### Section A: Abstracts for Podium Presentation

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PO1. EFFECT OF TREATMENT DURATION OF TYPE 2 DIABETES MELLITUS ON LIPID PROFILE IN HAUSA/FULANI.
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BACKGROUND; Dyslipidaemia is a common feature of type 2 diabetes mellitus. The classical findings are increased in level of total cholesterol, triglyceride and low-density lipoprotein with associated decreased in high-density lipoprotein due to insulin resistance. Derangement of lipid metabolism could increase the risk of developing arteriosclerosis in type 2 diabetic patients. OBJECTIVE; This study was carried out to know the effect of duration treatment of type 2 diabetes mellitus on lipid profile in Hausa/Fulani. METHODS; The study was a cross sectional one carried out at Specialist Hospital, Sokoto from June to December 2018. The patients were assessed, the assessments include history (a questionnaire) and clinical examination. Lipid profile was determined in one hundred (100) diabetic subjects and one hundred (100) non-diabetic subjects using enzymatic colorimetric method. The diabetic patients were grouped into five groups. Group A1. Treatment naïve.  Group A2. on treatment for less than a year (<1yr). Group A3. on treatment for one to less than two years (1 - <2yr). Group A4. on treatment for two to less than five years (2 - <5yr). Group A5. On treatment for five years and above (≥ 5yr).

RESULTS; The mean concentration of (TG) in group A4 (170.04±22.38mg/dL) and group A5 (193.58±15.83) were significantly higher compared to group A2, A3 and control (p<0.05). Also, the concentration of (LDL) in group A5 (113.85±5.48mg/dL) and A4 (104.45±7.75mg/dL) were significantly higher compared to group A3, A2 and control. However, the mean concentrations of (HDL) in control group (91.22±2.28mg/dL) were significantly higher compared to all the diabetic subjects.

CONCLUSION; As the treatment duration of diabetes mellitus increases, abnormal lipid metabolism also increases.

KEYWORDS; Type 2 diabetes mellitus, lipid profile, Dyslipidaemia

PO2. NUTRITIONAL STATUS AND ACADEMIC PERFORMANCE OF PRIMARY SCHOOL CHILDREN IN ENUGU
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Background: Nutrition plays a pivotal role in brain development throughout life. Among the many consequences of malnutrition is its long-term negative effect on school performance. Poor school performance with its attendant risk of school dropout results in future income reductions and thereby perpetuates the inter-generational cycle of poverty. Objective: To compare the academic performance of well-nourished and malnourished primary school children in Enugu-East LGA. Enugu state. Methods: Children aged 6 to 12 years who met the inclusion criteria were recruited from public and private primary schools in the LGA using a proportionate multistage sampling technique. Weight and height were measured using standard protocols and interpreted as normal or abnormal using the WHO AnthroPlus®. Academic performance was assessed using the past
records of class assessment, and was classified into high, average and low academic performance. A semi-structured questionnaire was used to obtain data such as–age, gender, socioeconomic indices and family size of the study participants. **Results:** Academic performance showed a significant positive association with overweight and obesity (p=0.01 and p<0.001 respectively) but showed no association with stunting and wasting (p=0.65 and p=0.87 respectively). **Conclusion:** This study showed that a high percentage of the population had normal anthropometric measures. It was also noted that while those who were overweight performed better academically, under nutrition however did not adversely affect the academic performance of these children.

**Keywords:** Academic performance, nutrition, children, Enugu east.

PO3. BACTERIAL CO-INFECTION IN CHILDREN AGED 6 MONTHS TO 12 YEARS WITH SEVERE MALARIA IN ZARIA
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**Background:** Malaria continues to be of global public health importance. Sub-Saharan Africa and Nigeria (being the most populous country in Sub-Saharan Africa) continues to bear the greatest brunt of the over 219 million estimated cases and the 435,000 mortalities in 2017. There is an increasing body of evidence that in endemic regions, severe malaria is not always due to malaria alone. Cases of bacteria being present in the bloodstream of children with severe forms of malaria have been reported in other parts of Africa. The types of bacteria involved vary from place to place and even in the same place from one time to another. But there is yet to be a consensus as to the significance of this bacterial co-infection with severe malaria which seems to be occurring more frequently than mere chance will suggest. Furthermore, most existing studies did not demonstrate antibiotic sensitivity pattern of the organisms. In view of the rarity of literature on this subject from Nigeria, this study aimed to determine the prevalence of bacterial co-infections among children with severe malaria in Ahmadu Bello University Teaching Hospital, Zaria, North-western Nigeria. It also demonstrated the antibiotic sensitivity pattern of the organism isolated as well as examined if there was any correlation between bacterial co-infection with severe malaria and the factors of age and nutritional status.

**Methodology:** A hospital-based, cross-sectional, descriptive study was carried out on 110 children aged 6 months to 12 years old with severe malaria who met the inclusion criteria and had none of the exclusion criteria at presentation to the Emergency Paediatrics Unit of Ahmadu Bello University Teaching Hospital Zaria. The study was conducted over a period of 19 months from May 2016 to December 2017. The children were recruited consecutively from the EPU of the hospital. Their clinical and laboratory features that were in keeping with severe malaria using the WHO 2012 criteria as modified for this study were documented in a study proforma and a blood sample was taken for bacterial culture and sensitivity testing. **Results:** Bacterial co-infection was demonstrated in 1 out of 110 (0.9%) of the study subjects. The organism isolated was *Klebsiella pneumoniae* which was most sensitive to ciprofloxacin followed by gentamicin and augmentine. There was a significant association between bacterial co-infection and haemoglobinuria (p = 0.01). Age and nutritional status of subjects were not found to be significantly associated with bacterial co-infection. **Conclusion:** The prevalence of bacterial co-infection in children with severe malaria in Zaria was very low. Haemoglobinuria appears to be associated with bacterial co-infection though this may not be of any clinical significance. Antibiotic use in children with severe malaria alongside antimalarials in Zaria should be avoided.

PO4. Brain drain among physicians in Nigeria: The economic impact
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**BACKGROUND:** There is growing concerns about the spate in which Nigerian trained physicians are leaving the country to work in developed countries. The main outcry has been how
such emigration widens the doctor-patient ratio against the recommended standard by the World Health Organization. It is important however to also explore the economic implication of such brain drain to the country. **OBJECTIVES:** the main objectives were (i) to estimate the cost implication of every Nigerian doctor that emigrates to United Kingdom, United State of America and Canada, (ii) to estimate the financial gain Nigeria experiences through remittances of Nigerian physicians practicing in the above country, and (iii) to quantify how much Nigeria gain or lose for every brain drain by comparing the two objectives above. **METHODOLOGY:** The cost of educating a doctor in Nigeria from primary school through secondary school to university level was calculated. The cost of primary and secondary school education was gotten from a non-for-profit mission school and a non-for-profit private school respectively. The cost information for university education was obtained from a private university. These cost estimates are unsubsidized costs. The lost incurred by Nigeria for every doctor that emigrates was compounded over 32yrs assuming average age of emigration was 30yrs and assuming they retired at 62yrs, the average retirement age in developed countries. **RESULTS:** The overall cost of training one medical doctor from primary school through university level in Nigeria is $40963.338 and the country loses $890,133.334 worth of returns on investment for every doctor that emigrates to another country. The average remittance of a Nigeria doctor practicing in any of the developed countries is $6500 and if this sum is remitted over 32yrs, that would amount to $208,000 gained over that period. In essence, the country loses about $682,133.334 for every doctor that emigrate out of the country. **CONCLUSION:** The financial loss experienced by Nigeria for every doctor that emigrate to other countries is huge. This is aside other losses that are not financial. It is imperative for the Nigerian government to implement proactive measures to stem this tide and by extension prevent this huge financial loss.

