

Editorial

Chronic Kidney Disease (CKD) is certainly a global burden and its prevalence has been observed in many populations to be increasing. In the developed world, this increase in prevalence has been attributed to an increase in predisposing factors such as diabetes and hypertension. This observation has also been noted in many developing countries. However, data on the prevalence of CKD in Nigeria is still emerging, and the relative contributions of predisposing factors such as diabetes and hypertension to the development of CKD in many communities are yet to be adequately elucidated.

Large-scale epidemiological studies on risk factors and diseases (CKD inclusive) are however difficult to conduct in Nigeria, as resources required for the co-ordination and execution of such projects are generally lacking. Thus, available data in most cases are derived from studies involving relatively few subjects in small communities. This has limited the extent to which findings of such studies could be extrapolated to the general population of the country.

In this edition, Wokoma and his colleagues reported their findings of a review of published data over an eight-year period.

Their work buttresses the need for a chronic kidney disease registry in the country.

Undoubtedly, the terrain of renal transplantation in Nigeria is expanding with many transplant units coming up in the country. Okoye and her colleague examined the topical issue of donor evaluation in the context of identifying potential risk of disease during the work up and outcome measures in the donor.

Immunosuppression has its price and treatment non-adherence has its consequences, the case presented highlights a case of fatal cerebral abscess in a transplant recipient with NODAT and non-adherence to follow-up clinic appointments. The case illustrates the need for an effective follow-up process by transplant units in the country, to combat the issue of treatment adherence and late presentation by our transplant recipients. The authors recommend the institution of interactive multidisciplinary interventions targeting behavioural, emotional and educational changes by transplant units in the country as a method of follow-up to improve compliance and treatment seeking behaviour of our transplant recipients.

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