



MEDICAL RECORDS
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HISTOPATHOLOGY SERVICE AT AWOJOBICLINIC ERUWA - THE FIRST DECADE

INTRODUCTION

I want to seize this opportunity to summarize my experience in morbid anatomy which has become an old wife's tale in today's medical training in Nigeria.

In March 1972, my first posting as a clinical student was in Prof (then Mr) O O Ajayi's surgical unit on ward E1 of the University College Hospital, UCH, Ibadan. He taught us using mnemonics, one of which was "*lan Aird said: 'Good pathologists make mighty surgeons proud'*" to describe the pathology of a malignant disease. The first letter of each word represented:

I	-	Incidence,
A	-	Age distribution,
S	-	Sex distribution,
G	-	Geographical distribution,
P	-	Pathogenesis (now referred to as Risk Factors),
M	-	Macroscopic appearance,
M	-	Microscopic appearance,
S	-	Spread,

We later learnt to adapt the mnemonic to non-neoplastic diseases like pulmonary tuberculosis, diabetes mellitus, hypertension etc. The training was such that whatever we HEARD in the lecture rooms, we SAW in the patients (dead or alive) such that at the exams, it was assumed we had passed until the contrary was proved. The examinations were partly to showcase us to the external examiners who were mostly from Europe, the Caribbean's, Australia and the USA. There were others from West and South Africa. I got my only distinction at MB, BS in the specialty of Prof Ajayi - surgery. Those were the days

of true apprenticeship and mentorship which have now been replaced by ALTERNATIVE TO PRACTICAL and OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS.

SURGICAL PATHOLOGY AT UCH IBADAN

Early in my residency training (1977 - 1983) at the UCH, I wrote a proposal to the Head of Department, Prof E O Olurin, the foremost Nigerian authority on thyroid disorders, that surgical residents should spend three months in morbid anatomy and anaesthesia during which they would have in-depth study of surgical pathology and the opportunity to practice various resections and anastomoses on the alimentary canal while performing post mortem examinations. I was the first to undertake the rotation under Profs T A Junaid and E Aghadiuno. In addition, I wrote one paper during the rotation.¹ I enjoyed my stay in the department so much I could have ended up a pathologist if I had been there six months earlier!!

During this period at UCH, the slides of operative specimens were available within twenty four hours. The enthusiastic surgical registrar could get a preliminary report the day after surgery. There were regular surgical-pathology sessions in conjunction with Morbid Anatomy Department. Pathologists regularly attended morbidity/mortality and grand rounds of the surgeons. There was facility for frozen section in breast surgery and electron microscopy was available for research.

HISTOPATHOLOGY SERVICE AT AWOJOBI CLINIC ERUWA

When I arrived the District Hospital, Eruwa in 1983, I got the histopathology reports of my surgical specimens sent to UCH, Ibadan 70km away within one week.

Associated with the decline in the teaching hospitals was the gross delay in obtaining histopathology reports on operative specimens. By July 2003, we had 49 outstanding reports with some dating back to 2001. We had paid one thousand five hundred naira (N1 500.00) for each specimen.²

However, because of the type of training I had, the challenge was promptly resolved in July 2003 when we commenced producing the slides of the tissues with the equipment Prof Jaiye Thomas of the department gave us. Jaiye is a very close friend and colleague. A laboratory scientist, Mr O A Ajibade, from the UCH came to Eruwa to teach us to process the tissue into slides. Within 36 hours, he had processed 40 samples. Prof E U Akang has been reporting the slides since then. His residents regularly looked forward to the packs from Eruwa with interesting and often rare pathologies. He had requested and obtained some of the tissues, slides and blocks for teaching and examination purposes. We are planning to publish some papers on the rare cases diagnosed.

Technicians who are holders of National Diploma in Science Laboratory Technology of the Polytechnics have been trained to produce the slides. One of them is pursuing a degree course in laboratory science. Results are available within 10 days of obtaining the specimen by the routine we have established.

