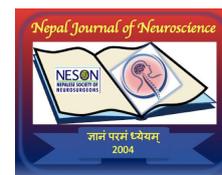


The Rising Tide of Brain Tumours in Nigeria: A Call to Action

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To the Editor,

As a neurosurgeon practicing within the walls of a busy Nigerian tertiary hospital, I am witnessing a quiet but devastating shift in our nation's epidemiological landscape. Where our wards were once dominated by trauma and infectious pathologies, we are now seeing an unprecedented surge in the incidence of brain tumors. This is no longer a peripheral concern; it is a burgeoning public health crisis that demands immediate attention from the global medical community and national stakeholders.

The Shadow in the Scan: An Observed Surge

In the last decade, the clinical profile of the average Nigerian neurosurgical patient has changed. We are seeing a higher volume of primary gliomas, meningiomas, and aggressive metastatic deposits than ever before.¹ While historical data often suggested that brain tumors were rare in Sub-Saharan Africa, our current clinical reality refutes this. The wards are filled with young and middle-aged Nigerians—the economic backbone of our country—facing diagnoses that were previously considered "diseases of the West." This increase is not merely a statistical fluke; it is a tangible, rising tide of morbidity and mortality that threatens to overwhelm our limited neurosurgical infrastructure.

The Diagnostic Paradox: Why the Numbers are Climbing

Several factors contribute to this alarming trend, creating a complex "diagnostic paradox."

1. The Proliferation of Neuroimaging: For the first time in Nigeria's history, Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scan machines are becoming more readily accessible.² While still expensive, the transition from "clinical guesswork" to "image-guided

diagnosis" means we are diagnosing tumors that previously went undiagnosed or were misattributed to spiritual causes or strokes.

2. The Double-Edged Sword of Survival: As oncology services in Nigeria improve, patients with systemic cancers (breast, lung, prostate etc) are living longer.³ Paradoxically, this increased survival provides a window for metastatic disease to manifest in the brain—a "sanctuary site" often shielded from conventional systemic chemotherapy.⁴

3. Environmental and Radiation Risks: We must also look at the changing Nigerian environment. The unregulated use of ionizing radiation in certain industries, combined³ with the ubiquitous (though still debated) long-term exposure to radiofrequency fields and environmental toxins, may be contributing to the oncogenic burden. Our population is aging and adopting lifestyle changes that mirror high-income nations, bringing along their associated non-communicable disease risks.⁵

Reversing the Trend: Beyond the Scalpel

Addressing this surge requires a shift from reactive surgery to proactive management. Reversing the trend starts with early detection and public education. We must demystify brain tumors, moving away from the "death sentence" stigma that prevents patients from seeking help until they are blind or comatose. We need to establish specialized Neuro-Oncology Centers of Excellence that offer more than just surgery; we need integrated radiotherapy and chemotherapy protocols tailored to the Nigerian genetic landscape.

The Policy Pivot: The Role of Government

The government and policymakers can no longer treat neurosurgery as a "luxury" specialty. We need a National Brain Tumor Registry to accurately track these cases and identify geographic hotspots. Furthermore, there must be a stringent regulatory framework for environmental pollutants and industrial radiation. Government investment in tertiary healthcare must prioritize the procurement of high-field MRIs and linear accelerators for radiotherapy, ensuring that "state-of-the-art" care is not limited to those who can afford to seek treatment abroad.

Universal Health Coverage: The Financial Lifeline

The most significant barrier to brain tumor care in Nigeria

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is the "out-of-pocket" payment system.⁶ A single brain surgery, followed by radiotherapy and chemotherapy, can bankrupt an entire extended family. We need an urgent expansion of the National Health Insurance Authority (NHIA) to cover high-end neuroimaging and neuro-oncological treatments. Without robust insurance coverage, the "rising incidence" will simply translate into a "rising death toll," as the vast majority of Nigerians remain one diagnosis away from poverty.

The Silicon Surgeon: AI and Emerging Technologies

As we look to the future, emerging technologies—specifically Artificial Intelligence (AI)—offer a glimmer of hope. In a country with a shortage of trained neuroradiologists and neuropathologists, AI-driven diagnostic tools can assist in the rapid screening of scans and the molecular classification of tumors.⁷ Machine learning algorithms can help us predict patient outcomes and optimize resource allocation in resource-constrained environments. By leveraging AI, we can bridge the gap between our current limitations and the global standard of care, ensuring that a patient in a Nigerian tertiary hospital receives the same diagnostic precision as one in any of the developed countries of the world.⁸

Conclusion

The rise of brain tumors in Nigeria is a clarion call. It is a testament to our changing world and a challenge to our existing healthcare structures. We must act now—through policy, through technology, and through expanded financial protection—to ensure that our patients are not left to face this "silent killer" alone.

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