

# Review of a tertiary hospital Mammography Unit attendance: Making a case for workplace sensitization

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## Abstract

Breast cancer is the leading cause of female cancer deaths in Nigeria with late presentation being the major culprit. Screening mammography is the most effective tool for screening for breast cancer. There is poor adoption of screening services in Nigeria mostly due to lack of awareness and non-availability of mammography units in both rural and urban settings. Healthcare workers play an important role in improving the awareness and adoption of screening mammography services. This study aimed at auditing the mammography unit of a tertiary hospital with the view of improving its usage by the hospital community and its attending populace.

A retrospective study of request forms, questionnaires, mammograms and reports of 1,098 women who had mammography at the radiology department of University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu State, Nigeria, in the period between 2011 and 2018. An analog Alpha RT (GE Healthcare, Chicago, USA) mammography unit was used to acquire the images.

Records were subjected to an internal audit evaluating the completeness of requisite clinical information on the request forms,

questionnaires, and imaging findings. Descriptive analysis of the data was done using Statistical Package for Social Sciences (SPSS) version 23, (IBM, Armonk, NY, USA).

The participants' ages ranged from 31 to 85 years. Twenty-one percent of the women had screening mammography, 72% had diagnostic mammography while 7% had no stated indication. Breast mass (40%) was the highest indication for diagnostic mammography. Most of the referrals for diagnostic mammography emanated from the family medicine department (35%). The final Breast Imaging-Reporting and Data System (BIRADS) assessment of the mammograms audited showed BIRADS 0,1,2,3,4,5, and 6 constituted 25.6%, 25.3%, 35.6%, 2.3%, 5.5% 5.3%, and 0.4% respectively. Out of the 233 mammography screenings done, 77 (33%) were health workers, with nurses contributing 88%.

Our study revealed that diagnostic mammography is by far the commonest indication for mammography services. Poor adoption of the screening mammography service even by the staff of the hospital shows that both workplace and public awareness along with well-structured screening programs need to be instituted to ensure a healthy workforce.

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# Conflict preparedness among healthcare professionals in the University College Hospital (UCH) of Ibadan, Oyo State, Nigeria

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## Abstract

The multi-dimensionality of health needs and interdependency of care inputs provides the medium for the interaction of different professionals. This creates a healthcare work replete with challenges of balancing competing interests, philosophies, and training backgrounds. This study was carried out to ascertain the self-perceived capacity of healthcare professionals in the University College Hospital (UCH) of Ibadan, Oyo State, Nigeria, to prevent, preempt and resolve workplace conflicts.

A cross-sectional survey was carried out among 326 healthcare professionals using a convenience sampling method. Self-administered structured pretested questionnaires were used to collect data on sociodemographics, conflict preparedness, interpersonal communication competence, social problem-solving skill, and conflict resolution education and training. Data were analyzed with the Statistical Package for the Social Sciences version 22 (SPSS 22) using descriptive statistics, Pearson correlation and multiple regression at a 5% level of significance.

More than half of the respondents were females (60.0%). The mean age of respondents was 37.2 years. Most were married (75.2%) and worked on full time (89.6%). Doctors had the highest number of participants (26.0%) with radiographers as the least (7.1%). More than half (57.0%) had worked for more than 8 years

in their current profession. There was a decreasing proportion of participants with mean scores greater than 3 across the outcome variables - communication competence (96.0%), social problem-solving skill (95.0%), conflict preparedness (88.0%), and conflict resolution education and training (54.0%). There was a significant positive correlation between conflict preparedness and communication competence ( $r=0.464$ ,  $p<0.01$ ), conflict preparedness and social problem-solving skill ( $r=0.417$ ,  $p<0.01$ ) and, conflict preparedness and conflict resolution education and training ( $r=0.340$ ,  $p<0.01$ ). Communication competence, social problem-solving skill and conflict resolution education and training were significant predictors of conflict preparedness with coefficients of 0.308, 0.243 and 0.084 respectively.

This study established that the self-perceived preparedness of healthcare professionals for conflicts is influenced by factors such as their communication competence, social problem-solving skills and adequacy of conflict resolution education and training.