PO5. TRAINING FOR EXPORT? POST HOUSEMANSHIP MIGRATION INTENTIONS OF YOUNG DOCTORS
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**Background:** Migration of health workers from low-income countries to rich ones is has great impact on the health systems of developing countries. **Objectives:** Aim of study was to determine proportion of house officers intending to emigrate, factors influencing their decision, and intentions after training abroad. **Methods:** Study was conducted at UNTH and ESUTH Teaching Hospitals in Enugu, amongst house officers; using a self-administered questionnaire. **Results:** A total of 53 house officers filled the questionnaires. 25 (48.1%) females and 27 (51.9%) males. Age ranged from 21 to 37years. Mean age was 26.4 ± 3.3years. Most of the respondents were single (88.7%, n=47), Nigerian citizens (98.1%, n=52), had no children (94.3%, n = 50), had no foreign citizenship (98.1%, n = 52). Perceived social class of respondents were: 6(12.2%) upper class, 24(49.0%) upper middle class, 18(36.7%) lower middle class, 1(2.0%) lower class. 36(69.2%) intend to go abroad for their residency training after their internship. 18(72.0%) of females and 18(69.2%) of males. intention to go abroad did not vary with gender (p = 0.8282). Top preferred destination countries were United Kingdom (30.6%, n = 11), United States (25.0%, n = 9), Canada (22.2%, n = 8), Australia (11.1%, n = 4). Top pull factors for emigration include (maximum score 10): higher quality of life in destination country (8.82), more opportunities for career advancement (8.71), greater personal/family safety (8.56), quality of specialist training (8.54), better opportunities for family (8.43) and opportunities for subspecialty training (8.43).

Intension after residency training abroad: None was willing to return to Nigeria immediately after residency training abroad, 4(11.8%) work for 5years and return, work for 5-10years and return, 15(44.1%) work >10years before returning, 5(14.7%) never return, 3(8.8%) others. **Conclusion:** A high proportion of young doctors intend to emigrate. Most intend to spend a greater proportion of their working lives abroad. The government should design retention strategies to enable us retain these doctors in our health system.
Background: Aerodigestive tract foreign bodies [FB] are commonly encountered in medical practice. Presentation could be as elective or life threatening emergency. Management can be difficult in some cases and requires immediate intervention. **Objective:** To evaluate institutional experience with the management of aerodigestive tract FB. **Methods:** Retrospective analysis of theatre records, ICU records, and clinic records and case notes of patients who were managed for aerodigestive tract FB in our hospital between 2008 and 2018. Extracted data was entered into Microsoft excel spreadsheet and analyzed using STATA version 10. **Results:** Two hundred and twenty three patients were treated for aerodigestive tract FB during the study period with MF ratio 1:1.1, age range 6 months to 71 years and median age of 3 years. There were 59 [26%] FB in the digestive tract comprising coin [3%], fishbone [15%], denture[4%], meat [0.4%], and others [2.6%]. There were 164 [74%] FB in the airway distributed as 64% in nose, 4% in larynx, 1.3% in nasopharynx, 0.8% in throat, 0.4% in trachea, 2.2% in right bronchus and 0.8% in left bronchus. Some patients with FB in the airway presented with respiratory distress while patients with impacted oesophageal denture presented with dysphagia and odynophagia. Diagnosis and localisation of lower airway FB was with plain radiograph and occasionally computed tomography while impacted oesophageal denture were confirmed with dilute barium contrast oesophagogram and rigid oesophagoscopy. All but one FB were removed, with majority [95 %] being via endoscopy. Five patients with impacted denture in oesophagus had oesophagotomy for removal via cervical incision [2] and thoracotomy [3]. One swallowed office pin was passed out in stool in 34 hours and an impacted piece of meat in oesophagus was pushed into stomach with rigid scope. Of the 6 patients with FB in bronchus, 5 were successfully removed via bronchoscopy [1] and thoracotomy and bronchotomy [4]. One right bronchial FB [steel ball] slipped back to the carina and into left bronchus intra-operatively. Mortality rate was low [0.45%]. **Conclusion:** Foreign body is more common in the airway than in the digestive tract. With expert management the mortality rate can be low.

PO7. Prevalence of Anaemia Amongst Antenatal Clinic Attendees At Booking At The Rivers State University Teaching Hospital.

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Introduction: Anaemia in pregnancy is an important factor associated with an increased risk of maternal, fetal and neonatal mortality particularly in developing countries of the world. Global prevalence of anaemia in pregnancy is 41.8% and the highest proportion of pregnant women affected are in Africa (57.1%). **Aim:** To ascertain the prevalence of anemia in amongst antenatal clinic (ANC) attendees at booking at Rivers State University Teaching Hospital (RSUTH), Port Harcourt, Rivers State, Nigeria. **Method:** It was a cross sectional study of ANC attendees at booking at RSUTH. The cut-off for anaemia was packed cell volume (PCV) less than 33% (WHO standard). Information was coded and analyzed using SPSS version 25. **Result:** A total of 488 pregnant women were attended to for the period under review. The mean age of the ANC attendees was 31.44 years and the modal parity was 0. Three hundred and fifty-seven (73.2%) of the respondents had tertiary level of education, 126(25.8%) had secondary level of education while 5 (1%) of the respondents had primary level of education. Five (1%) of the respondents could not place their educational status. Three hundred and eighty two (78.3%) of the ANC attendees had PCV less than 33%. **Conclusion:** The study revealed that prevalence of anaemia amongst ANC attendees at the RSUTH was high (78.3%). Malaria prophylaxis as well as
encouraging pregnant women to be compliant with their routine antenatal drugs as well as counseling on the right diet cannot be over emphasized during pregnancy.

**Keywords:** Anaemia, ANC attendees, RSUTH.

PO8. The Relationship Between Hypocalcaemia, Body Mass Index and Leg Cramps Amongst Antenatal Clinic Attendees At Booking At The University of Port Harcourt Teaching Hospital.

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**Introduction:** The incidence of maternal obesity at the start of pregnancy has increased in some low- and middle-income countries (LMIC), which has critical implications for maternal and child populations. The role of calcium supplementation to prevent maternal complications of pregnancy such as pregnancy induced leg cramps is conflicting.

