

Patients' Characteristics and Clinical Correlates of Cancrum Oris Cases Seen Between 1978 -2022 at the Ahmadu Bello University Teaching Hospital, Kaduna State

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INTRODUCTION

Several factors have been reported to be associated with cancrum oris, a gangrenous infection of the orofacial region which can result in acquired devastating hard and soft facial tissue defects if early and prompt intervention is not instituted. However, there is scanty baseline information on these factors in Nigeria. The aim of this study is to examine patients' characteristics and clinical correlates of cancrum oris cases seen between 1978 - 2022 at the foremost Maxillofacial Centre in Northern Nigeria.

MATERIALS AND METHODS:

All cases of cancrum oris managed at the Maxillofacial Department of a tertiary Centre were retrospectively reviewed using hospital records. Data extracted for analysis include biodata of the patients, the stage of cancrum oris (acute or chronic), the site, the type tissue involvement (soft only or soft and hard), the type of treatment, type

of anaesthesia, complications and length of stay. Descriptive and inferential analyses were carried at 95% confidence interval with p set at ≤ 0.05 .

RESULTS:

Study data was retrieved from 279 recorded cases. The age of the patients ranged from 6 months to 45 years. The mean age in years was 10.62 ± 8.54 with a modal age of 4 years. Males were 139 (50.9%) and females were 134 (49.1%). Majority of the noma patients had siblings (74.5%) ≥ 4 , were the last child (53.9%) in the family, parents or guardians were subsistence farmers (68.8%) and presented at the hospital (58.1%) more than 2 weeks after onset of symptoms. All the patients reported no or incomplete history of immunisation and had signs of poor nutrition. There were 55 acute and 224 chronic cases. Acute cases were managed with medications, correction of anaemia, nutrition, wound debridement and dressings. In chronic cases, orofunctional complaints were majorly

linked to the presence of ankylosis 126 (56.3%) and oronasal fistulas 47 (21.1%). Surgical interventions include relief of ankylosis 99 (44.2%), flap surgeries [local 58 (25.9%), distance flaps 28 (12.5)] and sequestrectomy 21 (9.4%). Intubation methods to secure the airway during general anaesthesia

changed over time from blind nasal intubation, laryngoscopy to fiber optic laryngoscopy. The average length of hospital stay for surgical cases was 44.3 ± 4.2 days. Chronic cases were significantly associated with the males ($p = <0.001$).

Table 1: Sociodemographic characteristics of the patients

Sociodemographic characteristics	N	%
Parents occupation		
Subsistence farmers	192	68.8
Traders	43	15.4
Others	44	15.8
Number of siblings		
1	21	7.6
2-3	50	17.9
≥ 4	208	74.5
Total	279	100.0%

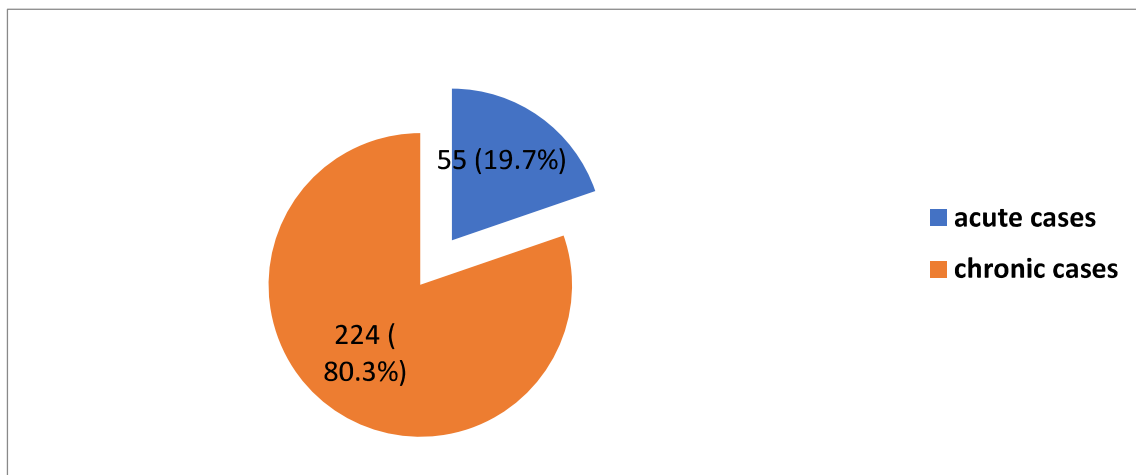


Figure 1: Pie-Chart showing distribution of cases in acute and chronic noma cases

CONCLUSION

Most patients were from large family size and poor backgrounds. Late presentation to the hospital was common and was due to orofunctional complaints. There is an urgent need for health promotional efforts to encourage early presentation to reduce orofunctional complaints and other factors likely to increase the complexities of surgery including the cost of management of cancrum oris.

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