Some selected under-utilized edible plants from South–East Nigeria used in the treatment of infectious diseases

C.S.A. Alaribe*, H. Coker
University of Lagos, LUTH, Lagos, Nigeria

**Background:** Plants in their natural habitats have been of tremendous nutritional value containing innumerable phytochemical compositions with immense chemical compositions. As time progresses, scientists have become sources of leads to currently existing drugs including synthetic and semi-synthetic ones. Some of the plants remain underutilized and deforestation continually facilitating the extinction of some of the plants. Edible parts can be the fruits, seeds, leaves, roots and pulp.

Nigeria is rich in bio-diversity with potential edible plants yet to be experimented with. The knowledge of these plants is often times revealed by native users who are well endowed with knowledge about the traditional and medicinal uses of some of the plants.

**Methods & Materials:** Survey of edible plants are presented from man hunting sources.

<table>
<thead>
<tr>
<th>Plants</th>
<th>Plant Parts</th>
<th>Plants composition</th>
<th>Infections treated and parts used</th>
</tr>
</thead>
<tbody>
<tr>
<td>African mango</td>
<td>Fruits and leaves</td>
<td>Fe, Mn, Zn, Acetic acid, starch, alkaloids, saponins and tannins</td>
<td>The leaves: treatment of ringworm, scabies, gonorrhea and dysentery.</td>
</tr>
<tr>
<td><em>bush mango</em></td>
<td></td>
<td></td>
<td>Seeds: used in the treatment of infections; and sexual infections.</td>
</tr>
<tr>
<td><em>ojiri</em></td>
<td></td>
<td></td>
<td>Seeds: anti parasitic, and antimicrobial properties.</td>
</tr>
<tr>
<td><em>ojojuro</em></td>
<td></td>
<td></td>
<td>The rhizomes and leaves: malaria, diarrhoea and sexual infections.</td>
</tr>
<tr>
<td>Bitter Kola</td>
<td>Seed and hull (seed coat)</td>
<td>crude protein, lipid, ash, and crude fibre</td>
<td>The seeds: bronchitis, tonsillitis, and liver disorders.</td>
</tr>
<tr>
<td><em>ohari</em></td>
<td></td>
<td></td>
<td>Infusion of the plant’s bark or fruit is useful in the treatment of dysentery and diarrhoea.</td>
</tr>
<tr>
<td><em>ube ojo</em></td>
<td></td>
<td></td>
<td>The bark: antibiotic properties for healing scabby skin.</td>
</tr>
</tbody>
</table>

**Conclusion:** These plants can be used as dietary supplements used for combating infections.

http://dx.doi.org/10.1016/j.ijid.2014.03.738

**Actual status and future prospects of Infectious Diseases Fellowship in Japan: a qualitative study**

K. Iwata 1*, A. Doi 2, T. Fukuchi 3

1 Kobe University, Kobe, Hyogo, Japan
2 Kobe City Medical Center General Hospital, Kobe, Japan
3 Kobe University Graduate School of Medicine, Kobe, Japan

**Background:** Little research addresses the actual status and future prospects of specialty training in Japan. The purpose of this research is to elucidate the actual status of Infectious Diseases (ID) Fellowship programs in Japan, their strong points and shortcomings, and to identify measures to improve them further from the viewpoints of both attending physicians and fellows.

**Methods & Materials:** We conducted qualitative interviews with an infectious diseases fellow and his/her attending physician from 10 institutions providing ID Fellowship in Japan, regarding the current status of the program. In addition, we also inquired about their views in regards to the ID fellowship policies implemented by the Japanese Association for Infectious Diseases (JAID). We qualitatively analyzed the data to delineate the actual status of each program and the fellowship program policies overall, and to identify measures for further improvement.

**Results:** The interviews revealed that there are largely two kinds of ID fellowships; American style ID programs entirely devoting full time to infectious diseases, and subordinate concepts of other sub-specialties, such as pulmonary medicine, hematology, pediatrics, laboratory medicine or urology, where only a portion of hours were devoted to ID. Some institutions did not even have ID department. Time spent by the attending physicians for fellows also varied among programs, ranging from full time to the level of an advisor only if requested by the fellow. The needs for improvement also varied among interviewees; some being happy with the current system while others demanding radical reform.

**Conclusion:** Even though there are many ID fellowship programs in Japan, the content, the quality, and the concept of the programs apparently vary among programs. The perceptions by interviewees on the educational system differed, depending on the standpoints they have on ID physicians. There probably needs a
A rare case of autoimmune hepatitis presented with acute onset of high fever

E. Ertem, I.S. Ertem, Ö.B. Binicier

1 University of Ege, Izmir, Turkey, Izmir, Turkey
2 Tepecik Public Hospital, Izmir, Turkey

**Background:** Autoimmune hepatitis (AIH) is a chronic autoimmune disease of the liver characterized by hyperglobulinemia, presence of autoantibodies and histological signs of chronic hepatitis in liver biopsy. There is no specific clinical sign or symptom. In 25-30% of the cases, it begins with acute symptoms and high transaminase values mimicking mostly an infectious process. We present a rare case of autoimmune hepatitis which became manifest by only the acute rise of fever.

**Methods & Materials:** Thirty four year old female patient had the complaint of high fever for the last 10 days. There was no physical sign or symptom. CRP and sedimentation values were high and other results were: ALT 129 U/L, AST 78 U/L, Albumin 3.3 gr/dl, Globulin 3.7 gr/dl. Other biochemical, hematological test results and urine examination were all normal. Chest X ray, abdominal USG revealed no pathology. She had blood cultures which yielded no pathological growth of any bacteria and several serological tests for Toxoplasmosis, EBV, CMV, HBV, HCV, HAV, HIV, and Rubella which indicated past infections. She had a mild IgG2 positivity, together with ASMA: 1/80 (+) and LC-1 antibodies positivity in high titers. Liver biopsy revealed chronic hepatitis (interface hepatitis).

**Results:** She was diagnosed as AIH and immunosuppressive therapy with methylprednisolone 50 mg/day and azathiopurin 50 mg/day were started. Fever was under control after 48 hours of medication and 5 days later her CRP and other laboratory parameters returned to normal values. She is still under maintenance therapy.

**Conclusion:** Acute onset of AIH is a rare clinical manifestation of the chronic disease, and high fever being the initial and sole symptom is also rarely reported. Furthermore, Type 1 OIH is usually together with ANA and ASMA positivity, where as in type 2 OIH anti LKM 1 and anti LC-1 positivity are characteristic findings. Our case is considered as a rare case because of high fever being the initial symptom and both ASMA and anti LC-1 positivity were demonstrated. We highly recommend to look for AIH when investigating the etiology of high fever when there is no specific clinical data to indicate any infectious disease.