ABSTRACTS

Faculty of Clinical Sciences
Obafemi Awolowo University,
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SESSION 1

AO1:

A Cultural Lexicon of Sleep and Related Disorders in Yoruba: Implications for Health Literacy and Clinical Communication

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Background: Effective clinical assessment and management of sleep disorders- a vital part of which includes communication and patient counseling is often grossly hindered by gaps between biomedical and indigenous interpretations of terms used for sleep and sleep disorders. This study seeks to bridge this divide by documenting the cultural perceptions and lexicon of sleep and sleep disorders among the indigenous Yoruba in South Western Nigeria; and to elucidate the implications for clinical assessment, health literacy, and clinical communication of clinicians with the indigenous Yoruba-speaking populace

Methods: This study used an ethnolinguistic review that was conducted through web-based searches and Yoruba-English dictionaries between October 1 to 15, 2025. Vocabulary for sleep in the Yoruba language, Yoruba equivalents for common sleep disorders, and proverbs relating to the Yoruba perspective on sleep were compiled from these sources and scrutinized for medical and cultural relevance.

Results: Our review highlighted the Yoruba Word equivalents for sleep and common sleep disorders; however, direct lexical equivalents for the majority of the sleep disorders were not found, and the Yoruba lexicon deferred to descriptive phrases to take care of situations of this sort. The study also confirmed that the Yoruba lexicon frames sleep disorders within a spiritual paradigm. The results help us point out how cultural constructs shape the perception of patients on sleep and sleep health.

Conclusion: The Yoruba lexicon and cultural narratives provide invaluable insights into the perspectives of the indigenous Yoruba populace in South Western Nigeria on sleep and its related disorders. Further qualitative studies are desirable among the general population.

Keywords: Sleep, sleep disorders, Yoruba language, ethnolinguistics, clinical, communication.

AO2.

Evaluation of Serum Lipid Profile of Preeclamptic Women: A Cross Sectional Analytical Study

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Background: Preeclampsia is one of the hypertensive disorders of pregnancy occurring in the second half of pregnancy and clinically manifests as hypertension and proteinuria. The etiology still remains unclear. Endothelial injury resulting from lipid accumulation in macrophages and arterial intimal cells has been elucidated. The main purpose of this study was to determine the association between abnormal lipid profile and pre-eclampsia.

Methods: The study was a cross-sectional analytical study done between August 2023 to October, 2024 involving 52 preeclamptic and 52 appropriately matched normotensive pregnant women at OAUTHC, i.e. 104 participants. Their venous blood (5mls) was collected after an overnight fast of 8-12 hours and analyzed for total cholesterol, triglyceride, high density lipoprotein-cholesterol, and low-density lipoprotein-cholesterol. Data analysis was done using IBM SPSS version 25. Data analysis was done at 95% confidence interval and level of significance set at $\leqslant 0.05$.

Result: Preeclamptic women had elevated lipid profile parameters as compared to normotensive pregnant women. Though not statistically significant. The mean serum lipid profile levels between cases and controls include: TC {4.64 ± 1.55 (mmol/l) , 4.53±1.13 (mmol/l} and P-value of 0.673), LDL-C 2.45(1.95-3.42) and 2.40(1.83-3.20) with P-value of 0.619 as data was not normally distributed},HDL-C{ 1.25 ± 0.53 (mmol/l) and 1.33±0.47 (mmol/l} and P-value of 0.416) TGs {1.70 ± 0.81(mmol/l) and 1.52 ± 0.49 (mmol/l) and P-value of 0.178.

Conclusion: There was no association between elevated serum lipid profile parameters and preeclampsia. However, elevated levels of HDL- C was associated with severity of the

disease. Hence, further research is needed to understand the role of serum lipids in the aetiopathogenesis and progression of preeclampsia.

Keywords: Preeclampsia, Hypertension, Proteinuria, lipid profie, Pregnancy

AO3:

Cord Blood Antioxidant Vitamins in Term Nigerian Babies wth Perinatal Asphyxia: Relationship with Severity

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Background: Vitamins A, C and E have antioxidant properties and may be beneficial in ill babies undergoing oxidative stress like Perinatal Asphyxia (PA). Little is however known about the roles of these vitamins in Nigerian babies with PA. This study aims to comparatively determine the antioxidant vitamins in babies with and without PA and ascertain its relationship with severity of asphyxia at the Wesley Guild Hospital, Ilesa, Nigeria.

Methods: Term babies with PA were consecutively recruited over a nine-month period. Asphyxia was defined as 5th minute Apgar score <7. Apparently healthy non-asphyxiated term babies were recruited as comparative group. Cord blood samples were obtained and analysed for antioxidant vitamins using chromatography methods (Water Incorporate, California, USA). Data obtained were analysed using SPSS version 21.

Results: Of the 168 recruited babies, 84 had PA, ninety (53.6%) were males and 61 (72.6%); 23 (27.4%) had moderate and severe PA respectively. Cord blood Vitamins A [14.8 (10.7 -19.6) vs. 19.7(12.4-88.1) µg/dl; p = 0.004] and vitamin C were lower in babies with PA, but vitamin E [2.5(1.3-6.8) vs. 0.1 (0.1-2.3) ng/dl]; p<0.001] was higher in babies with PA. These vitamins were not significantly related to the severity of PA using Apgar score classification.

Conclusion: Cord blood antioxidant vitamins showed inconsistent results in term babies with PA, with low levels of Vitamins A and C and higher level of Vitamin E because of its acute phase reactant properties. Antioxidant vitamins may hold prospects as adjunct therapy in babies with PA.

Keywords: Perinatal asphyxia; Cord blood; Hospitalisation; Antioxidants; Vitamins.

AO4:

Patterns, Determinants and Associated Outcomes with Adolescent Sleep Health in Africa: a Scoping Review

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Background: Sleep health in adolescence is a global public health concern. However, limited studies on adolescent sleep health in Africa exist, and the extent of the available literature on the African continent has not been previously mapped. This review aimed to map the studies on adolescent sleep health in Africa.

Methods: We conducted a scoping review by searching five database: MEDLINE (via PubMed), CINAHL (via EBSCOHost), PsychINFO (via EBSCOHost), Scopus and the African Journal Online (AJOL), from the inception of the databases to January 2025. All published articles on adolescent sleep health in Africa were considered. As previously highlighted in our published protocol (doi: 10.1136/bmjopen-2022-067373), we used the JBI methodology for the scoping review.

