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TABLE OF CONTENTS

GENERAL INFORMATION	IC
INFORMATION FOR AUTHORS	1F
EDITORIAL NOTE:	
Stress-Related Quality of Life Among Healthcare Professionals, and the Urgent Need for Systemic Reforms	737
Towards Bridging Gaps in Healthcare Delivery <i>G. E. Erhabor</i>	
ORIGINAL ARTICLES	
The Value of Targeted Screening for Glaucoma: The University of Ilorin Teaching Hospital Experience	741
T. S. Obajolowo, I. A. Yusuf, S. G. Adeoti, J. F. A. Owoeye, M. A. Taiwo, F. O. Olatunji	
Research Participation and Feedback: Perception of Adolescents and Young Adults Living with HIV in Lagos, Nigeria	748
A. O. Salako, T. Musari-Martins, F. T. Akinsolu, O. O. Odubela, P. N. Ezemelue, B. Opaneye, S. Bankole, N. O. Rahman, I. E. Idigbe, A. R. Abubakar, N. A. David, T. A. Gbaja-biamila	
Assessment, Management and Quality of Care of Patients Presenting with Non-Traumatic Acute Chest Pain	755
in the Emergency Room who had Acute Coronary Syndrome	
O. O. Oladapo, K. A. Ojifinni, O. Adebayo, O. A. Orimolade, O. Oluwasanjo, V. A. Obasuyi, A. T. Adeyanju	
A 7-Month Review of Clinical and Demographic Predictors of Childhood Mortality in a Tertiary Children	761
Hospital in Freetown, Sierra Leone	
I. E. Akhigbe, P. E. Ikhurionan, N. V. T. Bell, R. D. C. Luke, A. B. Bah, A. Geissler-Jalloh, A. M. Mustapha, G. E. Ofovwe	
Molecular Subtypes of Breast Cancer in a Tertiary Centre in Edo State: South-South Nigeria	767
E. E. Ugiagbe, D. O. Owolabi	
Gaps in Management of Dyslipidaemia among Physicians in Nigeria: Report of a Web-Based Survey	775
Y. A. Ayoola, O. A. Adejumo, S. O. Oiwoh, J. O. Akande, O. Adebayo, T. I. A. Oseni, F. O. Inofomoh, A. A. Mamza, I. R. Edeki, A. C. Enikuomelin, O. O. Oni, O. A. Junaid, T. T. Shogade, I. A. Yusuf, M. M. Yakubu, A. O. Yusuf, D. S. Oyedepo, S. O. Adebayo, A. A. Akintunde for the Nigeria Clinical Lipid Research (NiCLiR) Network	
Opinions of Dental Technologists in Nigeria on Quality of Work Authorization for Removable Dental Prosthesis	783
O. A. Adenuga-Taiwo, T. O. Omosebi, M. O. Bowale, A. O. Awotile, I. Dike	
Assessing the Quality of Life of Healthcare Professionals in High-Stress Units at a Tertiary Health Centre	789
in South-eastern Nigeria	
S. I. Ezemenahi, C. C. Ibe, O. S. Okonkwo, C. S. Anusi, S. C. Ezemenahi, P. Esegbe, A. N. Alabi	
Perception, Practice and Cost Burden of Medical Tourism Among Physicians in Public Tertiary Health	796
Facilities in Oyo State, South-West, Nigeria	
R. Y. Olatunde, O. T. Esan	
Awareness of Primary Care Providers on Genital Schistosomiasis Infection in Northern Nigeria	805
Y. A. Sada, A. L. Olawumi, M. Tenego, M. S. Sidi, M. Z. Dan-Inna, Y. F. B. Camanor, T. I. A. Oseni	
Use of Prophylactic Parenteral Tranexamic Acid for Reduction of Blood Loss During and After Caesarean Section:	810
A Double-Blind Randomized Controlled Study	
A. V. Ndubuisi, P. U. Agu, E. O. Ugwu, S. N. Obi, G. U. Eleje, M. I. Eze, K. E. Ekwuazi, A. O. Ugwu, P. C. Ekwueme, C. S. Anigbo	
Analysis of the Factors Affecting the Male-Female Sex Ratio of Babies Born through Assisted Reproductive Technology	818
A. O. Ugwu, C. C. Makwe, V. Kay	
CASE REPORT	
Biventricular Hypertrophic Cardiomyopathy in a 26-year-old Nigerian Woman with Noonan Syndrome	826
O. S. Ogah, A. Aje, V. A. Obasuyi, O. A. Orimolade, I. T. Nebo, F. A. Ajao, D. A. Olawuyi, V. K. Olalekan, C. M. Ogah, F. E. Obiekwe, M. N. Odenigbo, O. M. Adebayo, A. M. Adeoye, O. O. Oladapo, A. Adebisi	
Intramural Pregnancy: An Intriguing Diagnosis in a Resource Constraint Practice	831
O. O. Lawal, G. O. Obajimi, C. M. Okor, J. A. Ogunsola	
Cerebral Echinococcosis Mimicking a Brain Tumour in Rural Southwest Nigeria	836
M. O. Buhari, O. Omoseebi, O. O. Oyeleye, O. Folaranmi, O. O. Erinomo, O. M. Adeniyi	
INDEX TO VOLUME 41, NO. 7, 2024	
Author Index	840
Subject Index	841



A 7-Month Review of Clinical and Demographic Predictors of Childhood Mortality in a Tertiary Children Hospital in Freetown, Sierra Leone

Examen sur 7 Mois des Prédicteurs Cliniques et Démographiques de la Mortalité Infantile dans un Hôpital Tertiaire pour Enfants à Freetown, en Sierra Leone

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ABSTRACT

BACKGROUND: Sierra Leone ranks among nations with unacceptably high infant and under-5 mortality rates. Understanding the clinical and demographic dynamics that underpin paediatric mortalities is not only essential but fundamental to the formulation and implementation of effective healthcare interventions that would enhance child survival.

