A prospect for alleviating the myriad of health problems in Nigeria was advanced recently at the 14th Annual Conference of the Association of Nigerian Physicians in the Americas (ANPA) held at Charlotte, North Carolina, June 25 to 29, 2008.

The conference, which was organized in conjunction with the Office of Continuing Medical Education at Howard University College of Medicine, featured noted neurosurgeon and Chief CNN Medical Correspondent Dr. Sanjay Gupta as keynote speaker. The discussions focused on plights of health care professionals in all specialties, as well as the health care disparities, affordability, and lack of medical access as is in many parts of Nigeria.

The first day of the conference focused on Continuing Education credit for medical professionals, with symposia on issues such as Cardiac Sudden Death and the Crucial Role for Primary Care Physicians in Effectively Managing Cardiovascular Disease and Metabolic Syndrome the Clustering of Risk Factors. This session, which was moderated by Dr. Ola Akinboboye, an Associate Professor of Medicine at the State University of New York at Stony Brook, featured Dr. Elizabeth Ofili, a Professor of Medicine and Chief of Cardiology, Morehouse School of Medicine, in Atlanta, Georgia.

Dr. Patrick A. Griffith, Professor of Neurology at Meharry Medical College, Nashville, Tennessee, and Dr. Samuel Dagogo-Jack, Professor of Medicine and Director, Fellowship Training Program in Endocrinology, Diabetes and Metabolism, at the University of Tennessee College of Medicine, Memphis, TN. In his remarks, he noted that some of the health problems in the country would be ameliorated if most Nigerians paid attention and took charge of their basic personal health. He argued that while the linkage between high blood pressure and organ failures, especially the kidneys, is obvious to Nigerians, most ignore this reality and seldom check their blood pressure.

On its second day, the conference focus shifted to topical issues on Mental Health and Latent Cancers. Because mental health issues and conditions are often hidden and stigmatized in communities across Nigeria, specialists and practitioners in this field took aim at Expanding Accessibility and Availability of Mental Health Services to Disadvantaged Patient Populations and The Unique Role
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for Primary Care Providers. Additionally, the discussion on cancer examined The Clinical Impact of Health Care Disparities in Treatment Gaps for the Human Papilloma and Hepatitis “C” Viruses in People of Color.

Mental health Symposium was moderated by Associate Professor of Psychiatry, Evarista Nwulia, of Howard University College of Medicine, Washington, DC. Other participants included, Annelle B. Primm, M.D., M.P.H. Associate Professor of Psychiatry, Johns Hopkins School of Medicine. Bonnie Green, PhD, Georgetown University College of Medicine, Washington, DC., and Sam Okpaku, M.D., Ph.D. Professor and Chair, Psychiatry and Behavioral Sciences, Meharry College. Nashville, Tennessee.

It is evident from the experiences relayed by Mental Health Practitioners, that the approach to treating this disease in minority communities is slanted by cultural realities of patients. Some of the emotions expressed by Psychiatrists towards their patients when surveyed: examples provided by Dr. Bonnie Green; ranged from total compassion, the underlying factor in treatment, to sometimes, an utter sense of bewilderment and perhaps, frustration as a result of the responses exhibited by patients and their families. While it is true that what ails these patients is real and sometimes tragic, the resources and support needed by these patients are either insufficient or non-existent.

Participants in The Clinical Impact of Health Care Disparities in Treatment Gaps for the Human Papilloma and Hepatitis “C” Viruses in People of Color, included, Jesus Leal, Pharm.D., MBA, is an independent Consultant with an interest in minority health issues. Dr. Olusegun Z. Salako is a Consultant, Obstetrics and Gynecology in Long Beach, California. He is President, California Pacific Independent Physicians Association. Dr. Emmanuel C. Okafor, is the Director; Division of Gastroenterology and Hepatology, Chief of Staff Huron Hospital, Cleveland Clinic health System, Cleveland, Ohio.

The discussions highlighted some obvious maladies: First, a simple medical test i.e. pap smear, that could rid many women of the pain and suffering of cervical cancer is either readily ignored or not accessible. Second, Dr. Salako asserted that “only 10 percent of practicing female physicians in Nigeria take the test”. The disheartening question that comes to mind is: How are physicians expected to administer pap smear on their patients if they do not or have not taken the test themselves?