Results: After screening 921 titles and abstracts and 78 full-text articles, we included 43 articles. There has been an increasing number of studies on adolescent sleep in Africa in the past 25 years. Cross-sectional studies were the most frequent design (67.4%). Most studies focused on sleep quantity and quality, with small sample sizes and scanty evidence on other aspects of sleep health. Inadequate weekday sleep duration was common among adolescents, often compensated by longer weekend sleep durations.

Screen use at bedtime, sleeping environment, school schedules, and chronic medical conditions were the major risk factors for sleep disturbances. Poor sleep was associated with poor academic performance, depression, anxiety, and adverse cardiometabolic risk.

Conclusion: This review shows a lack of studies on the multidimensional aspects of sleep health and the need for more objective sleep measures to better characterise the sleep health of adolescents in Africa. Larger studies with longitudinal and mixed-method designs are needed to drive the planning and execution of interventions to improve sleep health among African adolescents.

Keywords: Adolescent sleep health, Sleep duration, Sleep quality, Teenagers

AO5:

Sleep-related Hypoxaemia Among Early to Mid-stage Parkinson's Disease Patients in Ile-ife and Ilesa: Frequency, Predictive Factors and Relationship with Severity of Motor Symptoms

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Background: Parkinson's disease is one of the common neurodegenerative diseases with associated sleep disorders. These include insomnia, sleep apnoea, rapid eye movement (REM) sleep behaviour disorder and excessive daytime sleepiness.

Methodology: In a cross-sectional, comparative, hospital-based study design, we recruited 50 patients with early to mid-stage Parkinson's disease and 50 apparently healthy age-, sex- and body-mass-index matched adults. The risk for obstructive sleep apnoea and excessive daytime sleepiness for both groups was assessed using the STOPBANG questionnaire and Epworth sleepiness scale respectively. Motor severity and disease staging was determined by Unified Parkinson's disease rating scale (UPDRS) and Hoehn and Yahr disease staging respectively. Each participant had overnight oximetry done for at least 8 hours each night for two consecutive nights and the night with the worse oximetry values was downloaded onto a computer with a dedicated software to generate the oxygen desaturation index (ODI) and determine the presence of sleep-related hypoxaemia (ODI $\geqslant$ 5). The data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 26. A p-value of less than 0.05 was considered to be statistically significant.

Results: There were 39 males and 11 females in both the patient and control groups. The patients had a lower mean baseline SpO2 (95.29%) compared with that of controls (96.91%) with a p-value of <0.001. Sleep-related hypoxaemia (ODI $\geqslant$ 5) occurred in over half (58.0%) of Parkinson's disease patients compared with controls (18.0%) and this was not related to the severity of motor symptoms. The presence of Diabetes mellitus was an independent predictor of sleep-related hypoxaemia among Parkinson's disease patients.

Conclusion: Sleep-related hypoxaemia was found to be significantly present in early to mid-stage Parkinson's disease patients compared to controls and presence of Diabetes mellitus was an independent, statistically significant predictive factor. Sleep-related hypoxaemia was not related to the severity of motor symptoms.

Keywords: Parkinson's disease, sleep-related hypoxaemia, oxygen desaturation index.

AO6:

Beyond Imaging: Neutrophil-lymphocyte Ratio as a Simple Tool for Ovarian Tumour Risk Assessment

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Background: Ovarian tumors constitute a major cause of gynecologic morbidity and mortality, and distinguishing benign from malignant lesions remains a diagnostic challenge, particularly in low-resource settings. The neutrophil-lymphocyte ratio (NLR), an inflammation-based biomarker derived from routine blood counts, has emerged as a simple and cost-effective diagnostic adjunct in oncology.This study compared the neutrophil-lymphocyte ratio in patients with histologically confirmed benign and malignant ovarian tumors managed at the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife, Nigeria, over a ten-year period (2015–2025).

Methods: A retrospective comparative study of 80 patients was conducted, comprising 40 with benign and 40 with malignant ovarian tumors. Hematologic parameters were extracted from case records, and NLR was computed as the ratio of absolute neutrophil to lymphocyte counts. Since data were non-normally distributed, the Mann–Whitney U test was employed to compare the groups, with statistical significance set at $p < 0.05$.

Results: The overall median NLR was 1.71. Patients with malignant tumors exhibited a significantly higher median NLR (2.13; IQR 1.27–2.90) compared to those with benign

lesions (1.35; IQR 0.86–2.13), with a p-value of 0.009. This statistically significant elevation of NLR in malignant cases supports its role as a useful discriminatory biomarker. A median NLR cut-off of approximately 1.71 may offer a practical reference threshold for differentiating between benign and malignant ovarian tumors.

Conclusion: NLR is significantly elevated in malignant ovarian tumors and may serve as a low-cost adjunct to preoperative evaluation in resource-limited settings. Integrating NLR with clinical assessment could improve early risk stratification and patient outcomes.

Keywords: Neutrophil-lymphocyte ratio, ovarian tumor, malignancy, inflammation, diagnostic biomarker, Nigeria.

A07:

The Scourge of Medical Quackery and the Vicious Cycle of Death: An Illustrative Case Report

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Background: Medical quackery is a harbinger of disability and death and is prevalent in low- and middle-income countries due to poor implementation of existing regulations, and sometimes offenders may go unpunished. Poverty, ignorance and the ever-dwindling numbers of skilled health workers 'japa syndrome' are the main drivers of medical quackery.

The case: We report a 65-year-old woman who came into the Emergency department with a 4-day history with high grade fever and painful swelling on the right buttock and altered sensorium of 1 day duration. Symptoms started after she was injected in the buttocks by an unqualified medical personnel 2 days earlier who was called to treat her at home for malaria with intramuscular Arthemeter injections. At presentation, she was drowsy, febrile (41^{0}C), hypotensive (80/40mmHg) and tachycardic (140beats/minute) There was a huge, warm, tender and fluctuant swelling in the right gluteal region which revealed abscess on aspiration. After resuscitation with intravenous fluids, relevant culture samples taken and broad-spectrum antibiotics commenced, BP improved to 98/66mmHg and the General surgeons were invited for drainage of the abscess. She however died 2 hours after presentation just after being reviewed by the surgeons. Post mortem was requested for but declined by the family.

Conclusion: This case highlights the untold scourge of medical quackery in our environment and the preventable loss of lives. There should be increased public health education on this menace, implementation of laws and prosecution of offenders which will help break this vicious cycle of death.