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# Death of a cannabis user who suffered from priapism: A case report

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## Abstract

Priapism being a comorbidity in a cannabis user is highly unsuspected because of its rarity hence the need for this report. In this paper, we share our experience in a patient with this rare occurrence.

A case of a 21-years-old single cannabis user in his third episode of mental illness, who developed priapism of one week duration and has smoked cannabis intermittently for 4 years. He was locked up for 10 days prior to presentation because of his aggressive behavior but died within 24 hours of urgent referral to a tertiary hospital. Admitted into the accident and emergency, vital signs were normal; aspiration of blood (25mls) was done with prior administration of adrenaline. Patient started gasping and died 2 hours later.

Urine toxicology was not done but was unlikely to be positive because of the time of restraint. Genotype was not contributory as it was known to the family. Cause of death as reported by the pathologist were acute corpulmonale and respiratory failures with shocked kidneys.

Priapism is a possible urological emergency, though unreported in cannabis users; it could have been treated with aspiration decompression and surgery had the patient lived. It may have been from other herbal medications the patient received in the time of restraint, hence the need for a medical and surgical emergency unit in a psychiatric hospital.

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# Gossypiboma, a rare but preventable cause of surgical intervention failure: A case presentation

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## Abstract

Gossypiboma is used to describe a retained surgical swab in the body after an operation. This rare but dramatic accident can lead to potentially fatal complications and turn the lives of both the surgeon and the patient upside down. Clinicians and pathologists must have a high index of suspicion of this condition for early diagnosis, prevention of morbidity and proper reporting because of the medico-legal implications.

Here we report the case of a 28-years-old Nigerian nulliparous female who presented with a month history of severe abdominal pain following a myomectomy surgery in a peripheral hospital for uterine fibroids. No associated history of weight loss, menorrhagia nor abdominal swelling. An ill-defined mass was seen on abdominopelvic ultrasound, which was better characterized by Computed Tomography (CT) scan as a foreign body in the mesentery. An exploratory laparotomy was done which discovered extensive peritoneal adhesions, and a hard mass walled off by the greater omentum and adherent to the jejunum. Histopathological examination of the excised mass showed strands of amorphous material surrounded by intense granulomatous inflammation containing several foreign bodies and Langhan's type multinucleated giant cells adherent to intestinal segments. She was subsequently

treated with rocephine, metronidazole and pentazocine and discharged home after an uneventful postoperative period.

This report underscores gossypiboma as an unusually rare but important post-surgical complication even in apparently successful surgical interventions. Early diagnosis and treatment would reduce the significant morbidity and eventual mortality associated with this condition.

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# Spike in Peptic Ulcer Disease (PUD) in pregnancy in a rural community of Enugu State, Southeast Nigeria: Is this an epidemic?

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## Abstract

Pregnancy is said to increase susceptibility to *Helicobacter pylori* (*H. pylori*) infection, probably due to decreased cell-mediated cytotoxic immune response. Despite this, evidence from epidemiological studies suggests an alleviation of Peptic Ulcer Disease (PUD) during pregnancy. One study found the incidence of PUD among pregnant women to be as low as 0.005-0.03%. The present study aimed to determine the incidence of PUD in women who attended the ante-natal clinic in Cottage Hospital Inyi, Oji River Local Government Area (LGA), Enugu State, Southeast Nigeria, in 2021.

This was a cross-sectional study conducted with 435 pregnant women, aged 18-40 years in 2021 in Inyi, Oji River LGA of Enugu State, Southeast Nigeria. Through purposeful sampling, 57 women were selected. From each of these patients, a stool sample was collected and examined using immunochemical fecal occult blood test. A horizontal line on the test strip signified a positive result, while its absence negative result. Data were analyzed as proportion and Chi-square using MaxStat (version 3.6) statistical software. P-value  $\leq 0.05$  was considered significant.

The incidence of PUD in pregnant women was 13%; 4.8% in

primigravidae, and 8.2% in multigravidae. The association between PUD and parity was not significant (p-value=0.89).

The incidence of PUD in pregnancy (13%) was much higher than ever had been reported in the past, being slightly higher in multigravidae than primigravidae. Health education on lifestyle modification and environmental sanitation could help tackle this problem.

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