The delivery of subject matter by the speakers was well-informed and disciplined. The audience was attentive and eager to learn, as demonstrated by the lively and respectfully vigorous comments offered during the question and answer sessions. The zest for knowing, evident in their lives as young adults, was delightfully alive. As Dr. Emmanuel Okafor heartily puts it during his talk about Hepatitis C, “If you must contract Hepatitis, please get A or B. Stay away from Hepatitis C.”

The plight of many Nigerians and the state of health care was never far from the minds of attending ANPA members. I asked Dr. Julius Kpaduwa of Los Angeles, California, the current President of the Association, what he felt was the Associations’ overall objective with regard to medical care in Nigeria? First, he responded by reciting their mission statement: “A Healthier Nigeria in a Healthier World,” and added in a calm soothing tone, “It’s really about Nigeria and Africa as a whole. Everything we have done is about how to elevate health care in Nigeria.”

These sentiments were echoed in my conversation with Dr. Yele Aluko, of Charlotte, NC., a gray bearded and charming immediate past President of the Association. When nudged to share what his thoughts were on what should be the health priorities in Nigeria,
he said, “Health priorities in Nigeria will definitely include primary care and preventive care. There’s a spectrum of disease that involves preventing illness, diagnosing illness and then treating illness. The most impact that we need is preventing illness.”

Although the focus of the conference was on health issues, it also attracted non-medical professionals from the financial sectors in the U.S. and Nigeria. This is recognition of the economic power of the Association of Nigerian Physicians in the Americas.

Many Nigerian financial houses as well as Dr. Ndi Okereke-Onyiuke, the Director-General of the Nigerian Stock Exchange, were present at the conference. Senator Bello Mohammed, who serves on the Bank and Finance Committee in the Nigerian Senate, was also in attendance. The other notable attendee from the Finance World was Mr. Conference G. Gbaje, a Senior Vice President of Investment at GunnAllen Financial, New York. He is a regular at ANPA conferences. Dr. Okereke-Onyiuke was effusive in her optimism about the growth of the Nigerian stock market. She proclaimed that the “Nigerian stock market always goes up and never comes down,” the audience roared with laughter.

The last day of the lecture series focused on Dental Care, Musculoskeletal Care, the Challenges Facing Women in Medicine and Preparing for Life after Medical School. Dental Care Symposium was moderated by, Paul I. Eke, Ph.D., MPH, Epidemiologist. Other participants were William Bailey, DDS, MPH; Gina Thornton-Evans, D.D.S, MPH, all of Division of Oral Health, Centers for Disease Control and Prevention, Atlanta, Georgia; and Dominik Dubravec DDS, MMSc. Periodontics, Implant Dentistry, Oral Medicine. Chicago, IL.

Enyi Okereke, PharmD, M.D., Associate Professor of Medicine, University of Pennsylvania, PA., moderated the Musculoskeletal Care Symposium. Other participants included David Spiegel, M.D., Assistant Professor, University of Pennsylvania School of Medicine, Philadelphia, PA. Dr. Shirley Houston-Aluko, Medical Director, Center for Integrative Medicine and Wellness, Charlotte NC., presented the Challenges Facing Women in Medicine. Dr. Dotun Ogunyemi, Associate Professor, Department of Obstetrics and Gynecology, David Geffen School of Medicine, UCLA was the moderator for Preparing for Life after Medical School.

The Association’s Board of Directors convened behind closed doors and elected Dr. Julius Kpaduwa as the new head of the association. As the Association of Nigerian Physicians in the Americas, tackles the mission at hand, as daunting and Herculean a task it seems, there is one purpose behind the single mindedness approach: it is to elevate health care in Nigeria from its current dismal state, to a level where basic medical and health care necessities of the populace would be met confidently, efficiently and regularly.

