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HUMAN IMMUNODEFICIENCY VIRUS (HIV) SEROPOSITIVITY IN PATIENTS PRESENTING TO AN EYE CLINIC

Dear Editor

An estimated 42 million people worldwide are now infected with the human immunodeficiency virus (HIV),¹ compared with 30million people that were infected in 1997. Ninety per cent (90%) of these live in developing countries. Some people with HIV remain asymptomatic and these constitute an important source of transmission of the virus. HIV has been isolated from the tear fluid, conjunctiva of HIV positive but asymptomatic individuals.² There have also been reports of health care workers who seroconverted following infected blood splash onto their mouths and non-intact skin.³ The conjunctiva and cornea are also recognized as a potential route for transmission of infection.⁴ In a study in Eastern Nigeria, 5.3% of eye patients were HIV positive.⁵

This was a prospective study conducted at the eye clinic of LAUTECH Teaching Hospital, Osogbo, Nigeria from July 2002 - August 2003. Two hundred and forty-one patients coming for the first time were investigated using the enzyme linked immunosorbent assay (ELISA) technique after pretest counseling. They were tested for both HIV 1 and 2 using immunocomb. Those who tested positive had confirmatory test using immunocomb II HIV 1 and 2.

Eight (3.32%) were positive to HIV1. No patient was positive for HIV 2. There were 6 males and 2 females. The clinical diagnosis in the HIV positive patients is shown in Table 1.

Table 1: HIV positive cases by diagnosis

Diagnosis	No.
Cataract	2
Herpes zoster	2
Glaucoma	1
Non-glaucomatous optic atrophy	1
Corneal abscess	1
Presbyopia	1
Total	8

This study shows that eye patients may have been infected with HIV. Eight (3.32%) out of 241 new patients seen were HIV positive. This is lower than what was obtained in Eastern Nigeria.⁵ Male to

female ratio in HIV positive patients was 3: 1. This contrasts with other studies. Five (62%) patients were aged 20-40 years. The 2 patients with herpes zoster ophthalmicus were HIV positive and they were aged 22 and 37 years. This further confirms previous reports that Herpes zoster ophthalmicus in apparently healthy young adults is a marker of HIV infection in Africa. Three patients (37%) were surgical patients. This is in contrast to other studies⁵ where all the surgical patients were HIV negative. It is therefore necessary that ophthalmic workers must observe all the rules for preventing HIV transmission during surgical operations. The increasing number of HIV positive people who are asymptomatic also calls for high index of suspicion and so appropriate steps need be taken to avoid cross infection in clinical practice.

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THE MRC CRASH STUDY: ANY LESSONS FOR US?

Dear Editor

It is now known that corticosteroid use in head trauma is not beneficial and may actually contribute to increase morbidity and mortality in the head injured patients. This is due to the efforts of the just concluded MRC CRASH (Corticosteroid Randomisation After Significant Head Injury) study.¹ Apart from putting to rest the controversy surrounding

the use of steroids in the management of head injury, the study further gave insights into the pathophysiology of intracranial hypertension.²

There are some lessons to be learnt from the CRASH study which we believe will assist in future research works, particularly in Africa. These include:

1. A multicentre international collaborative work especially with a large sample is possible, even in emergency settings. This is aided by advancement and spread in communication facilities particularly the internet and telephone services which made communication easier and quicker among the collaborators, a well designed trial method³, appropriate and adequate trial coordination, as well as adequate funding. Governments, institutions, foundations, societies and willing individuals should be encouraged to provide the necessary funds needed for such work.
2. Common disease condition of global impact that affect all irrespective of race, colour, tribe, religion, social status, age, sex, etc. are better studied and understood by combined international efforts. It will be good if this type of study can be extended to other medical conditions in the nearest future, especially those peculiar to Africa. Studies tailored for the paediatric patient should also be considered rather than transposing the results from adult studies to the children.
3. Success of research works involve multidisciplinary contributions from expert specialists, even those that might not be primarily involved in the management of the condition being studied such as epidemiologists and statistician.
4. We should always question a known, common and usual treatment modality even if such is widely accepted and practiced because our foundation for such practice may be false and such interventions may be harmful. Therefore there is the need for constant reviews (audit) of our practice.
5. Adequate, constant and regular data monitoring during the study is essential so that the trend of data could be followed up closely and the study can be stopped early if necessary as in CRASH 1 study where it was found that the intervention is harmful.
6. What we think is important in a disease condition may not be right as in the first CRASH study. Many people thought steroid use is the main stay of treatment of the head injured and sometimes may neglect other basic supportive care that has stood the test of time.
7. Institution of a collaborative group that understand themselves, have a focus, united and experienced will go a long way in the success of any study.

Bearing these in mind will assist us in other studies. Epidemiology, natural history, and peculiarities of management and outcome of disease conditions will be better understood. Previous experiences will also help to minimize cost, the stress accompanying the study and the study may be completed in record time. In the recently conducted CRASH study only four countries in Africa participated. It is time also that Africa take up similar challenges and be more involved in researches that will impact on health care delivery in the continent.

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