

## Editorial

**Pockets of data:** Bits and pieces of the jigsaw puzzle.

The process of establishing epidemiological information in any subspecialty could be likened to adding pieces to a jigsaw puzzle. Some pieces may appear to be more important than others because they have the best colours, or the best shape. But, are they really more important than any other? The answer is probably no, because the jigsaw is incomplete without every piece put in place. Thus, every piece of data no matter how small is important in the construction of the global picture.

Hepatitis C virus (HCV) remains common in patients undergoing regular dialysis and is an important cause of liver disease in this population both during dialysis and after renal transplantation (RT). Anti-HCV screening of blood products has almost eliminated posttransfusion HCV infection but acquisition of HCV continues to occur in dialysis patients because of nosocomial spread. Hepatitis C virus (HCV) remains common in patients undergoing regular dialysis and is an important cause of liver disease in this population both during dialysis and after renal transplantation (RT). Anti-HCV screening of blood products has almost eliminated posttransfusion HCV infection but acquisition of HCV continues to occur in dialysis patients because of nosocomial spread.

In this edition, pieces of epidemiological data on important topics in nephrology by our colleagues in various parts of the country are put together. Hepatitis C virus infection is an important cause of liver disease in the dialysis population. Even though anti-HCV screening of blood and blood products has almost eliminated posttransfusion HCV infection, acquisition of HCV still poses a health challenge in the dialysis population because of nosocomial spread. Umattu *et. al.* investigated the prevalence of Hepatitis C Virus infection among haemodialysis patients in North-Eastern Nigeria.

Bello and his colleagues evaluated epidemiological data on the prevalence of hypertension and associated cardiovascular risk factors in patients attending a family practice clinic in Ile-Ife, South-west Nigeria, they determined the prevalence of hypertension amongst a family practice population and ascertained the anthropometric and clinical correlates of hypertension in the studied population.

Encouraging resident doctors to develop abstracts presented during conferences into manuscripts was a major point stressed during our last conference. Okwuonu's abstract won an award during the conference and it is indeed the pleasure of the journal to publish his findings. Okwuonu (now a practicing nephrologist) and his colleagues looked at Resident Doctors' Knowledge and Practice of Chronic Kidney Disease: Diagnosis and Referral Pattern. Their findings may have direct implication on the training of resident doctors, as the authors observed significant deficiencies in knowledge of chronic kidney disease management (especially in residents that are not in the internal medicine program).

Utev presents an interesting review on preventive maintenance of dialysis equipment. This article is definitely a must-read for all stakeholders involved with renal replacement therapy. Utev identified the lack of maintenance culture (which has bedeviled most of our dialysis units) as a leading cause for frequent breakdown of dialysis machines and water treatment equipment and proffers good reasons for performing annual preventive maintenance of our dialysis machines to ensure optimal performance of the machines throughout the year.

Lastly, a case report by Adekanbi *et. al* documented a case of Congenital Mesoblastic Nephroma. A rare clinical occurrence in our environment. High index of suspicion is required in the diagnosis and a constant reminder through case reports/series such as this is essential. Just like the small pieces in the jigsaw puzzle, the articles presented seem like unrelated pieces, but in reality, every piece of information presented by the authors, provide relevant insights into the practice of nephrology in our environment.

Contributions to the Journal by members and interested authors/groups are surely important to the development of nephrology practice in Nigeria. So, are you willing to contribute relevant pieces to the jigsaw? Will you be that all-important missing piece? Your research contribution to nephrology is important, send in your manuscript to the TJN. The Journal is willing to promote your contribution(s).

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