Delayed presentation by neurosurgical patients in developing economies

Idowu and Apemiye have highlighted a well-recognized but, probably, inadequately documented problem rampant in the health care services of developing nations. From congenital anomalies to chronic intracranial/spinal infections and neoplasms, late presentations with dire consequences are alarmingly prevalent in such nations.

It is worthy to note that clinicians from the third world are paying increasing attention to the issue of delayed presentation by patients. Delayed presentation and/or diagnosis may cause avoidable loss of human lives or result in severe disability. Adeolu and his colleagues documented bilateral blindness in a sixteen-year-old boy from a neglected cerebral abscess. In a recent report, delayed diagnosis was found to have resulted in bilateral blindness and deafness in a young girl who had posterior fossa tumour. While most congenital anomalies are obvious at birth, Komolafe and his colleagues have presented a series of 81 patients with late presentation of malformations in a single neurosurgical centre.

Factors responsible for this sorry situation have been found to include cultural and religious beliefs, self treatment or medication, financial handicap, misdiagnosis by initial attending physicians and long distance to neurosurgical centre. In addition, presentation to unorthodox health centres and poor access to appropriate diagnostic facilities have contributed to delay in diagnosis.

The authors’ suggestions of public health educations and improvement in facilities would, no doubt, reduce the prevalence of delayed diagnosis in not only neurosurgical patients, but others harbouring potentially harmful but treatable medical conditions.

While the work by Idowu and his colleague is commendable for its contributions to our awareness of the dangers posed by delayed diagnosis to the health care systems in developing economies, the authors’ submissions need careful considerations. While on the one hand they stated that “the PSI and PI were longer for women with a statistical significance between the PSI and gender (p = 0.016)” they also submitted that “Women had a shorter PSI than men”. In the same vein, though their results showed that “High-grade tumours had a shorter PSI and PI. The tumour grade was significantly correlated with PSI (p = 0.000) and PI (0.043)”, they noted that “PSI did not correlate with patient’s age, ...or tumour histology”.

Adequate considerations of the statistical findings need to be done in order not to reduce the significance which the readers may attach to the contributions of this work to our knowledge of factors militating against effective health care delivery in developing economies.

Conflict of interest

I have no conflicts of interest. I am responsible for the content and writing of this paper.

References


Taopheeq Bamidele Rabiu*
Department of Neurological Surgery, University College Hospital, Queen Elizabeth Road, Ibadan, Oyo State, Nigeria
Tel.: +234 8034954806.
E-mail address: eshohealth@gmail.com

19 July 2009
Available online 25 July 2009