Keywords: Medical quackery, gluteal abscess, vicious cycle, death.

A08:

Serum type-2 Cytokine Profile in Nigerian Children with Allergic and Non-allergic Asthma

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Background: Children with asthma often have concomitant allergic diseases and may display a variety of pro-asthma, pro-allergic inflammatory cytokines. This study sets out to determine the serum type-2 cytokines (IL-3, 4, 5, 9 and 13) in Childhood asthma with or without allergic diseases and ascertain their relationship with disease severity and control at the Wesley Guild Hospital, Ilesa, Nigeria

Methods: Using a cross-sectional study design, children aged 2-14 years with physician-diagnosed asthma were classified as allergic or non-allergic based on the presence of associated allergic diseases and blood eosinophilia (>4%) over a 10-month study period. Cytokine assay was done using Chromatography method (Waters Incorporate, California, USA) and the values compared between the two groups. Data analysis was done using SPSS version 21

Results: Of the 93 children (41 with allergic and 52 with non-allergic features), 58 (62.4%%) were male and the mean (SD) age was 7.1 (4.1) years. The majority 62 (66.6%) had mild asthma and 68 (73.1%) had optimal symptoms control. Serum IL-3 [8.3 (4.9) vs. 5.6(4.1) ng/dl; p =0.005, IL-4 [5.2 (3.2) vs. 4.0(2.4) ng/dl; p = 0.024 and IL-9 [5.4 (3.5) vs. 4.0(2.9) ng/dl; p =0.038 were higher in those with allergic asthma, and IL-3 highest in the severe cases, but type 2 cytokines were not related to asthma symptoms control.

Conclusions: Children with allergic asthma has significantly elevated T helper cells type 2 induced cytokines which were associated with asthma severity. Assay of these inflammatory cytokines may help to ensure more personalised childhood asthma care.

Keywords: Childhood asthma; T-helper cells type 2; Inflammatory cytokines; asthma severity, symptom control.

Session 2

BO1:

Clinical Presentation and Outcome of Conjunctival Squamous Papilloma: A Study of 16 Eyes

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Background: Conjunctival squamous papilloma is an acquired benign epithelial tumor of the conjunctiva. Potential complications if left untreated include cosmetic concerns, vision impairment, and malignant transformation. This study sets out to describe the clinical presentation and treatment outcome of patients diagnosed with conjunctival squamous papilloma at Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife, Nigeria.

Methods: A retrospective review of 16 patients with conjunctival squamous papilloma at OAUTHC, Ile-Ife, was conducted from January 2019 to March 2025. Data collected included demographics, clinical features, treatment, and postoperative outcomes.

Results: The study included data from 16 eyes of 16 patients. Nine (56.3%) patients were males and age range was 2months to 72years. Duration of symptoms was 1month to 15years, largest tumor size ranged from 2mm to 15mm. Most lesions were in the left eye (68.8%) and on the palpebral conjunctiva (75%). One (6.25%) patient had spontaneous resolution. Three (18.8%) patients received oral cimetidine (300 mg three times daily for 3 months) but showed no clinical regression. Thirteen (81.3%) patients had wide surgical tumor excision with intraoperative mitomycin-c application to the excised area, they included two patients who had prior oral cimetidine. Two (12.5%) patients were lost to follow up prior to surgery. Histopathology confirmed lesions were conjunctival papillomas and no malignant cells were present. Post-surgery, all patients maintained good vision with no recurrence during follow-up.

Conclusion: Conjunctival squamous papilloma occurred more in males and on the palpebral conjunctiva. Surgical excision with topical mitomycin-c was effective for treatment and is recommended for good outcomes.

Keywords: Squamous epithelial neoplasm, Ocular surface tumors, Excisional biopsy, Mitomycin C, Cimetidine, Nigeria

BO2:

Ocular Surface Squamous Neoplasia at a Tertiary Hospital in Nigeria: A 10-year Review of Clinical Presentation, Management, and Outcome

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Background: Ocular surface squamous neoplasia (OSSN) is a term used to describe neoplasia of the epithelium of the limbal conjunctiva and/or cornea, ranging from partial thickness dysplasia to invasive squamous cell carcinoma. If untreated, it can lead to loss of vision, loss of the eye or death.

Objective: To assess the clinical presentation, management and outcome of patients with OSSN over 10 years at Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Nigeria.

Methods: A retrospective review was conducted on the medical records of 16 patients diagnosed with OSSN between January 2015 and April 2025.

Results: The patients' age ranged from 21 to 90years. Females were more commonly affected (68.75%). Majority were traders (43.75%). Eighteen eyes were involved: right (43.75%), left (43.75%), and bilateral (12.5%). Symptom duration was 4days to 3years. More lesions were located nasally (55.5%). One (6.25%) eye had a pigmented OSSN and one (6.25%) patient was HIV-positive. Lesion size ranged from 5 to 20mm in its largest diameter. Eleven (61.1%) eyes were treated with topical 5-Fluorouracil (1% qid for 1week/month). Complete tumour resolution was observed in 3 eyes of 2 (12.5%) patients who completed 3 cycles of chemotherapy. Three (18.8%) patients were referred for excisional biopsy and cryotherapy, while 11 (68.8%) patients defaulted on follow-up or were still undergoing treatment at the time of review.

Conclusion: The study suggests a higher incidence of OSSN in females and traders. Topical 5-Fluorouracil was effective for tumour resolution. Provision of cryotherapy services are recommended in view of the high default rate.

Keywords: Pigmented Ocular Surface Squamous Neoplasia, Conjunctival Neoplasia, Squamous Cell Carcinoma, HIV, 5-Fluorouracil, Africa.

BO3:

The Prevalence and Determinants of Low Back Pain Among Surgeons and Surgical Residents in Nigeria

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Background: This study addresses low back pain (LBP), a common and debilitating occupational hazard affecting healthcare workers, especially surgeons. Surgical practice involves prolonged standing, awkward postures, and repetitive movements, which predispose to LBP.

Objectives: To determine the prevalence and determinants of LBP among surgeons and surgical residents in Nigeria.