SUBJECTS AND MATERIAL: This was a 7-month review of all mortalities from May 24th 2021 to December 31st 2021 at Ola During Children's Hospital in Freetown, Sierra Leone. Information on biodata, presenting complaints, illness duration, diagnoses, treatment given inclusive of point-of-care investigations, and duration of hospital stay retrieved from all mortalities were entered into Excel spreadsheets and were analyzed using SPSS version 25.0 for IBM. Multivariable regression analysis was done to determine factors independently associated with mortalities within 24 hours of admission. All associations were considered significant if $p < 0.05$.

RESULTS: There were 840 deaths out of 5920 children admitted during the period giving a mortality of 14.2% with a male-to-female ratio of 1:1. Three hundred and four (36.2%) of these deaths occurred in the neonatal age group while 63.8% occurred in the post neonatal age group. Perinatal asphyxia was the leading cause of neonatal deaths while acute respiratory infections and severe malaria were the leading causes of post neonatal deaths. The majority (64.8%) of the mortalities occurred within the first 24 hours of admission. In a multivariable regression, only transfusion status and use of respiratory support were independently associated with mortality within 24 hours of admission ($P < 0.05$).

CONCLUSION

Paediatric mortality in Sierra Leone is high and is caused mainly by preventable morbidities such as perinatal asphyxia and infections. Most of the deaths occurred within 24 hours of admission. It is recommended that patients should be brought to the hospital early and preventive measures be instituted to address these causes.

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KEYWORDS: Paediatric Mortality, Clinical profile, Determinants, Freetown

RÉSUMÉ

CONTEXTE: La Sierra Leone se classe parmi les nations ayant des taux de mortalité infantile et des moins de cinq ans inacceptables. Comprendre la dynamique clinique et démographique qui sous-tend les mortalités pédiatriques est non seulement essentiel mais fondamental pour la formulation et la mise en œuvre d'interventions efficaces en matière de santé qui amélioreraient la survie des enfants.

SUJETS ET MATÉRIEL: Il s'agissait d'une revue de sept mois de toutes les mortalités du 24 mai 2021 au 31 décembre 2021 à l'Hôpital Ola During Children's à Freetown, Sierra Leone. Les informations sur les données biométriques, les plaintes de présentation, la durée de la maladie, les diagnostics, les traitements administrés, y compris les investigations sur le lieu de soins, et la durée du séjour à l'hôpital ont été saisies dans des feuilles de calcul Excel et analysées à l'aide de SPSS version 25.0 pour IBM. Une analyse de régression multivariée a été effectuée pour déterminer les facteurs indépendamment associés aux mortalités dans les 24 heures suivant l'admission. Toutes les associations étaient considérées comme significatives si $p < 0,05$.

RÉSULTATS: Il y a eu 840 décès sur 5920 enfants admis pendant la période, ce qui donne une mortalité de 14,2 % avec un rapport homme-femme de 1:1. Trois cent quatre (36,2 %) de ces décès sont survenus dans le groupe d'âge néonatal, tandis que 63,8 % sont survenus dans le groupe d'âge post-néonatal. L'asphyxie périnatale était la principale cause de décès néonatal, tandis que les infections respiratoires aiguës et le paludisme grave étaient les principales causes de décès post-néonatal. La majorité (64,8 %) des mortalités sont survenues dans les premières 24 heures suivant l'admission. Dans une régression multivariée, seul le statut transfusionnel et l'utilisation d'un support respiratoire étaient indépendamment associés à la mortalité dans les 24 heures suivant l'admission ($P < 0,05$).

CONCLUSION: La mortalité pédiatrique en Sierra Leone est élevée et est principalement causée par des morbidités évitables telles que l'asphyxie périnatale et les infections. La plupart des décès surviennent dans les 24 heures suivant l'admission. Il est recommandé que les patients soient amenés à l'hôpital tôt et que des mesures préventives soient mises en place pour traiter ces causes. WAJM 2024; 41 (7): 761 - 766

MOTS CLÉS: Mortalité pédiatrique, Profil clinique, Déterminants, Freetown

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ABBREVIATIONS: CSF; Cerebrospinal Fluid; FHCI: Free Health Care Initiative; ICD-10: International Statistical classification of diseases and related health problems 10; ODCH: Ola During Children's Hospital; SAM: Severe Acute Malnutrition; SPSS: Statistical Package for the Social Sciences; SDG3: Sustainable Development Goal 3; WHO: World Health Organization