The Role of NGOs in Management of Accident Victims in Nigeria

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Nigeria, like so many other developing countries, has a history of poorly coordinated responses to accident and emergency victims. The rigorous policy of "pay-before-treatment", with attendant bureaucracy and an "out-of-stock" drug syndrome, have claimed the lives of several victims. Hence, a nongovernmental organization (NGO), like SAVAN (Save Accident Victims In Nigeria) acts for the relations of the victims in the absence of their biological relations. In collaboration with designated hospitals, it has been documented that these organizations increase the chances of survival of accident victims. The saddest aspect is the often common incidence of unknown victims with consequences of mass burials of such victims, even without concrete efforts to trace the biological relations. Hence, the birth of SAVAN could not have come at a better time and several victims are known to have benefitted.

In Nigeria, one out of every three accident victims dies, and since the civil war, no other pathology or phenomenon has claimed the lives of more Nigerians than have road traffic accidents. In short, the World Bank has described the roads in Nigeria as the most dangerous, yet the medical response to these accidents is abysmally poor. The complementary role of SAVAN can not be overemphasised.

Key words: accidents, traffic; biological relations; developing countries; roads; SAVAN
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Correction of Gemostasis of Pregnant Women with Gestosis

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Introduction: The effects of the administration of glucocorticoids as part of the treatment of pregnant women with gemostasis has not been defined.
Methods: This investigation was carried out with 102 pregnant women with severe gestosis (18–38 years old). They were allowed to give birth by means of Caesarian operation and were separated into two groups: Group I had correction of detected changes of gemostasis carried out by the use of dexon in a dose of 0.5 mg/kg/day intramuscularly; and Group II had no treatment. The investigation was carried out in two stages: (1) at the time when the women were received at the maternity home, and (2) on the 4th day after operative delivery. The fibrinogen level, prothrombin index, and a count of the number of thrombocytes in the blood was determined.
Results: It was shown that as the result of treatment, in Group I, the level of fibrinogen increased significantly by 21% (from 284 ±18 mg% to 343 ±21 mg%)(p <0.05). At the same time, in Group II, levels increased by 6% (to 301 ±16 mg%) and this was not significant statistically. It was possible to differentiate between the two groups (p <0.05). The protrombin index in both groups did not change significantly. In Group I, the number of thrombocytes increased by 38% (from 219 ±18*10^9/l to 302 ±23*10^9/l) and the change was significant statistically (p <0.05). For Group II, the thrombocytes increased only by 11% (to 243 ±21*10^9/l), and the between group difference was significant statistically (p <0.05).
Conclusion: Under the influence of glucocorticoids, the increases in the content of blood fibrinogen levels and in the number of thrombocytes are defined. They should be administered with other treatment for prophylaxis and treatment of bleeding in delivery and in early postdelivery periods.

Key words: fibrinogen; glucocorticoids; gemostasis; gestosis; pregnancy; prothrombin index; thrombocytes
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Endogenous Intoxication in Women with Preeclampsia

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Introduction: The aim of this research was to decrease the endogenic intoxication in women with sever levels of preeclampsia by use of a glucocorticoid (dexon).
Methods: Investigation was carried out with 169 pregnant women without preeclampsia (16–40 years old) and with 102 pregnant women with preeclampsia (18–38 years old). They were allowed to give birth by means of Caesarian operation and were separated into two groups: Group I had correction of endotoxicosis using dexon, 0.5 mg/kg/day intramuscularly; Group II did not receive dexon. The investigation was carried out in four stages: (1) at the time when the women arrived at the maternity home, and (2) on the 1st, 4th, and 7th day after surgical delivery. The Leukocyte Index of Intoxication (LII) was used as a criterion for endogenic intoxication.
Results: Women with preeclampsia in comparison with healthy women were marked with large LII increase in all stages of the investigation. This finding indicates hypersensitization of the organism. In healthy women and women with preeclampsia, either the LII levels became decreased by the 7th post-operational day. This change evidently was the result of pheto-placental complex elimination as the initial cause of autoimmunization. Dexon administration allowed the levels of LII to be reduced during all stages of investigation.
Conclusion: During preeclampsia, the cause of LII increase is due to surplus autoallergication resulting in prolonged subcompensating endotoxicosis. Dexon (5 mg/kg/day) reduces autoimmunization, which may be a reason for the cascading metabolic reaction, and the basis of a systemic inflammatory reaction during preeclampsia.

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