Methods: A cross-sectional descriptive survey of surgeons and surgical residents in Nigeria was carried out. Data were collected using an electronic questionnaire on Google Forms and analyzed using IBM Statistical Package for Social Sciences (SPSS) version 23. Chi-square test was used to determine associations between categorical variables. Statistical significance at P value 0.05

Results: A total of 281 respondents, 67 surgeons, and 214 surgical residents participated in this study. Most (83.3%) of the respondents were males, and the majority (227; 81%) reported experiencing LBP intraoperatively, worse in females. About half (52.7%) of the respondents reported current prevalence of recurrent or chronic LBP. The majority (68%) of the respondents with a history of LBP before starting their surgical career reported worsening of symptoms since entering surgical practice. LBP impacted the quality of life in 20% of respondents and limited the ability to engage in prolonged surgery in 12.5% of respondents. Determinants of LBP include age, gender, duration of surgery, and intraoperative work ergonomics.

Conclusion: Low back pain is a common occupational hazard among surgeons and surgical residents in Nigeria, with a tendency to affect their quality of life and surgical practice. Well-regulated surgical practice and intraoperative ergonomics are important in reversing this trend.

Keywords: Low back pain, Surgeons, Surgical residents, Prevalence, Determinants

BO4:

Trial of Opioid Analgesics in a Known Opioid-sensitized Individual: A Case Report

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Background: Opioid analgesics are used routinely for pain management in various surgical diseases. Its potency makes it the choice drug intraoperatively and in postoperative pain management. Hypersensitivity reactions and cross-sensitivity among different classes of Opioids have been established.

Case Presentation: We managed a 45-year-old woman who had common bile duct (CBD) exploration and hepaticojejunostomy in our unit, having been referred from another hospital following iatrogenic CBD injury. She is a known dyspeptic, hypertensive patient with a history of allergy to pentazocine (delirious effect and pruritus), but no history of skin disorders or asthma.

Management and Outcome: Post-operatively, she had a trial with other opioid analgesics, different from Pentazocine. She was given a single dose of intravenous(IV) fentanyl 100mg, which was well tolerated, then IV Morphine, to which she experienced pruritus, but it was resolved with an antihistamine. She subsequently tolerated oral codeine.

The index patient with a documented history of allergy to pentazocine (a synthetic benzomorphan derivative of morphine) had a similar reaction of pruritus to morphine. However, codeine and morphine, belonging to the same class of natural opium alkaloids with similar mechanisms of action, reacted differently in this case.

Conclusion: True anaphylaxis to Opioids is rare, hence most reported allergies to opioids are anaphylactoid reactions. The index case further revealed that though cross-sensitivity to drugs within the same class of Opioids does occur, it is selective, and a history of opioid allergy does not preclude the repeated use of drugs in the same class or other classes of opioid analgesics.

Keywords: Opioids, allergy, anaphylaxis, anaphylactoid reactions, provocation test

B05:

Assessing the Perception of Informed Consent Among Patients Undergoing Day-case Surgery in a Tertiary Hospital in South Western Nigeria

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Background: Informed consent is a global practice yet patients' perception of its adequacy varies, particularly in the context of day-case surgery which requires efficient and comprehensive communication. Many patients often consent to surgery without fully understanding the risks and benefits. This study aims to assess patients' perception of informed consent for elective day-case surgery, the adequacy of informed consent for elective day-case surgery, and identify factors that affect patients' understanding of informed consent.

Methods: A prospective cross-sectional study was carried out between February 2025 and May 2025 among 107 adult patients who underwent elective day-case surgery at OAUTHC, Ile-Ife. Participants completed a structured self-administered questionnaire post-operatively on the day of surgery, before discharge. The adequacy of consent was determined using a composite scoring system of 16 items, with a score ⩾12 considered adequate

Results: While most participants (98.1%) received explanations of their diagnosis and procedure, informed consent was inadequate in 50.5% of respondents. Less than half (46.7%) understood the risks and limitations of their procedures, and many respondents perceived informed consent primarily as a protective measure for the surgeon and hospital, rather than a process empowering patient autonomy. Prior experience with day-case surgery was also significantly associated with better perception and adequacy of consent (p = 0.032).

Conclusion: While respondent generally perceived day-case surgery as safe and convenient, gaps remain in their perception and understanding of informed consent. Enhancing communication, providing educational materials, and standardizing consent processes can improve patient satisfaction, autonomy, and confidence in day-case surgical care.

Keywords: Surgical informed consent, day-case surgery, questionnaire, tertiary hospital

B06:

Predictors of Difficult Laparoscopic Cholecystectomy in Adults in a Nigerian Tertiary Hospital

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Background: Laparoscopic cholecystectomy (LC) is the recommended treatment for benign gall bladder diseases. However, difficult laparoscopic cholecystectomy (DLC) is a recognized cause of prolonged surgery, the need for conversion to an open procedure, and postoperative complications. Identification of the predictors of DLC preoperatively may contribute to improved preoperative planning and surgical outcomes. This study sets out to determine the rate of DLC and positive predictors of DLC in adult patients at Obafemi Awolowo University Teaching Hospital Complex (OAUTHC), Ile-Ife.

Methods: We retrospectively analysed data from 129 case notes of patients who had LC over seven years using STATA 18. Patients were grouped into normal laparoscopic cholecystectomy (NLC) and DLC. Bivariate analyses were conducted using appropriate statistical tests. Relevant factors were entered into a multivariable logistic regression model to identify independent predictors. Significance was set at $p<0.05$.

Results: Mean age was 45.8±14.6 with a 5.8:1 female to male ratio. Nearly a quarter of the patients (n=30, 23.3%) had positive Murphy's signs. The overall mean surgery duration was 76.8±21.9, with a 38.8% prevalence of DLC. Four LC were converted to open (n=4, 3.1%). Positive predictors for DLC were age ⩾60years (AOR: 3.34; 95% CI: 1.02 to 11.02; p=0.047) and a positive Murphy's sign (AOR: 3.63; 95% CI: 1.41 to 9.32; p=0.07).

Conclusion: The low rate of operative complications and conversion to open procedure despite the significant DLC rate indicates that with improved expertise/skills of the surgeon, safe LC is feasible and could become the main approach for cholecystectomy in Nigeria.

Keywords: Laparoscopy, cholecystectomy, predictors, preoperative, difficult

BO7:

Resident-Led Adoption of Routine Laparoscopic Appendectomy in a Nigerian Teaching Hospital

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Background: Acute appendicitis is the most common surgical emergency worldwide. Although laparoscopic appendectomy is now considered the gold standard due to its advantages, open appendectomy remains common in resource-limited settings. The procedure is often the first major operation performed by surgical residents under supervision, providing an opportunity to develop core technical skills and operative proficiency.

Objective: To describe a resident-driven transition in the routine surgical approach to appendectomy at a Nigerian teaching hospital.