Clearly, the conference was aimed at solving serious health problems in Nigeria and continuing education for members, yet the ending was lighthearted. On the last day of the conference, the organizers and attendees were able to set aside their educational and professional experiences to treat themselves to a social gathering that was a delicate marriage of cultures and dance. The events were a mixture of indigenous Nigerian culture and the acquired American culture. It was at this gala event that Dr. Yele Aluko, officially handed over the mantle of leadership to Dr. Julius Kpaduwa.

To connect with the membership roots and heritage, the next ANPA conference will be held in Abuja, Nigeria, from July 15 to July 19, 2010. The collective spirit of each member is a galvanizing force, marched forth by example, making clear that privileges acquired in an adopted country, is not enough reason to abandon their place of birth. As Dr. Alphonso Obayuwana of Suffolk, Virginia, puts it, “I took my first breath in that country. I owe Nigeria a lot.”
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Dr. Sanjay Gupta: Keynote Speaker
By Paul O. Ero

Dr. Sanjay Gupta recently invited by members of the Association of Nigerian Physicians in the Americas to be the Keynote Speaker of the 2008 yearly convention is charming, thoughtful and funny. Although he is a Neurosurgeon by training, the world knows him as the Chief Medical Correspondent for CNN, the Cable News Network.

In his thought-provoking address, Dr. Gupta talked about the challenges of balancing family life and the constant call of duty which professionals in his field face. In his words, “When I started my career in television, my wife thought it was a gamble.” Obviously, her feelings about it have since evolved. In his travel to over fifty four countries and numerous cities, he has found seemingly simple gestures of gratitude by those who have the least to be most touching.

He expressed dismay on how the media portrays Africa and Africans, especially on how CNN has not been an ally in projecting and reporting a true image of Africans and Nigerians in Diasporas; but rather has been a reinforcing agent of the negative image that we are fed incessantly about Nigerians. While he had no direct affiliation to the said stories, he implicitly confirmed the fact that titillating and sexy stories are more likely to make the news as opposed to a positive Nigerian event like the ANPA convention. He then revealed with fact certain joy that he had spent a lot of time in Africa recently.

Although Sanjay Gupta is a world famous journalist, he is a practicing Neurosurgeon at Emory University School of Medicine in Atlanta, where he works in concert with one of the world's best neurosurgeon, Nigerian-born Dr. Nelson M. Oyesiku.

Sanjay Gupta exudes a gentle kind of affability that endears him to millions of CNN viewers around the world and literally served as a toast of the ANPA convention.

ANPA’s Past President: Yele Aluko, MD

Dr. Yele Aluko has been in the private practice of cardiovascular medicine in Charlotte NC since 1989, and is currently a partner and Past President and Chairman of the Board of Directors of Mid Carolina Cardiology. Comprising 35 cardiologists and headquartered in Charlotte North Carolina, Mid Carolina Cardiology extends a reach of service through six regional offices, seven hospitals and four counties. Mid Carolina Cardiology is the second largest single specialty practice of adult cardiovascular medicine in the Carolinas, and is widely respected in the South East as a leader in the practice of adult cardiovascular medicine.

Aluko has been involved in numerous clinical research studies as a principal and co-investigator. His clinical expertise and interests include complex coronary interventions, peripheral vascular interventions, aortic valvuloplasty, and percutaneous transcatheter closure of congenital cardiac septal defects. He is the Director of the Catheterization Laboratories at the Presbyterian Cardiovascular Institute, and serves on a physician leadership council as a cardiovascular consultant on cardiac device therapies for Johnson and Johnson Inc.

Aluko is a graduate of the University of Ibadan Medical School in Nigeria, West Africa. He completed a residency in internal medicine and a fellowship in cardiovascular medicine at the College of Physicians and Surgeons of Columbia University in New York City. He completed further fellowships in invasive cardiology at Cornell University Medical Center New York NY, and interventional cardiology at the University of Massachusetts Medical Center in Worcester, MA.

Dr. Aluko is certified by both the American Board of Internal Medicine, and by the Canadian Board of Internal Medicine. He has additional certifications by the American Board of Internal Medicine in the subspecialty of Cardiovascular Diseases, and by the American Board of Internal Medicine in the subspecialty of Interventional Cardiology. He is a Fellow of the American College of Cardiology and of the Society of Cardiac Angiography and Interventions. Aluko is a Past President of the Association of Nigerian Physicians in the Americas (ANPA).

