

SAMJ's widening interest

Papers with varying international flavour and input appear in this issue of the *SAMJ*, illustrating our growing reach of readers and contributors.

Reversible nephrotic syndrome secondary to pulmonary hydatid disease provides an interesting 'Clinical Images' topic from Tunisia.¹ Most patients with hydatidosis are children. The disease may be asymptomatic or revealed by unusual events such as glomerulopathy. Gargah and colleagues describe an 8-year-old boy who presented with generalised oedema and macroscopic haematuria. Radiology revealed three large hydatid cysts in the lungs. Renal biopsy showed characteristics of mesangiocapillary glomerulonephritis. He recovered well following medical and surgical treatment of the hydatid disease. The authors believe that their observation is the first in a child in the first decade.

Ugwumba and Aghaji report on the **management and challenges of testicular cancer** in their teaching hospital in Enugu, Nigeria.² Testicular cancers accounted for 1.1% of all cancers in males in 2000. Testicular tumours arise from germ cells in 94 - 97% of cases. In developed countries testicular cancer has excellent survival figures, approaching 97% for low-stage disease, treatment comprising radical orchidectomy, cisplatin-based chemotherapy, radiotherapy and retroperitoneal lymph node dissection. The authors' much poorer figures reflect the problems experienced in their environment, including later presentation, high-stage disease at presentation, absence of radiotherapy facilities, high cost of drugs, and minimal patient awareness of testicular self-examination.

A group of medical students from the University of Virginia, USA, investigated the **prevalence of anaemia in children aged under 5** at a community health centre in Limpopo province.³ Childhood anaemia, which is treatable and preventable, has been reported to affect 20 - 75% of children in South Africa. The range suggests the effects that geography, health and socio-economic status can have on the prevalence of anaemia within a specific community. The authors found that three-quarters of the participating children were anaemic. Anaemia was significantly more prevalent among girls. The ultimate cause in their study was not apparent; the most probable infectious causes (hookworm and malaria) are unlikely. *Helicobacter pylori*, another possible cause, was not associated with anaemia. The paucity of iron-rich foods in the diets of children in the area may therefore play a role in the high prevalence of anaemia.

From India we have a study of a large number of **snakebites** treated at the tertiary health care centre in Maharashtra.⁴ Of their 5 639 admitted snakebite patients about two-thirds were male. The 16 - 45-year age group accounted for 80.7% of cases. The majority of bites occurred during their rainy season and 94.6% of the patients survived. Most of the bites (82.3%) were on a lower limb. The prognosis for snakebites depends on factors besides hospital treatment: whether first aid is given immediately after the bite, early initiation of appropriate

treatment, and type of venom. Mortality was higher (8.4%) in cases where the time interval between the bite and initiation of treatment was more than 6 hours. Mortality from neurotoxic snakebite was higher than from vasculotoxic snakebite.

Corruption focus shifts to health care workers

The popular media have repeatedly reported the decline in public health sector facilities and services. Following up these stories, Chris Bateman uncovered a concern that health care workers are contributing to this problem.⁵ The MEC of the Gauteng Health Department, Qedani Mahlangu, claimed that syndicates involving doctors, nurses and other workers were bleeding their budget dry. The Hawks Special Investigating Unit last month began probing nine suspect contracts worth almost R1 billion awarded by Gauteng's Health Department.

Problems included non-delivery of equipment; the disappearance of consumables and other hospital materials; a job-selling syndicate that involved unqualified outsiders paying well-placed hospital staff thousands of rands to place them in health care jobs (a perilous practice in which several whistleblowers had mysteriously died); and doctors pocketing money paid for operations on foreigners, claiming them to be indigent.

Identifying such areas of concern and admitting their existence are important steps in addressing the widespread problems. However, senior doctors cautioned about the importance of ensuring the support of the majority of hard-working professionals and not alienating them by tarring all with the same brush.

Subcutaneous heparin for the acute treatment of venous thrombo-embolism

A study showing that fixed-dose unmonitored subcutaneous unfractionated heparin is as effective and safe as low-molecular-weight heparin for the acute treatment of venous thrombo-embolism prompted the authors⁶ to test this on their public sector patients, who differed in many ways from the original study (they often have multiple co-morbidities and are thinner and younger). Their study provides preliminary support for local generalisability.

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3. Heckman J, Samie A, Bessong P, et al. Anaemia among clinically well under-fives attending a community health centre in Venda, Limpopo Province. *S Afr Med J* 2010; 100: 445-448.
4. Inamdar IF, Aswar NR, Ubaidulla M, Dalvi SD. Snakebite: Admissions at a tertiary health care centre in Maharashtra, India. *S Afr Med J* 2010; 100: 456-458.
5. Bateman C. Gauteng MEC shifts corruption focus to health care workers. *S Afr Med J* 2010; 100: 410-412.
6. Munsamy JI, Kertland H, Parrish A. Validation of a dosing regimen for fixed-dose, weight-adjusted, subcutaneous unfractionated heparin for the acute treatment of venous thrombo-embolism in a population from a resource-constrained environment. *S Afr Med J* 2010; 100: 432-434.