Methods: A retrospective review was conducted of all appendectomies performed at the Ife Hospital Unit, Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), from January 2019 to April 2025. Data were collected on surgical approach, surgeon cadre, and outcomes. The cohort was divided into two periods: before and after October 2023, when laparoscopic appendectomy became the routine approach.

Results: A total of 265 cases were reviewed. Between October 2023 and April 2025, 76 appendectomies for uncomplicated appendicitis were performed by surgical residents. Of these, 68 (89.4%) were completed laparoscopically; 2 cases were converted to open, and 1 required reoperation for localized peritonitis.

Conclusion: This study demonstrates a marked resident-led shift toward laparoscopic appendectomy. With increasing resident proficiency and enthusiasm, sustained adoption of minimally invasive surgery appears feasible. Integration of structured laparoscopic training into surgical residency curricula should be considered to consolidate this progress.

Keywords: Laparoscopic appendectomy, Surgical residents, Training, Nigeria, minimally invasive surgery

BO8:

Characterizing Colorectal Liver Metastases in Nigeria: A Prospective Multicenter Database Review

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Background- Colorectal cancer (CRC) incidence is rising in sub-Saharan Africa, with over 30% of Nigerian patients presenting with metastatic disease. Data on the patterns, diagnosis, and outcomes of colorectal liver metastases (CRLM) in Nigeria are scarce. Such data can guide treatment planning and help uncover regional differences in CRC biology

Objective- This study described the clinicopathologic features, treatment, and survival outcomes of CRLM in a large Nigerian cohort.

Methods- We retrospectively reviewed a prospectively maintained CRC registry spanning seven Nigerian hospitals from November 2013 to March 2025. Adults (⩾ 18 years) with histologically confirmed CRC and documented liver metastases were included. Extracted data included demographics, primary tumor location, timing of metastases, diagnostic modality, and survival outcomes.

Results- Of 1,315 CRC patients, 464 (35.3%) had metastatic disease and of this, 272 (58.6%) had liver-only metastases. The vast majority of CRLM were synchronous (97.1%; n=264). Diagnosis of CRLM was made with abdominal ultrasound in 30.4%, abdominal CT in 56.0%, and incidental laparotomy findings in 13.5%. The mean age at CRLM diagnosis was 56.5 ± 15.3 years; 59.4% were male. Primary tumor distribution was rectum (48.2%) and colon (51.8%). The median survival time of the patients with CRLM is 8 months.

Conclusion- In this multicenter Nigerian cohort, over half of metastatic CRC patients present with CRLM, predominantly synchronous. Survival remains poor, highlighting an urgent need for earlier detection, wider access to advanced imaging, and strengthened multidisciplinary care to improve outcomes in Nigeria.

Keywords: Colorectal cancer, colorectal liver metastases

SESSION 3

CO1:

Pattern of Rheumatic Diseases in a New Rheumatology Clinic in Southwestern Nigeria: A Descriptive Study

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Background/objective: Rheumatic and musculoskeletal diseases (RMDs) are major global health burdens and leading causes of disability, with their prevalence rising due to population ageing. Inflammatory RMDs, once considered rare in Africa, are now increasingly reported. This study, therefore, seeks to describe the pattern of RMDs seen in a rheumatology clinic in southwestern Nigeria.

Methods: In this retrospective study, the medical records of patients who were diagnosed with RMDs who presented to the rheumatology clinic of the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC) between February 2017 and April 2024 were reviewed, and the data about their age, sex, and diagnoses were collated between May and June 2024. The diagnosis of RMDs was made based on various classification criteria and critical clinical evaluation by a rheumatologist. Non-rheumatic diseases were excluded from the study. The data were analysed using the IBM SPSS version 23.0 software to determine the characteristics of the various RMDs.

Results: About 416 patients were seen during the study period. Three hundred and eighteen were females, while 98 were males with a F: M ratio of 3.2:1. The mean age of the patients was 48.62 years. Inflammatory RMDs were the most common (59.4%). Systemic lupus erythematosus was the most common RMD (21.2%), followed by osteoarthritis (19.7%). Rheumatoid arthritis was the most common inflammatory arthritis (11.8%), while Trigger finger was the most common soft tissue RMD (4.8%)

Conclusion: This study showed an evolving trend toward inflammatory RMDs, contrary to earlier African studies.

Keywords: Pattern, Rheumatic diseases, Rheumatology clinic, Southwestern Nigeria

CO2:

Innovative Teaching Methods for Improving Learning Outcomes in Nigerian Medical Schools

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Background: In Nigeria and globally, medical education is characterized by an extensive curriculum which contributes to learner fatigue, and poor knowledge retention. While several innovative approaches have shown effectiveness in global and African contexts, their adoption in many Nigerian medical schools remains limited. This narrative review aimed to synthesize evidence on innovative teaching and learning methods in Nigerian medical education.

Methods: We searched PubMed and Google Scholar for keywords related to 'Innovative methods,' 'Medical Education,' and 'Nigeria,' using Boolean operators and covering studies published between 2015 and 2025. The search yielded 645 articles, which were screened based on predefined criteria. Original studies conducted in Nigeria and addressing one or more innovative teaching methods were included. Data was extracted using a structured table and synthesized narratively.

Results: A total of 21 studies were included in this review, identifying five broad themes: e-learning/ blended learning (n=11), problem-based learning (PBL) (n=2), simulation-based education(n=2), virtual reality (n=3), flipped classrooms(n=1), and artificial intelligence(n=3). E-learning and blended learning emerged as the most feasible approaches, being relatively cheaper and easier to implement. In contrast, VR, simulation, PBL, and AI were harder to implement due to limited resources, costs and faculty training needs.

Conclusion: Innovative teaching methods improve learning and clinical skills of medical students. Further research and private-public collaboration are recommended to address barriers such as limited infrastructure, cost, and access to support the wider adoption of innovative methods equitably.

Keywords: Teaching Methods, Innovations, Medical Education, Learning outcomes.

CO3:

The Changing Landscape of Interventional Radiology In Nigeria

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Background: Interventional Radiology (IR) represents a paradigm shift in patient care, offering minimally invasive diagnostic and therapeutic procedures that reduce surgical stress, hospital stay, and facilitate early return to work. In Nigeria, the practice of IR is evolving but it is not without its challenges.

Aim: To review the evolution, current scope and challenges of Interventional Radiology in Nigeria.