**Aim:** To determine the relationship between hypocalcaemia, body mass index (BMI) and leg cramps amongst antenatal clinic (ANC) attendees at booking at the University of Port Harcourt Teaching Hospital (UPTH).

**Method:** Ten milliliters of blood sample were taken from each of the 90 pregnant women that met the inclusion criteria for the study. The plasma isolated from each woman was analyzed for calcium and albumin using calcium-albumin kit (lab 7225 spectrophotometer set Bran Scientific and Instrument Company, England). The data was analyzed using SPSS version 16.

**Results:** The mean age was 29.8 years and the median parity was 2. The number of ANC attendees with BMI greater than equal to 25Kg/m² (overweight) and 30Kg/m² (obese) were 37 (41.1%) and 33 (36.7%) given a total of 70 (77.8%). Sixteen (22.9%) of the overweight and obese ANC attendees had hypocalcaemia. All the overweight and obese ANC attendees with hypocalcaemia had pregnancy induced leg cramps (22.9%).

**Conclusion:** The study revealed ANC attendees at UPTH with overweight and obesity were predisposed to hypocalcaemia with associated maternal complication of pregnancy induced leg cramps. Thus calcium supplementation is recommended for those at risk of hypocalcaemia.

**Key words;** Hypocalcaemia, Overweight, Obesity, Leg cramps, ANC attendees.

PO9. Brain drain and gain in Nigeria: A cross-sectional study of push, pull and stick factors, benefits and preventive measures among medical practitioners in Abia State

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**Background:** Globally, brain drain ad gain phenomena have been an issue of the decades in healthcare industry. However, the magnitude of brain drain syndrome and its impact on medical manpower crisis especially in resource-poor settings have been the subject of great enthusiasm in the recent years with glaring effects on the national medical workforce of the affected nations.

**Objectives:** The study was aimed at describing the push, pull and stick factors, benefits and preventive measures for brain drain among medical practitioners in Abia State.

**Methods:** This was a cross-sectional descriptive study carried out on 185 medical practitioners in Abia State. Data collection was done using pretested, self-administered questionnaire that elicited information on push, pull, and stick factors, benefits and preventive measures for brain drain. The plan to leave Nigeria and preferred foreign countries were also studied. Operationally, push factors referred to factors that encourage emigration from Nigeria; pull factors meant attractive working conditions abroad while stick factors were reasons for not leaving Nigeria for abroad

**Results:** The age of the participants ranged from 25 - 72(38±6.2) years. There were 159(85.9%) males. One hundred and twenty-seven(68.6%) of the study participants had plans to leave the country with the most preferred foreign country being Canada(82.7% ). The commonest push factor was poor income, wages and salaries in Nigeria(100%) while most common pull factor was
higher income, wages and salaries abroad(100%). The most predominant stick factor was family-related reasons(68.1%). The greatest benefits were family(100%) and national(100%) financial remittances. The most recommended preventive measure was enhanced doctors income, salaries and wages in Nigeria(100%). Young adult age was statistically associated with the plan to leave the country(p<0.05). **Conclusion:** This study has shown that 68.6% of the study participants had plans to leave Nigeria with the most preferred foreign country being Canada. The commonest push and pull factors were poor and higher income, wages and salaries in Nigeria and abroad respectively. The most predominant stick factor was family-related reasons. The greatest benefits were family and national financial remittances while the most recommended preventive measure was enhanced doctor’s income, wages and salaries.

**PO10. Preventive health evaluation in a resource-constrained context: A cross-sectional study of prevalence, facilitators, barriers, and benefits among medical practitioners in Abia State, Nigeria**

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**Background:** The health of medical practitioners has been the focus of global concern in addition to the recently modified Physician oath now called ‘The Modern Physician Pledge’ As a member of human family, medical practitioners are also prone to morbidity and mortality from diseases and disorders they manage in healthcare environment. **Objectives:** The study was aimed at describing the prevalence, facilitators, barriers, and benefits of preventive health evaluation(PHE) in a cross-section of medical practitioners in Abia State. **Methods:** This was a cross-sectional descriptive study carried out on 178 medical practitioners in Abia State. Data collection was done using pretested, self-administered questionnaire that elicited information on practice, facilitators, barriers, and benefits of PHE. Self-rated health status was also studied. Practice of PHE was inquired in previous one, six months and lifetime as a medical doctor. **Results:** The age of the respondents ranged from 25 - 72(38±6.2) years. There were 159(85.9%) males. All the respondents were aware of PHE. One hundred and fifty-five(87.1%) respondents rated their overall health then as excellent; 142(79.8%) rated their overall health compared to 6 months ago as excellent while 169(94.9%) rated their overall health compared to others of their age as excellent. Generally, in all ages and both sexes, the most common preventive health check was blood pressure measurements(100%). The commonest female sex-specific preventive health practice was self-breast examinations(100%). Among the males, the most common male-specific practice was testicular examinations(88.1%). The commonest facilitator and barrier were family history of hereditary diseases(100%) and financial restraints(82.0%) respectively. The most common benefit was early detection of diseases(100%). **Conclusion:** Awareness of PHE was 100% but didn’t translate to comparative practice orientation. The most common preventive health check was BP measurements. The commonest preventive female and male sex-specific health check was self-breast and testicular examinations respectively. The predominant facilitator and barrier were family history of hereditary diseases and financial restraints. The most common benefit was early detection of disease.

**PO11. Audit of carotid Doppler sonography: spectrum of findings at a tertiary hospital in north-western Nigeria**

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**PURPOSE:** To present the audit of findings on carotid ultrasound examination among patients with clinical suspicion and risks for cerebro-vascular disease and possible correlates in northern Nigeria. **METHODS AND RESULTS:** We performed carotid ultrasound examination on all
patients referred for screening and clinical suspicion of cerebro vascular disease within the year 2017. The patients’ characteristics, risk factors, presence of atheroma and characteristic of the atheroma, degree of stenotic disease as well as presence of incidental ultrasound findings were reviewed and documented. Out of the 62 patients, 55(88.7%) of them had various degrees and types of Atheromatous plaques in different segments of the cervical carotid arteries while 7(11.3%) were normal. The predominant risk factor was smoking followed by diabetes mellitus, while the highest indication for the scan was transient ischaemic attack. Incidental thyroid lesions like nodules and cysts were encountered in (22.6%) of the subjects. There is a statistically significant difference between sex as well as age with the side of lesion, degree of stenosis, segment involved and type of atheromatous plaque.

CONCLUSION: Only few patients had normal examination in this study. There is a statistically significant difference between sex as well as age with the side of lesion, degree of stenosis, segment involved and type of atheromatous plaque. About one-fifth of our patients had incidental thyroid lesions. Therefore, routine screening of population at risk is highly recommended.

KEYWORDS: Carotid Doppler, Atheroma, stenosis, Stroke, Audit.

