Epidemiology

PO - (8369) - BURULI ULCER: PATTERN OF PRESENTATION IN A NIGERIAN HOSPITAL

Ogbuagu, Chukwunanugo (Nigeria); Enweani, Ifeoma (Nigeria); Maurice, Agu (Nigeria); Ogbuagu, Ekechukwu (Nigeria); Emelumadu, Obiageli (Nigeria)

1 - Nnamdi Azikiwe University Teaching Hospital Nnewi Nigeria; 2 - Nnamdi Azikiwe University Awka Nigeria; 3 - Nnewi Diocesan Hospital Nnewi Nigeria

BACKGROUND: Buruli ulcer is one of the neglected tropical diseases. It is a chronic, debilitating, necrotizing disease of the skin and soft tissue caused by *Mycobacterium ulcerans*. The pattern of presentation most times is neglected by the infected because it has been regarded as the disease of the poor with little or no access to healthcare facility. This poor population who live in the rural often inaccessible communities with the triad of ignorance, belief system/stigma and poverty forming a vicious cycle fail to present early to the hospitals.

METHOD: This was a retrospective review of patients who accessed care at the infectious disease clinic of Nnewi Diocesan Hospital Nnewi Southeast Nigeria between 1st January to 31st December 2017. In order to achieve a complete inference, laboratory wound swab culture results of all the patients was collated and matched with the clinical presentation. All the cultures were done by a German Leprosy and TB Relief Association (GLRA) trained scientist.

RESULTS: Review of data showed a total of 10,120 patients of which 6,402 were outpatients and 3,718 were inpatients. They were aged 1-86 years. There were 60 cases of limb ulcers of which wound swab culture was done. Fifty four (54) were Diabetic foot ulcers while five (5) were venous ulcers. Acid-fast bacilli was detected with Ziehl-Neelsen staining in one specimen and confirmed by the reference center.

CONCLUSION: Most of the patients are incidental findings following late presentation at hospitals with a questionable ulcer/wound with a high index of suspicion on clinical examination. If BU is to be eradicated, there must be an intensive rural identification epidemiological program to isolate the infected. Ignorance, stigma and poverty cycle has to be broken by massive awareness and education.