Methods: A narrative review of relevant literature was undertaken to assess the development, scope, and utilization of IR in Nigeria. Themes explored include training, equipment availability, clinical application, and patient outcomes.

Results: The last three decades have seen a steady expansion in the volume and spectrum of IR procedures such as vascular embolization, image-guided drainage, and percutaneous biopsies. These interventions, even though associated with better patient outcomes compared to the alternative invasive procedures remain limited by inadequate infrastructure, high equipment costs, and a shortage of trained personnel.

Conclusion: Interventional Radiology in Nigeria is in a pivotal stage of growth, offering safer, less physiologically taxing alternatives to open procedures. Sustained investment, however, in capacity building, infrastructure, and multidisciplinary awareness is key to realizing its full potential.

Keywords: Interventional radiology, Nigeria, minimally invasive, metabolic response to stress, radiology training

CO4:

A Five-year Review of Feto-maternal Outcomes of Eclampsia in a Tertiary Hospital In South Westerm Nigeria

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Background: Eclampsia remains a life-threatening obstetric emergency and is the leading contributor to maternal and neonatal morbidity and mortality globally. Understanding its demographics, risk factors, and outcomes is critical for optimizing clinical management and lowering the incidence.

Objectives: to review the demographic characteristics, clinical presentations, and outcomes of eclampsia cases over five years at Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife, Nigeria.

Materials and Methods: A retrospective descriptive study design was adopted, reviewing patient medical records from January 1, 2019, to December 31, 2023.Biodata, gestational age at presentation, presenting symptoms, proteinuria, blood pressure at admission, mode of delivery, complications, maternal ICU admissions, and fetal outcomes were analyzed.

Results: A total of 63 eclampsia cases were recorded out of 6,561 deliveries, giving an incidence rate of 0.96%. Most patients (62%) were primigravida/primipara, and a significant majority (90.48%) were unbooked. Common presenting symptoms included convulsions, labour pain, epigastric pain, and headache (95.23%). Proteinuria was present in 61.90% of cases, and high blood pressure readings (160/100 mmHg and above) were prevalent. The majority of deliveries were via cesarean section (61.90%).

Complications included HELLP syndrome (9.52%) and anaemia (7.94%). Maternal ICU care was required for 6.3% of patients, while NICU admission was necessary for 68% of infants. The maternal survival rate was high at 96.83%.

Conclusion: Eclampsia poses a significant risk across various age groups. This study underscores the critical need for early detection, regular antenatal care, and prompt management of hypertensive disorders in pregnancy to improve maternal and fetal outcomes.

Keywords: Eclampsia, Hypertensive disorder, Antenatal care, maternal outcome, fetal outcome and Maternal mortality

CO5:

Effect of a Mental Health Literacy Program on School Counsellors' Knowledge and Attitudes towards In-school Adolescents with Mental Disorders in Osun State, Nigeria

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Background: Mental health literacy (MHL) refers to the knowledge and beliefs that help recognise, manage, and prevent mental disorders. In Nigeria, poor MHL among school personnel limits early identification and timely intervention for adolescents experiencing psychological distress. School counsellors are strategically placed to promote mental health and facilitate access to professional help within educational settings.

Objectives: To evaluate the baseline levels of MHL among school counsellors in Osun State, identify factors associated with literacy levels, and assess the effect of a one-day MHL training programme on their knowledge, self-efficacy, and attitudes towards adolescents with mental illness.

Methods: A mixed-methods design was employed, combining quantitative pre- and post-intervention assessments with qualitative key-informant interviews. Counsellors were purposively recruited via the Counselling Association of Nigeria. Training sessions were conducted in Ile-Ife (21 September 2023) and Osogbo (28 September 2023), facilitated by mental health professionals. Assessment tools included the Mental Health Literacy Scale, Counselling Activity Self-Efficacy Scale, and Social Distance Scale.

Results: Of 120 invited participants, 97 attended, and 81 completed both assessments. Post-training analysis demonstrated significant improvements in MHL and self-efficacy scores, along with reduced social distancing attitudes towards adolescents with mental illness. Qualitative feedback highlighted enhanced confidence, awareness, and readiness to support students' mental health needs.

Conclusion: The MHL training was feasible, acceptable, and effective in improving counsellors' knowledge and attitudes. Scaling such interventions could strengthen school-based mental health promotion and early help-seeking among Nigerian adolescents.

Keywords: Mental health literacy, school counsellors, adolescents, Nigeria, training, depression

CO6:

An Exploration of Gender Differences in the Perception of Sexual Provocativeness of Dressing Among University Students from Three Tertiary Institutions in Southwestern Nigeria

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Background: Perceptions of sexual provocativeness of dress are influenced by cultural expectations, gender norms, and personal values. In Nigerian universities, students' dress codes often spark debate over modesty and morality. This study explored gender differences in how male and female undergraduates perceive provocative and non-provocative dressing among both sexes.

Methods: A cross-sectional descriptive study was conducted among students from three tertiary institutions in Southwestern Nigeria. Participants (male and female undergraduates) were shown four standardised photographs representing male and female models dressed either provocatively or non-provocatively. Respondents classified each model according to their perception of how sexually provocative it was. Their responses were further classified as either "provocative" or "non-provocative." Data were analysed using Chi-square tests and binary logistic regression at a significance level of $p < 0.05$.

Results: A total of 1383 respondents (Males=732; Females=643) participated in the survey. Findings revealed significant gender-based perceptual differences. Non-provocatively dressed female models were significantly more likely to be rated as provocative by male students compared with female students ($p < 0.05$). Conversely, provocatively dressed male models were consistently identified as provocative by both male and female participants, with no statistically significant gender difference. These results suggest that males may interpret female dressing through a more sexualized lens, even when clothing is modest, whereas evaluations of male dress are more uniform across genders.

Conclusion: The study highlights the persistence of gendered biases in judgments of sexual provocativeness among Nigerian undergraduates. Interventions promoting gender sensitivity and respectful perception on university campuses are recommended.

Keywords: Gender perception, provocative dressing, university students, Southwestern Nigeria, gender bias

CO7:

Perinatal Outcomes of Early Onset Fetal Growth Restricted Fetuses with Absent/reversed Umbilical Artery Diastolic Flow Monitored with Ductus Venosus Doppler in Ile-Ife, Osun State, Nigeria

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Background: Early onset fetal growth restriction (FGR) contributes significantly to stillbirth and early neonatal deaths. Ductus venosus (DV) doppler serves as a crucial tool for surveillance in affected fetuses.