PO12. TITLE: COMPUTED TOMOGRAPHIC FINDINGS ASSOCIATED WITH DEATH AND PREDICTORS OF ONE-MONTH MORTALITY FROM HAEMORRHAGIC STROKE IN KANO, NORTHWESTERN NIGERIA

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Background: Stroke is one of the leading causes of adult disability and mortality worldwide. Fifteen million cases of stroke occur globally each year and greater than one-third of these are fatal. Two-thirds of all strokes are known to occur in developing countries. Aim: The aim of the study is to show the association of the pattern of hypertensive stroke on brain computerized tomography with death and predict one-month mortality among haemorrhagic stroke patients. Materials and Methods: This was a prospective study carried out over a period of six months from March 2018 to August 2018 on Brain computed tomographic findings of 100 hypertensive patients presenting with clinical features of haemorrhagic stroke. Images were acquired using Prime Acquillion Toshiba Japan 2012 160 slice CT scanner. ABC formula for CT volume estimation was used. Binary logistic regression model was used to predict 30 days mortality. Results: Thirty eight patients had small haematoma of < 30mls, while 12 patients had medium size haematoma between 30 to 60mls and 50 patients out of hundred had large size haematoma of > 60mls. Patients with small volume haematoma were predicted to have sixty times chance of survival than those with moderate and large volume haematoma (OR = 0.6 at 95% CI: 0.72 - 4.75; p = 0.62). Haematoma sites was found not be statistically significant predictor of mortality (OR = 1.5 at 95% CI: 0.87 – 1.52; p = 0.32). Conclusion: Haematoma volume was found to be a positive predictor of mortality as opposed to haematoma location.

Key words: Computerized tomography, Hypertension, Haemorrhagic strokes.

PO13. Computed tomography in evaluation of stroke patients at University of Abuja Teaching Hospital, Abuja, Nigeria

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Background: Stroke is a major public health problem and the third leading cause of death worldwide, with several degree of reversible and irreversible disability among survivors. Computed tomography plays a valuable role in the management of stroke by providing information to expedite clinical decision making with regards to treatment, and improve outcomes in patients presenting with stroke. The aim of this study is to highlight the documented computed tomography reports in relation to type of stroke, location, side and risk factors. Methodology: This is a cross-sectional descriptive study conducted from February 2015 to January 2017 at the Radiology department of University of Abuja Teaching of Hospital comprising of data compiled from reports of brain computed tomography of one hundred and three patients clinically
diagnosed with stroke and their medical file. Results: The mean age of the patients studied was 49 ± 11.2 years with age range of twenty years to seventy-five years (20- 75 years). 70(67.9%) of patients studied had ischemic stroke and 33(32.0%) had haemorrhagic stroke. The cerebral lobes were the most affected location for infract and haemorrhage accounting for 41.4% and 39.4% respectively. The middle cerebral artery was the major vascular territory affected and left sidedness was more common. Hypertension was the predominate risk factors for stroke.

Conclusion: Computed tomography plays a pivot role in evaluation of stoke in view of the positive findings highlighted in this study. Cerebral infract was the commonest computed tomographic findings among patients with stroke and the cerebral lobes were the commonest location for infract and haemorrhage.

Key words: Stoke, brain, computed tomography, Abuja, Nigeria

PO14. Drugs of abuse screening of students of a tertiary educational institution in Northern Nigeria utilizing a novel toxicology software
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Background: Substance (illicit-drug) abuse has eaten deeply into the Nigerian society cutting across age, ethnicity, creed and social status, with educational institutions being at increased risk. All students of a tertiary educational institution in Northern Nigeria were mandatory screened for drugs of abuse as a pre-condition for resumption of academic activities. Drugs of abuse toxicology screening require stringent adherence to standard protocol that fulfill best practice and medico-legal requirements. Objective: The objective of the drug of abuse screening was to detect illicit substance use among students for the purpose of instituting control of substance abuse, rehabilitation drug addicts, as well as to maintain a drug-free learning environment.

Methods: The screening involved all the registered students of the institution and was done over a period of 2 weeks (Monday 30 July – Saturday 11 August 2018). There was a 3-days extension from Wednesday 15 to Friday 18 August 2018. A standard protocol of socio-demographic data capture, consent documents, barcodes generation, witnessed sample collection, result generation and reporting was administered utilizing patented mass toxicology software (Health Connect Advanced Medical Diagnostics Center, Nigeria). FDA cleared urine drug test kits (Discover Drug Test Cards, American Screening LLC, Shreveport) were used. Results were interpreted according to manufacturer’s instructions as positive, negative or indeterminate. Results: A total of 14,036 students were successfully enrolled and screened. Mean age was 27 ± 2 years, age range was 16 – 42 years, and male to female ratio was 1:5. Drug test kits had 3 different combinations of 12 drug-panels. Cummulatively, 168,432 drug tests were done. Four hundred and eighty-one (481) students (3.4%) had positive screens for at least one drug of abuse. Of these, 434 were males and 44 were females. Positive screens (and cut-off concentrations) for tetrahydrocannabinoids (50 ng/mL), buprenorphine (5 ng/mL), benzodiazepines (300 ng/mL), opiates (300 ng/mL), tramadol (100 ng/mL), phencyclidine (25 ng/mL), tricyclic antidepressants (1000 ng/mL), amphetamines (1000 ng/mL), methamphetamines (1000 ng/mL), fentanyl, cotinine (200 ng/mL), MDMA (500 ng/mL), barbiturates (300 ng/mL), and methadone (300 ng/mL) cocaine (150 ng/mL), and oxycodeone (100 ng/mL) were 1.90% (268), 1.05% (148), 0.61% (86), 0.33% (47), 0.26% (37), 0.20% (28), 0.13% (19), 0.07% (10), 0.06% (9), 0.04% (5), 0.03% (4), 0.02% (3), 0.01% (1), and 0.01% (1) respectively. Tests were repeated with new kits in 0.52% (74) of the students with indeterminate or equivocal results. Conclusion: Efficient and effective drugs of abuse toxicology screening for large populations within short time frames can be achieved by deployment of test protocol software. Cannabis is the preponderant drug of abuse among students of tertiary institutions.

PO15. Oral disease patterns and treatments in patients attending family dentistry clinic at the University of Ibadan, Ibadan, Oyo state.
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Background: Oral health is an integral component of general health. Provision of accessible oral health care facilities is part of the essential package of oral health care in Nigeria. The role of family dentist includes provision of oral care services at primary and secondary levels and operation of appropriate referral system. **Objective:** The study determined the pattern of oral diseases and treatments among patients attending the family dentistry services of the University of Ibadan. **Methods:** This is a retrospective study of patients attending the university family dentistry clinic in the last one year (April 2018-April 2019). Case notes of patients in this period were retrieved and reviewed. Patients’ demographic and dental clinical data including the diagnosis and treatments were extracted and analysed using SPSS. **Results:** One thousand, three hundred and seventy (1,370) patients were included in this study. Majority of the patients were between 18 and 65 years with a mean age of 31.70 (SD±13.97) years. More than half (54.2%) were females, 56.4% were married, 58.0% were students and majority (83.2%) were in tertiary institutions. About 56% of them had their first dental visit. Generalised chronic marginal gingivitis (28.17%), apical periodontitis (25.2%) and dental caries (17.0%) were the commonest dental problems observed among the patients. Out of the numerous treatment offered, 256(18.68), 119(8.69) and 111(8.1%) had scaling and polishing, extractions and restorations respectively. **Conclusion:** High level of dental diseases was seen among the patients reviewed. It can therefore be inferred that, there is a need for more family dental clinics in primary and secondary health care facilities in Nigeria.

