

TRADITIONAL UVULECTOMY AMONG THE NEONATES: EXPERIENCE IN A NIGERIAN TERTIARY HEALTH INSTITUTION

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ABSTRACT

Background: Traditional uvulectomy is widely practiced in some African countries with children more vulnerable to such practices, which may be associated with life threatening complications.

Objectives: To determine the age at the time of the procedure, reasons and complication(s) following traditional uvulectomy.

Materials And Methods: Retrospective study of hospitalized neonates presenting as emergencies following traditional uvulectomy to the accident and emergency department of the Usmanu Danfodiyo University Teaching Hospital, Sokoto, Nigeria, from June, 2004 to May, 2015.

Results: A total of 21 cases were reviewed. Twelve (57.1%) males and 9 (42.9%) were females: ratio of 1.3:1. The age ranged from 1 to 21 days with the mean age of 8.8 days. Majority 11 (52.4%) of the traditional uvulectomies were performed before the 7th day of life. The mean duration before hospitalization was 8.4 hours. Post-uvulectomy haemorrhage 18 (85.7%) was the most common complication and this was followed by septicaemia 3 (14.3%) with 2 (9.5%) mortalities from the septicaemia. All the patients were anaemic. Prevention of sore throat 12 (57.1%) was the main reason for traditional uvulectomy. Sixteen (76.2%) patients were lost to follow-up.

Conclusion: Neonatal traditional uvulectomy was mostly done in the first week of life, prevention of sore throat was the common intent and complicated with post-uvulectomy bleeding and septicaemia. Health institutions have a role to play in public health education on the harmful effects of traditional uvulectomy.

KEYWORDS: Traditional uvulectomy; Neonates; Complications; Nigeria.

INTRODUCTION

Uvulectomy in a traditional setting, is a common procedure carried out in some African countries such as Nigeria^{1,2}. In the northern part of Nigeria, particularly the Hausa speaking areas, traditional uvulectomy is widely practiced especially with the

vulnerable neonates, such practices usually take place in the first week of life³⁻⁵.

With many scholarly reports on traditional uvulectomy¹⁻⁷, the procedure still persist in the developing countries probably because of low socio-economic status and non-formal educational level⁴. The parental reasons for traditional uvulectomy maybe ritual and therapeutic: throat infections, cough, cultural and others^{2-4,12}. A survey in Niamey, republic of Niger by Prual A. et al showed that 19.6% of the children had undergone traditional uvulectomy by the age of 5 years and with severe complication representing 7.8/1000 cases of hospitalization for children under 15 years of age⁵. Reported complications mainly includes: post-uvulectomy bleeding and infections^{8,9,11}.

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In Hausa speaking communities of Northern Nigeria, most traditional uvulectomies is done before or at seventh day of life of a new-born by the traditional healers and maybe associated with life threatening complications⁵. Most studies on traditional uvulectomy were community based with dearth of information on the studies on neonates who were hospitalized following traditional uvulectomy by the traditional healers.

This is a hospital based study to determine the age at time of the traditional uvulectomy, reasons for the traditional uvulectomy, the complication(s) following traditional uvulectomy including: the duration of the observed complication(s) before hospitalization and the remedy given for the observed complication(s) by the traditional healer and the outcome.

MATERIALS AND METHODS

This is a hospital based retrospective study of hospitalized neonates presenting as emergencies following traditional uvulectomy to the accident and emergency department of the Usman Danfodiyo University Teaching Hospital, Sokoto, Nigeria from June, 2004 to May, 2015.

Data retrieved from the medical records includes: age, sex, reasons for the traditional uvulectomy, complications and the duration before presenting to the tertiary health institution following traditional uvulectomy, interventions by the traditional healer in managing the observed complications and the outcome.

Inclusion criteria: hospitalized neonates in the first 28 days of life who had traditional uvulectomy and the exclusion criteria were neonates hospitalized for other reason(s) for which traditional uvulectomy was an incidental finding and neonates with congenital absence of uvula. Data was analysed with simple statistics and results presented in tables and figures.

RESULTS

Out of 27 medical case folders of neonates hospitalized for traditional uvulectomy, only 21 case folders were available for review. There were 12(57.1%) males and 9(42.9%) females, with a male to female ratio of 1.3:1. The age ranged between 1 to 21 days with the mean age of 8.8 days. All the patients had traditional uvulectomy within the 21 days of life but majority 11(52.4%) were performed in the first week of life. The mean duration of complications before hospitalization was 8.4 hours: only 1(4.8%) patient presented in an hour to the hospital. Post-uvulectomy haemorrhage 18(85.7%) was the most common complication occurring from complete amputation of the uvula 8(38.1%) and partial uvular amputation 4(19%), other collateral bleeding sites secondary to trauma were: soft palatal abrasion 5(23.8%) and tongue base abrasion 1(4.8%) as shown in table 1. However, only 12(57.1%) patients presented with active post-uvulectomy haemorrhage. Three (14.3%) patients had septicaemia from the infected site of uvulectomy. All the patients were anaemic (PCV 15-24%). Prevention of sore throat 12(57.1%) was the main reason for traditional uvulectomy. Other reasons include: family tradition 5(23.8%), cough 2(9.5%) and to prevent delay speech 2(9.5%). Traditional medications were administered by the traditional healers in 7(33.3%) patients to control bleeding.