Objective: This study explored the role of DV doppler in improving perinatal outcomes of pregnancies with early onset FGR and absent /revered umbilical artery End Diastolic Flow (A/REDF) at Obafemi Awolowo University Teaching Hospitals', Ile-Ife.

Methods: Between October 2018 and June 2025, growth-restricted fetuses with A/REDF before the gestational age (GA) of 32 weeks were monitored with daily DV Doppler. Caesarean section was performed at GA of 32 weeks, or earlier for fetuses with absent "A" wave. Multidisciplinary care was provided in conjunction with the Neonatology team.

Results: There were 41 singleton and 7 multifetal pregnancies (Total=48) complicated by early onset FGR with A/REDF. The mean GA at diagnosis was 27 ± 2.5 weeks. Identifiable maternal risk factors included hypertension (26: 54.1%) and chronic kidney disease (5: 10.4%), 3 of whom required dialysis in pregnancy. Five of the 7 twins were monochorionic. The median surveillance-to-delivery interval was 27 days (IQR: 3 - 34 days). Fifteen babies were delivered before 32 weeks due to absent "A" wave. The mean birth weight was 1070± 350g. There were 3 stillbirths, all in women with CKD and 6 neonatal deaths, with a perinatal mortality rate of 187/1000 total births.

Conclusion: DV Doppler monitoring prolonged the diagnosis-delivery interval with improved perinatal survival among fetuses with early onset FGR and A/REDF. Routine monitoring of such fetuses with DV Doppler is advocated.

Keywords: Early onset FGR, Absent/Reversed EDF, Ductus Venosus Doppler, Perinatal Outcome.

CO8:

Epilepsy Turned Tuberous Sclerosis: A Report of Three Cases and a Review of Literature

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Background: Tuberous sclerosis (TS) is a rare genetic disease affecting the skin, brain, kidney, heart, eyes, and lungs. Although seizures are one of the clinical features, it is unlikely to consider TS in every child with recurrent seizures, especially without the other classical cutaneous symptoms.

Objectives: To describe the clinical presentation of three children with epilepsy who later had features in keeping with TS.

Case report: LA presented at 14 months of life with abnormal staring gaze of 3weeks' duration. He was initially diagnosed with Generalized epilepsy following clinical evaluation and review of electroencephalographic (EEG) findings. However, a cranial CT scan done 3 years after initial presentation showed cortical tubers suggestive of TS. No skin lesion was identified at this time. He subsequently developed Shagreen patches, facial adenomas, and dental growths.

MM: 11-month-old boy with recurrent convulsions of 11 months. He also had regression of developmental milestones, noticed a few weeks before presentation. He had an abnormal EEG suggestive of focal-onset epilepsy with secondary bilateral involvement. Brain MRI thereafter showed cortical tubers.

TA: 13-year-old male adolescent who presented with recurrent convulsions of 5 months' duration. There were no skin lesions at presentation. However, the father was noticed to have adenoma sebaceum while the patient had no skin lesion. He had an abnormal EEG suggestive of focal-onset epilepsy with secondary bilateral involvement. Brain MRI thereafter showed cortical tubers.

Conclusion: Children with clinical features of epilepsy should have a detailed skin examination, family members/tree review, and neuroimaging to identify broader aetiologic factors like neurocutaneous syndromes such as Tuberous Sclerosis.

Keywords: Tuberous sclerosis; Epilepsy; Cortical tubers; Neuroimaging

C10:

Impact of Green Energy on Day Case General Surgery in a Low Medium Income Country

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Background: Day case surgery model has been eliciting growing interest in Nigeria and other LMIC with the potential to enhance efficiency, reduce backlog, and better use of limited bed spaces and resources. Green surgery aims to reduce environmental impact of surgery while maintaining this benefits. This study aims to determine the impact of the installation of solar power system on the profile of general surgery day cases at Wesley Guild Hospital Unit.

Methods: This is a retrospective review of day cases performed by the general surgery unit at WGH between January 2020 and August 2025 during which the use of solar power system was commenced in January 2022. The data analysed include patient's age, sex, diagnosis, procedure performed, mode of anaesthesia, and complication rate.

Results: A total of 827-day cases surgeries were performed. There was a 41.2% increase in number of procedures performed per year following solar energy usage. The median age of the patients was 22years with age range between 1week and 88years. Females constituted 36.0% of the patients. The most common indications were intact prepuce (n = 246, 29.7%), benign breast lumps (n=133, 16.1%), inguinal hernia (n=79, 9.6%), and lipoma (n=58, 7.0%). Local anaesthesia was used in 87.8% of the procedures. Mean operative time was 35.19minutes. There was no perioperative complications.

Conclusion: The adoption of green energy has improved our general day case service capacity and has the potential to ensure optimal resource utilization, patient satisfaction, and improve service delivery.

Keywords: Day case surgery, green energy, sustainable surgery

C11:

Venous Thromboembolism Prophylaxis in Hospitalized Surgical Patients in a Tertiary Hospital in sub-Saharan Africa

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Background: Venous thromboembolism (VTE) remains a leading, yet preventable, cause of morbidity and mortality among surgical inpatients. Despite clear guidelines, VTE prophylaxis is often underutilised in our setting. This study aimed to assess the practice of VTE prophylaxis among surgical inpatients in our hospital and to identify gaps relative to standard recommendations.

Methods: This was a prospective clinical audit conducted over six weeks to evaluate the practice of VTE prophylaxis in six surgical units (including obstetrics and gynaecology) of the Obafemi Awolowo University Teaching Hospitals Complex (OAUTHC), Ile-Ife, Nigeria. The audit benchmark was the American College of Chest Physicians (ACCP) guideline. Data collected was collected using a structured questionnaire and in- depth interviews were conducted. Analysis was done using SPSS version 25. Results were presented in frequencies, percentages, and tables. Associations were ascertained using chi square, with the level of significance set at a P value of <0.05.

Results: A total of 115 inpatients were recruited for this study. 68% were at moderate to high risk for VTE. Only a tenth had a VTE risk assessment done, all using the Well's score, and about a third of the study participants received any form of prophylaxis. Plastic surgeons, cardiothoracic surgeons and orthopaedic surgeons were significantly more likely to provide VTE prophylaxis ($P = <0.001$) and patients with weight $\geqslant 90$kg ($P = 0.026$), benign conditions ($P = 0.005$) and major surgery ($P = 0.044$) were likely to have prophylaxis administered.