PO16. Detection of Occult Hepatitis B infection among apparently hepatitis B negative Adults in North Central Nigeria

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**Background:** Occult Hepatitis B infection (OBI) is believed to be a cause of post transfusion or transplantation hepatitis. However, no studies exist on its prevalence in North Central Nigeria. The study aimed determining the OBI prevalence among adult patients attending the general outpatients department (GOPD) in Tertiary hospital who had never been previously diagnosed with HBV infection. This study aimed to discover the presence of occult HBV among otherwise healthy adults and possible associated risk factors in its study area. **Method:** 180 adults with no known history of HBV disease were investigated for OBI. All participants had socio-demographic data and history of potential HBV risk factors taken. Venous blood samples were obtained and subjected to HBV serological profiling using ELISA assays. Samples with HBsAg negative results were considered potential OBI cases and subjected to real-time polymerase chain reaction (PCR) for Hepatitis B virus DNA. **Results:** The OBI prevalence was 1.2% with a mean viral load of <20 IU/ml in background HBsAg prevalence e of 7.8% (14/180), while Anti-HBs was the most prevalent seromarker at 26.7% (48/180). The only significant risk factor was HIV infection. **Conclusion:** The OBI prevalence in this study suggests that approximately 1:100 HBsAg negative samples could act as a source of transmitting HBV if screened by that seromarker alone. This is significant considering the number of hospital procedures that rely on this HBV screening test and the highly infective nature of the HBV

PO17: The global point prevalence survey of antimicrobial consumption and resistance (global-pps): 2015-2018 longitudinal results of antimicrobial prescribing in Nigeria

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Background: Nigeria joined the global community for monitoring antimicrobial prescribing practices since 2015. The results of the individual hospital Global-PPS have stimulated efforts at instituting antimicrobial stewardship programmes. Objectives: We report the national trends in antimicrobial prescribing rates and quality indicators from 2015 to 2018. Methods: The web-based uniform Global-PPS for surveillance of antimicrobial use in hospitals (www.global-PPS.com) was completed by each site for all inpatients receiving antimicrobials on a selected day in 2015, 2017 and 2018. Data included details on antimicrobial agents, reasons and indications for treatment and a set of quality indicators. bioMerieux provided support for the survey. Results: The Global-PPS involved 13 hospitals of which seven participated at least twice, and included 5,174 inpatients. Mean weighted overall antimicrobial prescribing prevalence was 69.0% which declined over the years (2015: 71.7%; 2017: 64.6%; 2018: 59.1%). A high variation in prescribing practices among and within the hospitals was observed. While there were increased prescribing rates in some hospitals over the years, rates reduced over time in two hospitals that have initiated antimicrobial stewardship (AMS) programs. Overall, the main indications for therapeutic prescribing were skin and soft tissue infections (20.8%), sepsis (15.9%) and pneumonia (11.6%). Overall, top three antibiotics for therapeutic use remained ceftriaxone (18.2%), metronidazole (15.3%) and ciprofloxacin (10.4%). There was no change in parenteral route of administration (2015: 64.5%; 2017: 65.1%; 2018:62.6%) and reason written in notes increased (2015:62.2%; 2017:74.5%; 2018:70.9%). Targeted treatment declined (2015:12.0%; 2017:2.9%; 2018:5.2%) while post prescription review improved (2015:27.9%; 2017:32.9%; 2018:48.5%). Conclusions: Antimicrobial prescribing rates reduced overall, especially in hospitals that have introduced AMS programs. Overall, only documentation of post prescription review date has shown improvement among the quality prescribing indicators. Global-PPS has acted as a cost effective, flexible and user-friendly tool in instituting antimicrobial stewardship programmes.

PO18. The 2017 human monkeypox outbreak in Nigeria -report of outbreak experience and response in the Niger Delta University Teaching Hospital, Bayelsa State, Nigeria

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Conflict of interest: None

Background/Objectives: In September 2017, Nigeria experienced a large outbreak of human monkeypox (HMPX). In this study, we report the outbreak experience and response in the Niger Delta University Teaching Hospital (NDUTH), Bayelsa state, where the index case and majority of suspected cases were reported. Methods: In a cross-sectional study between September 25th and 31st December 2017, we reviewed the clinical and laboratory characteristics of all suspected
and confirmed cases of HMPX seen at the NDUTH and appraised the plans, activities and challenges of the hospital in response to the outbreak based on documented observations of the hospital’s infection control committee (IPC). Monkeypox cases were defined using the interim national guidelines as provided by the Nigerian Centre for Disease Control (NCDC). **Results:** Of 38 suspected cases of HMPX, 18(47.4%) were laboratory confirmed, 3(7.9%) were probable, while 17 (18.4%) did not fit the case definition for HMPX. Majority of the confirmed/probable cases were adults (80.9%) and males (80.9%). There was concomitant chicken pox, syphilis and HIV-1 infections in two confirmed cases and a case of nosocomial infection in one healthcare worker (HCW). The hospital established a make-shift isolation ward for case management, constituted a HMPX response team and provided IPC resources. At the outset, some HCWs were reluctant to participate in the outbreak and others avoided suspected patients. Some patients and their family members experienced stigma and discrimination and there were cases of refusal of isolation. Repeated trainings and collaborative efforts by all stakeholders addressed some of these challenges and eventually led to successful containment of the outbreak. **Conclusion:** While the 2017 outbreak of human monkeypox in Nigeria was contained, our report reveals gaps in outbreak response that could serve as lessons to other hospitals to strengthen epidemic preparedness and response activities in the hospital setting.

PO19. Comparative estimation of cord blood Magnesium levels in perinatal asphyxia; implication for neuroprotection therapy in low resource settings.

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**Introduction:** Perinatal asphyxia constitutes a significant problem of public health importance in low and middle-income countries. Magnesium gated channels are helpful for neuroprotection from uncontrolled calcium influx, hence magnesium is a natural calcium channel blocker.

**Objectives:** Evaluation of cord blood magnesium levels of asphyxiated and non-asphyxiated babies delivered at a tertiary teaching hospital in South east Nigeria.