Management and outcome: all the patients had blood transfusions, anti-tetanus toxoid, intravenous antibiotics was administered and 12(57.1%) patients had bleeding site coagulated with bipolar diathermy under general anaesthesia. Two (9.5%) patients with severe septicaemia died within 24 hours of admission, while the rest were discharged after full recovery. Only five (23.8%) patients came for follow-up after a week of discharge (no complication was observed).

Traditional Uvulectomy Among the Neonates

Table 1: Complications of traditional uvulectomy in neonates

COMPLICATIONS	FREQUENCY	PERCENTAGE
1. Post-uvulectomy bleeding sites		
uvular amputation		
complete	8	38.1
partial	4	19
soft palate	5	23.8
tongue base	1	4.8
2. Septicaemia	3	14.3
Total	21	100

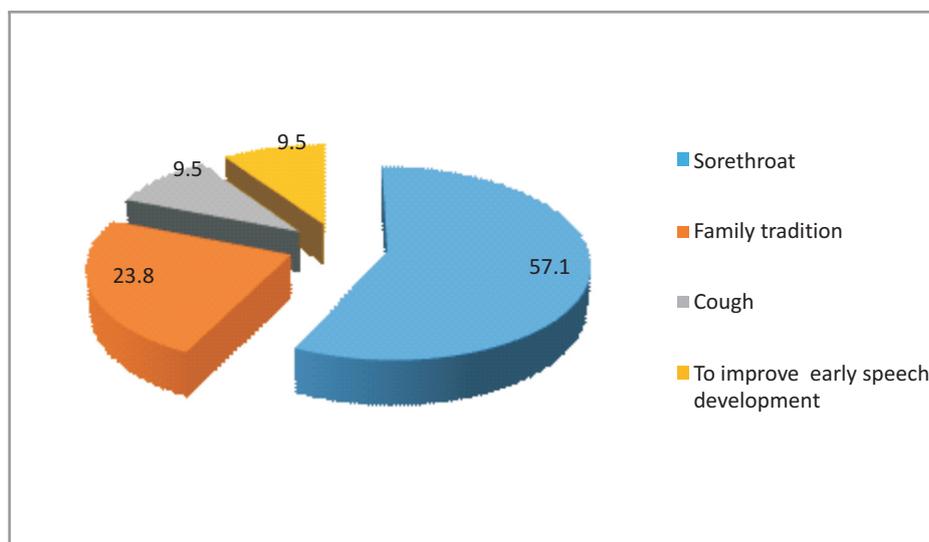


Figure 1: Reasons for traditional uvulectomy (%)

DISCUSSION

Traditional uvulectomy still an ongoing procedure in some African countries^{11,12}. Community based studies on traditional uvulectomies, showed that traditional uvulectomy was commonly performed in children especially within the first week of life^{3,5,8}. Majority of our patients had traditional uvulectomy done within the 7th day of life which is in support of earlier studies^{3,5}.

Complications following traditional uvulectomy can be life threatening, mainly

from haemorrhage leading to severe anaemia¹³. Post-uvulectomy bleeding is the most common reported complication following traditional uvulectomies¹¹⁻¹⁴. In this study, 85.7% of the neonates were rushed to the hospital because of post uvulectomy bleeding with life threatening anaemia and this finding support the earlier studies^{11,14}. Infection following traditional uvulectomy may occur because of unsterilized instruments used for the procedure and the application of herbal extracts to stop the haemorrhage^{1,8}. Infection

from traditional uvulectomy may lead to life threatening septicaemia⁹ and neonatal tetanus^{15, 16}. Though traditional uvulectomy complicated with septicaemia can be a life threatening condition, it is not a very common complication of traditional uvulectomy as seen in this study which is in agreement with the study by Adoga AA, et al (2011): 165 patients who had uvulectomy, 8% had septicaemia as a complication.

Apart from few of our patients who were septicaemic, other patients without signs of infection, were given prophylactic antibiotics, because the instruments used by the traditional healers may not be sterilized^{1,8}.

The reasons for traditional uvulectomy varies, which maybe therapeutic or ritual³ depending on the locality. Whatever the reasons, is to fulfil their indigenous beliefs and cultural practices which is made possible by the traditional healers. This study showed that the main reason for traditional uvulectomy was to prevent sore throat which is in agreement with earlier studies on traditional uvulectomies^{4,9,14}. Follow up of neonates following traditional uvulectomy is important, because of associated velopharyngeal incompetence leading to speech problems and nasal

regurgitation^{8,9}. Majority of the patients (76.2%) in this study never came for follow up after discharged. Probably because of parenteral perception of no need for follow up, low socioeconomic status and or poor educational status. Emphasis on follow up should be made for early recognition and prompt treatment of speech problems and nasal regurgitation from velopharyngeal incompetence.

The limitation of this study: This is a hospital based retrospective study of a single tertiary health institution, the small population size may not be representative of the community. Prospective studies are needed to adequately determine the pattern of traditional uvulectomies among neonates in a particular community.

CONCLUSION

Cultural beliefs still influences the continued practice of traditional uvulectomy. In neonates, such practices may lead to morbidities and mortalities. Health institutions have a role to play in sensitization of the government on the need for continue public education on the harmful effects of traditional uvulectomy.

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