

Mini Review

Volume 17 Issue 4 - September 2018
DOI: 10.19080/GJO.2018.17.555967

Glob J Otolaryngol

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Ethmoiditis in Children in a Developing Community



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Submission: September 01, 2018; **Published:** September 07, 2018

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Abstract

Singular cases of ethmoiditis were those of a 5-week-old child and a neonate. From countries as far apart as Belgium, Canada, France, and Spain, there were contributions on children suffering from ethmoiditis. Therefore, this paper considers its manifestations among the Ibo ethnic group in Nigeria. The findings are deemed to be worthy of documentation.

Keywords: Ethmoid; Childhood; Inflammation; Types; Developing Community

Introduction

Ethmoiditis presents in several modalities. This includes involvement of a 5-week-old boy in UK [1], and of a neonate in Malaysia [2]. Elsewhere, older children are presented from countries as far apart as Belgium [3], Canada [4], France [5,6], and Spain [7]. Accordingly, this paper concerns children of the Ibo ethnic group [8], because they were included as in a histopathology data pool which was recommended by a Birmingham (UK) group in terms of facilitating epidemiological analysis [9].

Investigation

The Government of the Eastern Region of Nigeria provided at the erstwhile Capital, Enugu, a Pathology Laboratory manned by the author. Having insisted on receiving formol-saline specimens accompanied by epidemiological data, cases mounted up. Moreover, as the individual reports were preserved assiduously, cases could be displayed as shown below (Table 1).

Table 1: Epidemiological data on ethmoiditis in children.

| No | Initials | Age | Sex | Microscopy |
|----|----------|-----|-----|------------------------------------|
| 1 | NM | 11 | F | Chronic cell infiltrates |
| 2 | OO | 10 | M | Scattered chronic cell infiltrates |
| 3 | NC | 12 | M | Papillary chronic inflamed process |
| 4 | NI | 13 | M | Chronic cell infiltrates |
| 5 | NC | 13 | M | Dense chronic cell infiltrates |

Results and Discussion

What stood out in the local patients was chronic inflammation including the unusual papillary lesion. In contrast, all the foreign cases mentioned abscess formation [3-7]. In addition, there were 72 children in whom the problem was periorbital cellulitis

[10]. The favorable implication of this difference is that local patients came for treatment during a relatively earlier stage of the disease. This is commendable in a developing community. Most commonly, the ill inhabitants are blamed for late resort to hospitals for proper treatment [11].

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DOI: [10.19080/GJO.2018.17.555967](https://doi.org/10.19080/GJO.2018.17.555967)

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