We have adapted the ordinary candle wax to replace the standard paraffin wax for making blocks of the tissue, the surgical or razor blade has replaced the imported microtome blade and a small kerosene stove has taken the place of the electric hot plate for fixing the slices to the glass slides. The candle wax and surgical/razor blade are much cheaper but just as effective as the imported substitutes. (Fig 1)

As a consequence of the gross delay at UCH, I was obliged to perform bilateral orchidectomy on a man when his prostatic symptoms and signs recurred six months after prostatic enucleation. Histopathology report from UCH came TWO years later confirming carcinoma. That could only have happened in Nigeria.

On May 27, 2013 during the inquisition of the Nigeria Medical Association, NMA, team to ACE, the residents presented a 15kg myomectomy specimen they excised while discussions were on-going. Prof M Buhari from the University of Ilorin Teaching Hospital requested to have the specimen for his museum. He was obliged. (Fig 2) Colleagues from neighbouring practices in Ibarapa district, Oyo, Ogun and Lagos States have availed themselves of our services.

Here is the analysis of the first decade of histopathology service at ACE.

TISSUES PROCESSED AT AWOJOBI CLINIC ERUWA JULY 2003 – JUNE 2013

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	TOTAL
PROSTATE	39	73	78	51	71	61	73	93	90	112	51	792
BREAST	15	20	17	20	20	41	29	46	52	60	471	791
GOITRE	23	24	19	26	16	48	32	42	38	30	28	326
BIOPSY	36	52	61	63	62	62	82	87	51	71	46	673
FINE NEEDLE ASPIRATE					1		2	4	75	101	57	240
TUMOUR	18	11	16	13	17	28	27	23	20	16	1	190
PERIPHERAL BLOOD		4	14	11	10	12	12	14	22	30	14	143
MASS	4	8	7	13	6	16	13	19	22	50	34	192
OVARY	9	9	10	8	10	9	11	23	17	22	19	147
MANDIBLE		5	3	9	2	3	9	9	15	20	8	83
MAXILLA			1		1	1		1			1	5
UTERUS		2	4	2	2	5	4	3	3	10	8	43
GALL BLADDER		3		2	1	4	5	8	7	6	6	42
COLON	1	3		1	2	7	1	1	3	6	5	30
SKIN ULCER	1			5	4	3	1	3	4	4	4	29
SPLEEN	1	3	3		1		2	5	5	2		22
APPENDIX	2		1	1	2	1	1	2	2	2	2	11
MISCELLANEOUS	4	9	10	11	13	25	14	22	24	40	27	199
TOTAL	153	226	243	236	240	325	317	404	448	582	779	3953

Key: 123 Tissue of ACE patients. 45 Tissue from other practices.



Fig. 1
The microtome and
other accessories.



Fig 2: 15kg fibroid for inspection.
Dr O Adebamigbe who performed the surgery in the background.

DISCUSSION

As with other challenges we have faced and solved in the last three decades in Eruwa, that of histopathology has been very gratifying. It has enabled us to make definitive diagnoses in most of our difficult cases. Patients with carcinoma of the breast and cervix requiring radiotherapy have been promptly diagnosed and referred. Women with carcinoma of the breast have had mastectomy and axillary clearance where indicated before referral.

Residents working with me have been responsible for the surgical cutup and have appreciated the correlation between the clinical/operative findings and the pathologic

diagnoses. They have studied the slides of the benign and malignant diseases of the thyroid, breast and prostate to improve their knowledge of basic surgical pathology.

The increasing use of Fine Needle Aspiration Cytology, FNAC, came after the joint conference of the Association of Rural Surgical Practitioners of Nigeria and the International Federation of Rural Surgery that took place at ACE in November 2011. Prof Thomas delivered a paper and taught us the technique of FNAC.³

The science of surgery has also been improved in the practices of our colleagues that include Drs B G K Ajayi, the ophthalmologist, Tayo Apampa, A C Sagua, a fellow surgeon, S Ogunsina, O Oyewusi, E Saliu, R O Tijani, M H Adabanija, Bayo Windapo, Femi Fatokun, M O Ojo, O D Fatukasi, L Durojaiye, Paul Jesuyajolu, R Jack and L Siben.

With the establishment of the OLAJIDE AJAYI CANCER CENTRE ERUWA, www.olajideajayicancercentre.org, the scope and depth of histopathology service will increase at ACE in the coming years.

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