**Methods:** Cross-sectional study done at the delivery suites of Federal Teaching Hospital Abakaliki, South East, Nigeria between June 2017 and February 2018. Ethical clearance was obtained from the IRB and informed consent from mothers. Arterial cord blood samples were collected from term asphyxiated and gestational age matched non-asphyxiated babies for pH, base excess and magnesium. Appropriate statistical tools on the SPSS software were used to compare the mean cord blood magnesium between asphyxiated and non-asphyxiated babies, means across the degrees of severity of asphyxia. The level of significance was set at p < 0.05 and confidence level at 95%.

**Results:** The mean cord blood magnesium levels of 1.21±0.24 mmol/L in asphyxiated was significantly lower than 1.42±0.18mmol/L non-asphyxiated babies (p<0.001). There was a significant association between severity of asphyxia and cord blood magnesium values (F=4.93, p=0.001). There was significant reduction in magnesium levels from early to late term asphyxiated babies (F =3.686; p=0.030).

**Discussion/conclusion:** The lower mean cord blood magnesium is attributable to the sequence of biochemical events resulting from energy failure of perinatal asphyxia leading to the interruption in endogenous antagonistic effect of magnesium which has been noted. This has implication for neuroprotection in low resource settings.

PO21. Management Outcomes of Post-Thyroidectomy Bilateral Recurrent Laryngeal Nerve Paralyses at National Hospital Abuja

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Conflict of Interest: None to declare

**Background:** Bilateral recurrent laryngeal paralysis is an uncommon complication of total or subtotal thyroidectomy, observed in approximately 0.4 per cent of cases. This paralysis could be
temporary or permanent. **Methods:** An audit of 5 cases of Bilateral RLNP referred to the ENT Department of National Hospital Abuja, between January 2010 and July 2017 is presented.

**Result:** All cases were referred already on tracheostomy tubes and were females aged 11 to 59 years. 4 of the cases had external arytenoidectomy, bilateral in 2 cases, and unilateral in 2 case. 4 out of the 5 cases were successfully decannulated. **Conclusion:** The preferred approach to cases of post-thyroidectomy bilateral recurrent laryngeal nerve paralysis referred to ENT Specialists in resource-poor economy like ours is not very clear from existing literature and we discuss our adopted protocol for management of such cases in this case series.

Keywords: Post-thyroidectomy. Recurrent laryngeal nerve palsy. Arytenoidectomy.

PO22. MANIFESTATIONS IN THE EYE OF SOME SYSTEMIC DISEASES
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**Background:** The eye is not only the window to the body but also to the soul. Many systemic diseases manifest either primarily or secondarily with signs and symptoms in the eye. The aim of this presentation is to share experiences about some systemic diseases that presented at the Ladkem Eye Hospital located at 35, Eric Manuel Crescent, off Bode Thomas Road, Surulere in Lagos State; and the management and outcomes for the benefit of sharing the experiences with others who may encounter such cases. **Objective/Purpose:** This presentation is to remind all that many systemic diseases have peculiar manifestations in the eye. There is therefore need for a high index of suspicion by all Physicians to be familiar with these signs and symptoms so that they can seek collaboration for the best interest and prognosis for the patient. **Materials:** Medical records, investigations and clinical manifestations of patients managed at the LADKEM eye hospital with ocular tuberculoma from HIV/AIDS; hypertension, diabetes, Beta-Thalassaemia, and pituitary adenoma.

**Methods:** The case history, physical examination, laboratory investigations and management of the patients is elucidated. A literature review to outline the course of management and prognosis of the diseases was done. **Results and Conclusion:** The first in this presentation, is a case of HIV/AIDS with pulmonary tuberculosis presenting as tuberculoma of the eye. The second case is that of blurring of vision hypertension and bleeding in the eye, that was treated successfully with some degree of visual improvement as well as various manifestations and sequela of hypertension in the eye. The next is diabetic eye disease, its presentation in the eye as well as management options. This would be followed by Beta thalassemia presenting with retina arteriolar occlusions resulting in blindness. The final presentation is that of pituitary adenoma and the ocular manifestations and management.

**Conclusion:** It is concluded that the management of these condition depends on having a high index of suspicion, time of presentation, treatment options and the extent of the lesion. **Key words:** Eye, systemic disease, HIV/AIDS, Pulmonary tuberculosis, retinal tuberculoma, hypertension, blot and dot haemorrhages, diabetes mellitus, hard and soft exudates.

**Disclosure:** No financial interests.

PO23. Is the Correlation Between Steady State Lactate Dehydrogenase levels and Severity of Sickle Cell Disease Spurious?
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**Background:** Sickle Cell Anaemia (SCA) is characterized by chronic haemolysis even in steady state. Plasma level of Lactate Dehydrogenase (LD) has been suggested as a marker of disease
severity among children with SCA. Although elevated levels of LD are well documented during crises among adult patients, its level has not been correlated with disease severity in our setting.

**Objective:** To determine the relationship between LD levels and disease severity among adults with SCA in ABUTH Zaria when other factors are controlled for. **Methods:** This was a cross-sectional study involving 52 SCA patients in steady state by convenience sampling technique. Data on age, sex, PCV, WBC, platelet counts, LD, number of crises and blood transfusions in the last 12 months were collated. Disease severity scores were computed based on Hedo et al, 1993. Data were analyzed using SPSS version 23. **Results:** Females constituted 34(65.4%) of the study participants. The median(IQR) age was 22.0(19.5,22.0) years, WBC 12.0(9.6, 14.5) x 10⁹/L, platelet 427.0 (346.0, 497.0) x 10⁹/L, LD 959.0(670.0, 1461.0)IU/L, number of crises 2(1.0, 4.0) and blood transfusions in the last 12 months 1.0(0,2.0) and severity score 3(3, 5), and respectively. Mild, moderate and severe disease were present in 19(36.5%), 32(61.5%) and 1(1.9%) respectively. There were statistically significant correlations between severity score on one hand and age (ρ = 0.275, p=0.048), number of crises (ρ =0.567, p=<0.001), PCV (ρ= -0.537, p=<0.001), LD (ρ =0.348, p=0.011) and blood transfusions (ρ=0.358, p=0.009).

The logistic regression model was significant \( \chi^2(5) =41.365, p=<0.001 \), explained 54.9% to 75.1% of the variance in disease severity and had an 86.4% accuracy in classification of severity of cases. When age, steady state PCV, number of crises and blood transfusions in the preceding 12 months were controlled for, steady state LD levels did not have any effects on severity of sickle cell disease (OR=1.0, 95% CI - 1.0, 1.0; p=0.075). **Conclusion:** Steady state LD level is a poor predictor of disease severity in adult patients with SCA.