Conclusion: The utilisation of VTE prophylaxis in surgical patients was suboptimal. Instituting a mandatory VTE risk assessment protocol and continuous staff education are essential to improve compliance and patient safety outcomes.

Keywords: Venous thromboembolism; Prophylaxis; Surgical patients; Clinica ACCP guidelines; Sub-Saharan Africa

C12:

Trapped in the Angle: A Case Report of Superior Mesenteric Artery Syndrome

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Background: Superior mesenteric artery (SMA) syndrome is a rare and potentially life-threatening cause of upper intestinal obstruction. It results from compression of the third portion of the duodenum between the superior mesenteric artery and the

aorta. Due to its rarity, it is often omitted as a differential in cases of intestinal obstruction.

Case Presentation: We report the case of a 17-year-old female who presented with a 3-year history of subacute episodes of abdominal pain, bilious vomiting, and progressive weight loss. While she had an asthenic build, other physical findings were unremarkable. Contrast-enhanced computed tomography of the abdomen demonstrated a reduced aorto-mesenteric angle and distance, with compression of the third part of the duodenum, consistent with SMA syndrome.

Management and Outcome: Following the failure of conservative measures, the patient had definitive surgical intervention in the form of gastrojejunostomy. Postoperative recovery was uneventful, and the patient was discharged with complete resolution of symptoms.

Conclusion: This case highlights the fact that SMAS does occur in our setting and therefore should be included in our list of differentials when diagnostic dilemma arises as early recognition with appropriate imaging and timely intervention are crucial in preventing morbidity and mortality.

Keywords: Superior mesenteric artery syndrome, intestinal obstruction, gastrojejunostomy, Ile- Ife.

C13:

Perinatal Outcomes of Transvaginal High Cervical Cerclage Among Women with Previous Failed Mcdonald Cerclage

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Background: Women who experience mid-trimester miscarriages or extreme preterm births due to cervical insufficiency, particularly after a failed McDonald cerclage (MC), are at heightened risk for repeat adverse pregnancy outcomes. Transvaginal high cervical cerclage (THCC) offers a potential solution for these women.

Objectives: This study aimed to investigate the effectiveness of THCC in improving perinatal outcomes among Nigerian women with previous failed MC.

Methods: Pregnant women with previous mid-trimester miscarriages due to cervical insufficiency, despite prior cervical cerclage, underwent THCC between January 2022 and December 2024. The procedure included bladder reflection and posterior colpotomy to facilitate cerclage placement. Postoperative care was provided according to departmental protocol.

Results: Twenty-five THCC were performed during the period. The mean age of participants was 33.3±2.2 years, with 147 previous miscarriages, 100 (68%) of which were associated with failed MC. The mean cervical length was 0.9±0.2 cm, and the mean procedure time was 23.8±5.4 minutes. Twenty patients (80%) had Emergency THCC. Outcomes included 2 (8%) mid-trimester miscarriages, 1 (4%) delivery at 35 weeks gestational age (GA), and 22 (88%) term deliveries, with perinatal survival rate was 21/23 (92%).

Conclusion: Transvaginal high cervical cerclage appears to be an effective for improving perinatal outcomes in women with a history of failed McDonald cerclage. The perinatal survival rate suggests that THCC can significantly reduce the preterm birth and miscarriage, offering a promising option for managing cervical insufficiency in high-risk pregnancies. Further studies with larger sample sizes are needed to validate these findings.

Keywords: Transvaginal high cervical cerclage, Previous failed McDonald cerclage, Preterm birth

C14:

A Decade of LigaSure Thyroidectomy in a Nigerian Tertiary Hospital: Trends and Outcomes

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Background: LigaSure vessel-sealing technology has become increasingly adopted in thyroid surgery for its ability to reduce operative time and intraoperative bleeding. However, long-term data from low-resource settings remain limited. This study reviews a decade of experience with LigaSure-assisted thyroidectomy at a Nigerian tertiary hospital.

Methods: A retrospective review was conducted of patients who underwent thyroidectomy using LigaSure between 2016 and 2025 at Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria. Data collected included patient demographics, indications for surgery, operative duration, intraoperative blood loss, complications, and length of hospital stay. Outcomes were compared across time periods to assess trends and improvements.

Results: A total of 405 thyroidectomies were performed using LigaSure over the 10-year period. The most common indication was multinodular goitre. The average operative

time was 48 minutes, with a mean estimated blood loss of 102mls. The most common postoperative complication was transient voice changes. Mean post-operative stay was 1.1 days. There was a progressive decline in operative time and complication rates over the study period.

Conclusion: Over ten years, LigaSure thyroidectomy has proven to be a safe and efficient technique in our setting, with favorable outcomes and aacceptable complication profile. The technology has demonstrated reliability and adaptability in a resource-constrained environment, supporting its continued use and wider adoption in similar contexts

Keywords: LigaSure, Thyroidectomy, Nigeria

C15:

Clinicopathological Profile and Determinants of Long-term Colorectal Cancer Survival In Nigeria

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Background: Colorectal cancer (CRC) is the second leading cause of cancer death worldwide and the second and third most common cancer in men and women respectively in Nigeria. Cancer survival analysis is an essential indicator of the quality of cancer care. This study explored clinicopathological factors that determines the long-term survival of CRC in Nigeria, to provide insights for improving the care of CRC.

Methods: This study reports the survival analysis of a cohort of colorectal cancer patient who have been followed up for at least six years on the prospective CRC database of the African Research Group for Oncology (ARGO), which comprises data of histopathological confirmed CRC from tertiary hospitals in southwestern Nigeria.

Results: The ARGO database had 859 cases of colorectal adenocarcinoma at censorship. 310 patients who had been followed up for more than 5years were studied. Only 63 (20.3%) of the cohort were alive 5 years after diagnosis. The overall median survival time for the cohort was 10.8months (95% CI; 8.4 – 13.2). The mean age was 52.6±14.6. and 46% of the survivors were females. Long-term survival was associated with colonic tumour, normal CEA, bimodal treatment with surgery and chemotherapy, elective presentation, and disease stage. The independent predictors of survival were mode of presentation, CEA level, tumour site and treatment modality.

Conclusion: The five-year survival rate and overall median survival time of CRC in Nigeria is abysmally low and many of the contributory factors are modifiable. Expanding access to CRC screening may improve the outcomes.

Keywords: Colorectal Cancers; adenocarcinoma; chemotherapy; survival; ARGO