Beyond a personal commitment to excellence in the delivery of health care through his practice and the hospitals with which he is affiliated, Dr. Aluko demonstrates vocal and visible commitment to both local and national advocacy efforts that address the issue of health care disparities within racial, ethnic and gender minority populations in the United States.

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Dr. Julius Kpaduwa, ANPA President

By Paul O. Ero

Dr. Julius C. Kpaduwa was sworn in as the new President of the Association of Nigerian Physicians in the Americas. The ceremony took place in Charlotte, North Carolina at the end of a four day convention. Attendees include members of ANPA, invited guests, friends and family members. The highlight of the gala night was the handing over of the mantle of leadership from Dr. Yele Aluko, the out going President to Dr. Julius C. Kpaduwa.

In his acceptance speech, Dr. Julius Kpaduwa thanked members for honoring and entrusting him with the duties and responsibilities of the office. He was humbled by the experience. He tasked himself to live up to the high standards set by his predecessors and uphold the honor of the office. “To be a leader, one must be ready to serve. I am willing and ready to serve,” he said.

Born in Abeokuta, Ogun State, Nigeria, Dr. Julius C. Kpaduwa attended Saint Patrick Elementary School, and Secondary School at Igbohi College in Yaba, Lagos, Nigeria. He came to the U.S in 1971 for the sole purpose of becoming a doctor. He got his undergraduate degree at Berea College in Kentucky and proud alumni of Howard University Medical School. Board certified in Obstetrics and Gynecology, he practices medicine in the Los Angeles area. Dr. Julius Kpaduwa got his post graduate training at the State University of New York, Donn State Medical Center, Kings County Hospital.

An accomplished Physician and an outstanding citizen, he is the Medical Director and Chief Executive Officer of Julius C. Kpaduwa, MD Medical Corporation. In addition to his duties at MD Medical Corporation, he was Medical Director at Alta Med Health Services Corporation, where he was responsible for all professional medical educational activities in a 14 million dollar Multi site Multi Service HealthCare Corporation. He over saw Managed Care, fee–for–Service, Federal, State and County contracts in Primary healthcare, Substance abuse, Long term Care, Women’s healthcare and other services.

Dr. Julius Kpaduwa is the Chief of Staff Greater El-Monte Community Hospital and a member of the Los Angeles County Medical Association (LACMA).

Blessed with strength of character and versatility, Dr. Julius Kpaduwa has an array of interests outside of the medical field. He is the Chairman of the Nigerian Democracy Task Force and was a contestant in the Imo State gubernatorial election. What was his motivation? I asked. “My motivation for contesting for the Imo State Governorship was simply to play a positive role in the development of Nigeria. Being involved in ANPA gives us all an opportunity to do just that. That is why I am so delighted that an organization like ANPA exists.” He however explicitly expressed the fact that he no longer harbors any political ambition. “I will find other ways to be of service to Nigeria.” He added.

Armed with candor and enthusiasm, his passion for the elevation of healthcare services and the development of Nigeria is never far from his thought. “I am going to use my two years as ANPA’s President to lay a solid foundation for ANPA’s contribution towards the development of healthcare in Nigeria. ANPA is endowed with a lot of talented Physicians. These Physicians are leaders in their various clinical fields. As Dr. Nelson Oyesiku eloquently said in his Nwankwo Memorial lecture in our just concluded convention, we must turn Brain Drain to Brain Transfer.” Dr. Julius Kpaduwa articulated passionately.

As an Obstetrician and a Gynecologist, his passion lies in helping children, especially in the prenatal care area. His love for children is unquestionably steadfast, but the children of Nigeria hold a special place in his heart. Most of Dr. Julius Kpaduwa’s projects have always reached out to diverse communities. That is the reason why he plans on instituting a health care project, through the auspices of ANPA, to help alleviate infant mortality rate in his homeland. His leadership and the talent of the esteemed members of ANPA would help facilitate this endeavor. Nigeria would be better for it and the Association of Nigerian Physicians in the Americas would have attained another step in the direction of her stated mission.

