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## TABLE OF CONTENTS

GENERAL INFORMATION	1C
INFORMATION FOR AUTHORS	1F
EDITORIAL NOTES – <b>The Challenge of Proper Diagnosis and Treatment of Diseases in Low-Resource Settings</b> .....	459
T. O. Olajubu, G. E. Erhabor	
– <b>Initiatives and Strategies for Tackling Asthma in Low and Medium-Income (LMIC) Countries</b> .....	460
G. E. Erhabor	
<b>ORIGINAL ARTICLES</b>	
<b>Dermoscopic Features seen in Tinea Capitis, Tinea Corporis and Tinea Cruris</b> .....	463
Z. I. Babba, M. Y. Shehu, B. A. Ukonu, P. U. Ibekwe	
<b>Knowledge and Compliance with Malaria National Treatment Guidelines among Primary Health Care Workers in a Rural Area in Northern Nigeria</b> .....	469
A. Oyefabi, M. Awaje, N. O. Usman, J. Sunday, S. Kure, S. Hammad	
<b>Frequency and Pattern of Shoulder Pain Syndrome in a Nigerian Tertiary Hospital</b> .....	476
G. J. Odunlami, H. B. Olaosebikan, O. O. Adelowo, G. E. Erhabor	
<b>Prenatal Screening for Down Syndrome: How Acceptable is it among Pregnant Nigerian Women?</b> .....	481
J. A. Akinmoladun, E. J. Enabudoso, O. O. Bello	
<b>Prevalence of Mental Ill-Health among Visually Impaired Patients in a Tertiary Institution in Southwestern Nigeria</b> .....	488
S. T. Adepoju, J. F. A. Owoeye, Y. Ologunsua, O. Abayomi	
<b>HIV Knowledge and Screening Practices among In-School Adolescents in a Semi-Urban Community of Osun State, Southwest Nigeria</b> .....	495
A. Idowu, Y. T. Olasinde, O. R. Akande, O. K. Israel, M. I. Akanbi, E. Ogum, O. V. Ajeleti, P. E. Christopher, O. V. Fajembimo, A. J. Owolabi	
<b>Total Salivary Antioxidant and Serum Antioxidant Levels in Recurrent Aphthous Stomatitis: A Case Control Study</b> .....	504
A. M. Oluwadaisi, F. J. Owotade, E. O. Oyetola, I. J. Olawuni, A. O. Aborisade	
<b>Usefulness of Serum Pepsinogen I as a Biomarker in Early Diagnosis of Aetiology of Dyspepsia</b> .....	509
M. A. Osundina, A. Akere, K. O. Akande, T. O. Oke, J. A. Otegbayo, A. O. Aje, S. O. Ola	
<b>Factors which Influence Postgraduate Career Choice among Final-Year Medical Students</b> .....	519
E. E. Akpo	
<b>Comparing the Nigeria National Health Insurance Scheme Act, 2004 and the National Health Insurance Authority Act, 2022 – What is New and its Implications for the Health System</b> .....	525
T. M. Ipinnimo, A. A. Omotoso, T. A. Bamidele, T. A. Sanni, D. O. Ibirongbe, M. T. Ipinnimo, O. O. Ibikunle	
<b>Thrombotic Risk Assessment in Patients with Lymphoid Neoplasm seen at the Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State</b> .....	533
U. J. Chilaka, N. Benedict, C. Kingsley, A. Clara, E. Geoffery, E. Chinedum, N. P. Onyinye	
<b>Risk Factors and Pattern of Lower Limb Deep Venous Thrombosis in Gombe, North-Eastern Nigeria</b> .....	541
S. Yuguda, A. I. Girei, K. M. Pindiga, R. A. Dachi, A. U. Usman, A. M. Umar, O. Tega, A. Saidu	
<b>Socio-demographic Factors associated with Health-Seeking Behaviour and Clinical Outcomes among Patients attending Health Insurance Facility of a Teaching Hospital in Southwestern Nigeria</b> .....	546
O. A. Solomon, O. O. Solomon, Y. O. Akinola, A. E. Olusola, D. O. Ibirongbe	
<b>Determinants of Suboptimal Peak Inspiratory Flow Rates among Patients with Chronic Obstructive Pulmonary Disease in Southwest, Nigeria</b> .....	553
A. O. Arawomo, G. E. Erhabor, M. O. Tanimowo, O. F. Awopeju, O. O. Adewole, B. O. Adeniyi, B. A. Afolabi, M. W. Ekundayo	
<b>BRIEF COMMUNICATION</b>	
<b>COVID-19 Pandemic Response: A Primary Care Experience in Northwest Nigeria</b> .....	562
G. C. Michael, B. A. Grema, S. T. Tanimu	
<b>CASE REPORT</b>	
<b>A Fatal Case of a Huge Brain Abscess Misdiagnosed as Migraine Headache in an 18-Year-Old Woman</b> .....	565
C. M. Opeyemi, F. T. Akinlade	
<b>INDEX TO VOLUME 40, NO. 5, 2023</b>	
<b>Author Index</b> .....	568
<b>Subject Index</b> .....	569



