récentes de la prévalence du KS chez les patients infectés par le VIH n'ont pas été décrites. Nous avons déterminé la prévalence, le profil clinique et le résultat du traitement du KS lié au SIDA à Zaria, au Nigeria.

MÉTHODES: Sur une période de 5 ans, une étude rétrospective a été menée au centre de traitement et de soins du VIH de l'Ahmadu Bello University Teaching Hospital, Zaria, et tous les patients présentant un KS lié au SIDA confirmé histologiquement ont été inclus.

RÉSULTATS: Un total de 4721 patients ont été inscrits au cours de la période examinée, dont 45 ont été diagnostiqués avec un KS lié au SIDA, ce qui constituait 0,95% de tous les patients vus. Le rapport hommes/femmes était de 1:1,5 avec un âge moyen de 35,2 ± 6,5 ans. Vingt-six (58%) étaient sous HAART, avec une durée médiane de 4 mois (IQR : 1-31 mois) entre le début de la HAART et le diagnostic de KS, tandis que le KS a été signalé comme la maladie principale chez 19 (42%) patients. Le membre inférieur était le site le plus fréquemment touché chez 24 (53,3 %) patients et une maladie disséminée était présente chez 14 (31,1 %) patients, plus fréquente dans le groupe n'ayant jamais reçu de traitement HAART. Après le traitement par KS, 27 (60%) patients se sont complètement rétablis, 12 (26,7%) sont décédés, tandis que 6 (13,3%) ont été perdus de vue. Maladie disséminée, sexe masculin, et un faible nombre de lymphocytes T CD4+ était associé à une mortalité plus élevée.

CONCLUSION: Le sarcome de Kaposi reste une importante maladie définissant le SIDA, bien que sa prévalence soit en baisse. Le diagnostic et le traitement précoces devraient être prioritaires au moment de l'initiation de la thérapie HAART dans les programmes de prestation de services VIH au Nigeria. WAJM 2022; 39(7): 563–669.

Mots clés: Sarcome de Kaposi, SIDA, prévalence, HAART.

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Abbreviations: AIDS, Acquired Immunodeficiency Syndrome; CD4, Cluster of Differentiation 4; HAART, Highly Active Antiretroviral Therapy; Hb, Haemoglobin; HHV-8, Human Herpes Virus 8; HIV, Human Immunodeficiency Virus; HREC, Hospital Research and Ethics Committee; IQR, Interquartile Range; IRIS, Immune Reconstitution Inflammatory Syndrome; KS, Kaposi's Sarcoma; MSM, Men who have Sex with Men; PLHIV, People Living with HIV; SPSS, Statistical Package for Social Sciences; UNAIDS, Joint United Nations Programme on HIV/AIDS; USA, United States of America; VAB, Vincristine, Adriamycin, Bleomycin.