When pressed for details on how he expects to achieve this charge, Dr. Julius Kpaduwa in an amiable fatherly manner, reiterates and enumerates his passion and a path to the execution of set objectives. The intent is to situate Diagnostic Centers in Abuja, Lagos and a yet to be determined City in Eastern Nigeria. These Centers will perform basic laboratory services, including Chemistry, Virology and Bacteriology tests. A diagnostic Radiology and a Hemodialysis unit would also be attached to the centers. These units would lay the foundation that would precipitate the building of more ambitious projects in the country at the largesse of ANPA.

An immigrant’s sojourn into the world is hardly ever paved with gold. To achieve the level of success in the medical field and garner the courage to come together as the Association of Nigerian Physicians in the Americas has done, is a remarkable feat. To be chosen to lead the Association is an honor. Reaching back and lending a hand to those less fortunate than you from whence you came, is divine. Dr. Julius Kpaduwa will lead ANPA’s charge on the continuation of this noble endeavor.

Dr. Julius Kpaduwa is a devoted family man. He is married to Stella Kpaduwa, M.D., a Pediatrician. They are the proud parents of four children. She is also dedicated ANPA member. Dr. Julius Kpaduwa was an ardent tennis player until his injury, now he finds other ways to stay physically active, as he “finds other ways to be of service to Nigeria” outside of politics.
Dear colleagues:

Welcome to a new series of articles that will be published on ANPA magazines on an annual basis. This series will feature articles dealing with complex medical issues especially relating to people of African descent. It will provide a venue for thought provoking diagnosis of difficult patients and allow clinicians to get familiar with the latest diagnostic techniques in the management such patients. Members will have the chance to participate in diagnostic discussion and treatment of complex medical patients. Members can also forward difficult cases that remain a mystery in diagnosis for panel discussion to assist in providing solutions. Cases from Nigeria or any Africa country are especially welcome.

Sincerely,
Johnson Adeyanju, MD, FACP
Internal Medicine Specialist
Novelist and Author “Deadly Revenge”
Vice-Chair Continue Medical Education
John Muir Health, Concord CA
Johnson.adeyanju_md@jmmdhhs.com

35-Year-Old With Fever and Myalgia

A 35-year-old Nigerian unmarried male was admitted to a local hospital in the United States with a 4-week history of intermittent fever, chills, sweats, and myalgia. Two weeks prior, he also noted gradual onset of headache, productive cough, nausea, abdominal pain, and diarrhea. 3 months ago, he visited various archeological sites and provided volunteer services in rural area of Kenya.

He was involved in an automobile accident at age 5 and had his spleen removed at a general hospital in Nigeria. He had a blood transfusion during the splenectomy and later received pneumococcal vaccine after he immigrated to the United States at age 20. Prior to his recent visit to Kenya, he updated all his immunizations, including Tetanus, Typhoid, Measles, Mumps, and Rubella. He declined hepatitis A and B vaccination. He was given a prescription for malaria prophylaxis and faithfully took his chloroquine as prescribed.

On physical examination his temperature was 102°F, blood pressure of 110/60 mm Hg, a pulse of 76 beats/min and respiration of 16/min. A chest radiograph revealed a left lower lobe consolidation. A nonspecific tenderness was noted on the right upper quadrant of the abdomen, otherwise the remainder of the clinical exam was unremarkable.

CBC showed Hg of 10.5 and a WBC of 22,000/mm³. The chemistry panel was remarkable for AST of 110 and ALT of 160. You received a call from one of your colleagues asking for your help on this wonderful Nigerian patient.