**PO24. Determinants of Nigerian Medical Doctors’ Willingness to Practice in Foreign Countries**

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**Background:** Despite the poor doctor-patient ratio in Nigeria, which is far below the World Health Organization’s recommendation, Nigerian doctors are known to contribute a significant proportion of the medical workforce in other countries, especially in the United Kingdom (UK) and the United State America (USA). This study assessed Nigerian medical doctors’ willingness to practice in foreign countries, as well as the possible push and pull factors contributing to this brain drain. **Methodology:** A cross sectional survey was conducted, and 329 medical doctors were selected from a list doctors attending the Annual Delegates Meeting of the Nigerian Medical Association, using systematic random sampling. A semi-structured self-administered questionnaire was used to obtain information from the selected respondents. **Results:** All selected respondents agreed to participate in the study with a mean age of 41.4 ± 6.3 years, 85.9% of them being males and 75.7% being Christians. About 36% of the respondents had medical fellowship, 31.6% were resident doctors and 16.4% had only MBBS degree. The median duration of practice was 12 years and the median monthly income was #420,000.00. About 72.9% of the respondents were willing to practice in foreign countries if given the opportunity, 29.2% of whom preferred the USA, 25.1% preferred the UK and 15.7 preferred Australia. Among those not willing to practice in foreign countries, 48.3% preferred working in Nigeria despite all the challenges and 32.2% was due to family and other personal reasons. Among those willing to practice in foreign countries, about 66.3% was due to poor financial incentives/working environment, 46.5% due to insecurity.
and 38% due to inter-professional rivalry in the health sector. The following factors were found to be independent (intrinsic) determinants of willingness to practice in a foreign country: Geo-political zone of origin, highest educational qualifications, duration of practice and average monthly income. **Conclusion/Recommendation:** It is a big threat to the Nigerian health system for majority of its doctors to be willing to leave the country. Hence, the need for governments at all levels to, as a matter of urgency, address the factors responsible for this drive.

PO25. Challenges of healthcare research in Nigeria

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**Background:** Healthcare research in Nigeria has been slow in development and full of difficulties. There is therefore a need to identify its challenges and the means to mitigate or eliminate them in order to encourage quality and impactful researches and publications.

**Objectives:** This study aims to identify the challenges encountered in healthcare research in Nigeria and to suggest policy development and priorities to address these problems. **Methods:** This was a cross-sectional, nationwide questionnaire-based online survey of medical doctors who have been involved in health-related researches. It was carried out between 12th May to 11th June, 2019. Non-probability sampling technique with focus on representation from the six geopolitical zones of the country was employed to prospectively recruit willing participants. All participants filled a self-administered online questionnaire comprising 31 questions in 5 sections. The responses were analyzed using google docs and Statistical Package for Social Sciences Version 23. **Results:** A total of 582 doctors filled the questionnaire. However, 564 responses that were complete were finally analyzed. Their mean age was 41.0 ± 8.4 years with a male to female ratio of 2.3:1. Overall, 3 in 4 of respondents (75.5%) work in teaching hospitals and majority, 504 (89.4%) were primary investigators in the researches. Motivation for initiating research projects were for work progression purposes in 56.9%. Professional expectations to research a topic (59.4%) far outweighed the motivation to engage in urgent problem solving projects (39.5%). Nearly all, 535 (96.6%) carried out their studies using personal funds and only 1 in 10 respondents had been involved in high budget projects (≥N1,000,000). A disproportionately lower number, 108 (19.9%) were involved in experimental/interventional studies compared to those who
have engaged in other forms of research designs. The capacity for quality researches were also impeded by restriction of literature review to free online journals (520, 93.2%), incomplete health records (453, 88.0%), limited access to research kits and reagents (310, 65.7%) and challenges with obtaining ethical approval (118, 21.2%). Despite the certification of a large number of respondents, 474 (84.0%) in research methodology, more than half, 298 (53.9%) still employed statisticians for their data analysis and only over a quarter, 164 (29.8%) used advanced statistical analysis. Above average, 284 (52.2%) of the work of all respondents had been published in internationally indexed journals, however, the initiation of multidisciplinary projects by researchers was below 50% (222, 40.6%) and majority of their projects have not been adopted to locally influence the practice of medicine (391, 71.5%). Conclusion: There is a wide disparity in research capacity among hospital tiers. It is important to leverage on and expand existing partnerships to provide institutional access to premium literature, offer robust and assessable financial support for the conduct of high quality researches provide a framework to bridge the gap in the use of these works to influence practice change in Nigeria.

PO26. “A neglected crises of the Brain Drain in the Nigerian Health sector: A different Perspective”

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Background: The phrase health is wealth has many sides to it. A healthy population stays productive economically and drives a country’s Gross Domestic Product. And then there is a vicious cycle where a nation that has a poor economic outlook is unable to fund and equip its state sponsored (affordable) health services and facilities which results in poor public health and decline in gross productivity, and therefore national wealth further. Nigeria witnessed a state of brain drain in the recent years, further accelerated in the past 5 years due to its home grown professionals seeking better renumeration in other countries, 86% according to a questionnaire response (3). This is a reverse of the process witnessed in the late seventies and early eighties. While this brain drain is a historical phenomenon, and has grown into the nation discourse, some analysts have argued that it could be actually be managed to such a dimension that indeed it works also to bring some advantages to the donor country(1), some the argument that term Brain drain is a misnomer. Nigeria, South Africa, Ghana make up more than 80% of practicing doctors in the USA with origins in sub-saharan Africa(2).

Statement of Purpose– This Abstract examines the current trend in brain drain from the health sector to elucidate the course and effect, as well as the advantages and disadvantages. And as well examines the ethical questions around challenging the status quo.

Methods, materials and analytical procedure used: Internet search engines. Results: Causes-1) Relative poorer renumeration in donor nations 2) Perceived better quality life in a receiver nation 3) Poorly informed decision making by the professionals seeking to move to the donor countries. Effects and disadvantages– 1) loss of trained experienced hands, as well as mentorship at the work place 2) Lack of continuity of care by care-givers 3) loss of confidence in the Health Polity

Benefits of Brain drain – 1) retraining and upskilling in a new Health Service setting which has benefits in the medium and longer term for the donor nations if the donors can facilitate an enabling environment for a return 2) This leads on to creating a potentially highly skilled workforce and human resource base to be tapped in the future. Policy makers could look at 1) Return Option– where the diaspora are actively engaged to physically return to the donor nations 2) Diaspora option– where the diaspora are encouraged to get involved in personnel exchange programmes with the home countries 3) Remittances– in funds and equipment to help upskill the donor workforce back in the donor nations and improve working conditions. Some countries have started making policies and setting up organs of government to mitigate the ramifications of the brain for example as in the Philippines, to tackle its nursing staff brain drain (6). Conclusion: There are 2 perceived sides to the issue of the brain drain crises of Nigerian Health sector Brain Drain. There is the short and longer term
disadvantages of the loss of skilled and (cheaper trained) labour but in there lies an opportunity in
the longer term to tap and control a valuable resource base to the benefit of the Donor country.
If the Government became engaged with actively tapping that available skilled resource it can be
tapped and made to benefit the Health sector in the longer term(4, 7).