## EDITORIAL

### The Challenge of Proper Diagnosis and Treatment of Diseases in Low-Resource Settings

This month's edition of the journal, which I am delighted to present, once again features studies that cut across the different medical and surgical disciplines. We appreciate the various contributors and other stakeholders for their support and input as we strive to continually advance the quality of the journal. I will like to highlight a few of the articles that illustrate the challenge of diagnosis and treatment of different health conditions in resource-limited settings like ours.

Dyspepsia for example is a very common clinical presentation with a variety of potential aetiologies, the definitive diagnosis of which tends to be hampered by the relatively high cost of endoscopy. As Osundina *et al* pointed out, Pepsinogens are biomarkers that are of potential diagnostic use in the assessment of patients with dyspepsia. The authors thus evaluated the usefulness of this biomarker in the early diagnosis of the aetiology of dyspepsia among a cohort of adult patients and apparently healthy controls. In addition to Pepsinogen 1 (PG1) assay, the patients had abdominal ultrasound scans, urea breath test, and endoscopy. The study found that serum PG1 levels were lower in patients with dyspepsia compared with the controls. Furthermore, PG1 was shown to have a high specificity in identifying dysplasia thus making it a promising biomarker in the screening for early gastric CA. This is a finding that has potentially significant clinical implications and

deserves the attention of relevant stakeholders.

In another study among antenatal women, Akinmoladun and co-workers x-rayed the level of awareness and acceptability of prenatal screening for Down's Syndrome (DS). Prenatal screenings for various congenital abnormalities, although desirable, are not yet readily available or are financially out-of-reach for the majority of the population in our part of the world. However, the uptake of any screening modality is highly dependent upon its awareness and acceptability. The authors found that the attitude towards DS screening was generally poor and its acceptability was not optimal. They concluded that efforts need to be made towards increasing the awareness and acceptance of DS screening.

Nigeria and many countries in Africa remain endemic zones for Malaria infection, and the importance of proper implementation of the relevant control and treatment strategies cannot be overemphasized. Oyefabi *et al* assessed the knowledge and compliance with National Treatment Guidelines (NTG) among community health workers in a local government area in Kaduna State. The study documented poor levels of knowledge and compliance with the treatment guidelines among lower cadre staff such as community Extension health Workers (CHEW). This is concerning, in view of the fact that these categories of health workers are often the first point of contact many patients in these

communities have with the healthcare system.

Deep vein thrombosis (DVT) is a preventable cause of morbidity and mortality which is sometimes under-diagnosed in our environment. In their study among hospitalised patients who had confirmed lower limb DVT, Yuguda *et al* reviewed the pattern and risk factors of DVT and found that most of the patients had provoked DVT predominantly due to immobilization, recent surgery, and fractures. The majority of the provoked DVT affected young adults with preponderant involvement of the left lower limb.

I want to use this opportunity to once again encourage and invite more landmark studies from across the sub-region for publication in this highly educative journal.

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