1. Giving the initial history and findings on examination, which one of the following admitting diagnosis is least likely.
   Community Acquired Pneumonia
   Viral Hepatitis
   Retrovirus Infection
   Nosocomial Pneumonia
   Malaria

2. Giving these potentially fatal findings, which of the following steps would be least appropriate?
   a. Start immediate Cardiopulmonary resuscitation
   b. Begin anti-seizure medication
   c. Order Computer Tomography of the head
   d. Obtain Neurological consult
   e. Transfer patient to intensive care unit to begin additional critical care measures

3. Giving these findings, which one of the following measures would be helpful in further management of this patient?
   a. Perform a lumbar puncture to rule out other neurological problem
   b. Discontinue current antibiotics and begin a new regimen.
   c. Call you lab manager to expedite and review the parasitic smear that was ordered on admission
   d. Contact other family member for more information on this patient
   A and C or C and D

Lumbar puncture is contraindicated in a patient with cerebral edema because of potential risk of cerebral herniation. It would be
unwise to stop the current broad spectrum antibiotic in a patient without spleen whose X-ray is not worse. It is not unreasonable to call the lab or personally go to the lab and review the parasitic smear yourself. Contacting family member to obtain information that could potentially save patient life is not a HIPPA violation. Option f is therefore the correct choice.

You were able to contact the patient sister who was a registered nurse practicing in Nigeria. She provided a reliable history and told you that the patient was unable to tolerate quinine and mefloquine in the past. The exact adverse reactions to these medications were unknown. You received an excited but frantic phone call from the microbiology lab that typical banana gametocyte of Plasmodium falciparum was present on the peripheral smear.

4. Giving this new information, which one of the following offers the best treatment life saving option for this patient?
   a. Begin IV decadron as suggested by the neurologist to minimize cerebral edema.
   b. Start chloroquine-based regimen maybe the patient really didn’t take the anti-malaria prophylaxis
   c. Use quinine and mefloquine-based regimen since the exact reactions to these medications were unknown
   d. Begin atovaquine-proguanil regimen
   e. Begin artemisinin-based regimens utilizing artesunate or artemether if available in the United States
   f. Either d or e may be used if available

Decadron is contraindicated in the treatment of cerebral malaria. Chloroquine-resistant P. falciparum malaria is widespread in Africa. Avoid chloroquine as a single agent even in patient intolerance of other anti-malaria drugs as a sole prophylaxis in malaria endemic areas. Quinine or mefloquine-based regimens should not be used in patients with adverse reactions to these medications.

Discussion

Our patient has cerebral malaria. It is important to consider this rapidly fatal disease in any patient returning from travel to malaria endemic area.

This patient history of splenectomy is a major risk factor for both pneumococcal pneumonia and cerebral malaria culminating in a double dose of fatal illness at the time of presentation. The final blood culture grew pneumococcal pneumonia. Patient was started on the right empirical antibiotic regimen on presentation. IV vancomycin was later discontinued and patient was switched to oral amoxicillin before discharge.

Of all the human malaria species, neurological involvement is unique to P. falciparum. Cerebral malaria is generally fatal if untreated. Atovaquine-proguanil can be used for both prevention and treatment of P. falciparum in the United States. Artemisinin derivatives are the treatment of choice for quinine resistance P. falciparum malaria. They provide excellent choice for treatment of severe malaria. Artesunate is available in the United States through the Centers for Disease Control. Our patient was started on atovaquine-proguanil regimen and switched to artesunate on arrival from the CDC. He survived and was discharged in stable condition.

Correct answers: 1.d, 2.a, 3.f, 4.f


Consulate General of Nigeria pays visit to patient with rare heart condition at Advocate Christ Medical Center.

Alhaji Baba Ndagana, a 33-year-old business man, traveled from Nigeria to Advocate Christ Medical Center in Oak Lawn, Ill., to receive treatment for coarctation.

Dr. Kareem, who travels regularly to Nigeria for Volunteer medical missions was introduced to Alhaji a few months prior in Africa by World Medical Relief Chairman Mr. Roger Matthews, Dr. Kareem talked with Alhaji’s physicians and agreed to supervise his care in the U.S.

Christ Medical Center’s cardiac surgical team of Dr. Pat Pappas and Dr. Antone Tatooles led the successful surgical intervention. After undergoing two open heart surgical operations in ten days interval Baba is doing well and he is scheduled to be discharged and will be going back home to Nigeria.

To celebrate the success of his treatment, The Consul General of Nigeria and other key dignitaries traveled to Advocate Christ Medical Center to pay a visit to Alhaji.
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