Disclosure— none to disclose

PO27. Outcome of Surgery for Degenerative Disease of Lumbar Spine at the National Hospital
Abuja: A three years Retrospective Review.
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Introduction- With the sustained evolution of complex spine surgery in our service, there is an
increasing concern about the safety, outcome and overall patient confidence. There is a need to
determine the outcome of surgery for degenerative disease of the lumbar spine using VAS and
ODI. Methodology- Retrospective review of cases of Lumbar spine surgeries performed at the
National Hospital Abuja from Jan 2016-Dec 2018. Main study parameters were VAS and ODI
before and one year after surgery. Data was assembled in Excel spreadsheet and analyzed with
SPSS version 21. Results presented in tables and charts. Results-41 cases were analyzed.
Mean age 50.56±10.99 years. 22(53.7%) females, 19(46.35%) males. M: F = (1:1.15). 22(53.65%)
had chronic radicular low back pains. 12(29.2%) had neurogenic claudication, while
7(17%) presented with paraparesis. Mean time to presentation was 15.33±12.09 months.
25(60%) presented within a year of onset of symptoms but only 4(10%) presented after 2 years.
Mean pre-op VAS was 8.07±0.712. 32(78%) recorded VAS >7. Mean pre-op ODI score was
81.95±12.11. 28(68.2%) recorded ODI of 81-100 range. Commonest pathology was canal
stenosis. Commonest level involved was L4/5 in 21/40 (52.5%). The commonest operative
intervention was PLIF in 30/41(73.1%) followed by PPLD 9/41(21%). The most important post op
complication was deep wound/implant infection in 1/41 (2.4%). Mean post op VAS was
1.76±1.51. (P=<0.05). 34(87.8%) recorded VAS, ≤2 but 5(12.2%) had VAS >3. Mean post op ODI
was 10.5±14.24. 27(65.8%) recorded significant improvements in the ODI but 1/41 (2.4%)
maintained as similar ODI score post op. Conclusion- There is a significant improvement in VAS
and ODI following surgical intervention with minimal complication. Therefore, there should be no
hesitation in recommending this treatment when the need arises.
Key words- Degenerative lumbar spine disease, lumbar decompression and fusion, Visual
Analogue Score (VAS), Oswestry Disability Index (ODI)

PO28. ABSTRACT
Title: Does the presence of microbial organisms in follicular fluid adversely affect
the outcome of in vitro fertilization-embryo transfer treatment cycles at National
Hospital Abuja
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Background: Infertility as a disease of the reproductive system represents a
substantial burden to the health system. While In-vitro fertilization-Embryo
Transfer (IVF-ET) is one of the best treatment options for infertility, the presence of microbial organisms in human follicular fluid collected at the time of trans-vaginal oocyte retrieval for IVF could result in poor outcomes affecting embryo quality, pregnancy rates and ultimately the live birth rate. Considering the high cost and the possible complications of IVF, exploring some parameters which could adversely affect its outcome is of great value.

Objectives: To determine if the presence of microbial organisms in follicular fluid of women undergoing IVF-ET and Intracytoplasmic Sperm Injection (ICSI) adversely affect the outcome of the treatment cycles.

Methods: It was a prospective cohort study. Follicular fluids from 90 women that had IVF-ET/ICSI were examined microscopically and then cultured for the presence of microbial organisms. Each woman was followed up till fertilization and pregnancy rates were determined. Statistical analysis was done using computer software SPSS Version 21.0 and a probability of p<0.05 was considered for all tests of significance.

Results: Out of the 90 follicular fluids collected, 17% were colonized by bacteria and fungi namely Streptococcus spp., Staphylococcus aureus, Enterococcus spp., Lactobacillus and Candida albicans. There was however, no statistically significant association between follicular fluid colonization and fertilization rates (p<0.65) and pregnancy rates (p<0.19).

Conclusion: Follicular fluid colonization was not found to adversely affect the fertilization rates and pregnancy rates following IVF-ET/ICSI treatment cycles at National Hospital, Abuja.

PO29.
Evaluation of diagnostic tools in detection of bacteremia in Gwagwalada, Nigeria

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BACKGROUND: Underestimation of bloodstream infections does occur in the tropics, this might be due to certain factors ranging from diagnostic accuracy to lack of diagnostic equipment.1 According to WHO statistics of 2008, malaria accounts for 18% of deaths among children below five years in Ghana, closely followed by pneumonia (13%), diarrhea (12%) and pre-maturity at birth (12%). There is more reason to evaluate diagnostic septic workup because recently published data from Tanzania reveals clinical overestimation of malaria, whereas invasive bacterial disease was underestimated.2 This writes up highlights the efficiency of diagnostic tools in detection the of bacteremia in Gwagwalada, Nigeria. MATERIALS AND METHODS: This was a descriptive cross-sectional study which spanned 12 months. The study was carried out in the Microbiology research unit, department of Medical Microbiology, University of Abuja Teaching Hospital, Gwagwalada. Research personnel were stationed at three emergency units: the Special Care Baby Units (SCBU), the Emergency Paediatrics Unit (EPU), and the Accident and Emergency Unit (A and E). Septic patients were identified upon arrival at the units and blood specimens were collected aseptically into the conventional blood culture bottles and BACTEC bottles at time zero hour. Temperature above 36.7oc was used as supportive evidence for pyrexia in this study. A total of 183 consecutive pediatrics and adults patients were recruited after obtaining consent from the parents or guardian in case of pediatrics. Consent form and Interviewer-administered, structured
questionnaires were used as study tool. Both culture methods were subjected to the same isolation processes. Data were analyzed using SPSS 19.0 software, p-values of <0.05 was considered as statistically significant. **RESULT:** There were 183 children and adult who consented to participate with a mean age of 36 ± 14.6 years. The average time for culture positive regarding BACTEC blood culture was 8 ± 6.6 hours while that of convensional blood culture positivity was 22 ± 13.4 hours. There were one hundred and sixty two (162) positive blood culture using BACTEC blood culture method which represents 88.5% of the total blood culture collected. Forty two (42) convensional blood cultures collected were positive representing 22.9% of the total blood culture. There were 62 males (33.9%) and 121 females (66.1%). Furthermore, Among males, 62 BACTEC blood culture collected were positive (100.0) while 34 (54.8%) convensional blood culture collected were positive. Among the female, 100 (82.6%) and 8 (6.6%) were culture positive using BACTEC and convensional blood cultures respectively. This was not statically significance (p=0.8, Table 1). There were 40 (93.0%) and 0 (0.0%) culture positivity from BACTEC and convensional blood culture respectively among 5-10 years age group. This difference was statically significance (p= 0.003, Table 11). Fifteen (15) Anaerobes were isolated from BACTEC blood culture while none was isolated from convensional blood culture method. There were 18 (24.7%) and 0 (0.0) Streptococcus pneumoniae were isolated from BACTEC and convensional blood culture method respectively. The difference in the isolation rate using the two method was stastically significance (p=0.001, Table 111). **CONCLUSION:** From this study, rapid and quality culture result is vital in decision making. BACTEC method is the most reliable means of reduced turnaround time despite cost.