Indoor air pollution: an avoidable health risk factor

Madam, a person is exposed to a variety of health risk factors each day. Some are avoidable and some unavoidable. Indoor air pollution (IAP) is one of the avoidable risk factors that we can do something about. According to a study by WHO, Indoor air pollution caused by the use of solid fuels in houses contributes to more than 1.6 million premature deaths each year in the developing countries.1 Indoor air pollution has always been denied in Pakistan and less importance has been given to this environmental hazard by the government. Currently there is no law governing the level of hazardous substances at household level in Pakistan.

The major contributor of IAP in Pakistan is biomass fuel that it is used in four fifths of all households in Pakistan. It is responsible for variety of health risks. The IAP generated by the biomass fuel is well associated with chronic bronchitis especially in women of rural areas of Pakistan because of using wood, dung cake, rice straws etc for cooking instead of proper gas fuel.2,3 To improve the IAP in rural areas proper gas stoves should be used in the kitchen and if it is not possible improved stoves should be constructed for burning of biomass with least emission of fuel gases.4 Other factor which increases the IAP especially in Pakistan is indoor radon levels which increase the development of lung cancers due to their exposure.5

IAP has always been a health risk for children. Pneumonia due to IAP is one of the major causes of morbidity and mortality rate in children world-wide. Other associated disorders in children are chronic bronchitis, lung cancer, low birth weight and cataract.2

Despite of hazardous health effects Indoor Air Pollution has not been able to become a recognized health hazard at the policy level in Pakistan because we have insufficient scientific data on it.2 Studies should be done to evaluate the levels of different indoor air pollutants at different places so that we may have proper evidence to tackle this dilemma. Both governmental and non-governmental organizations in collision which each other have to progress in this regard to reduce the health risks associated with it as it is one of the health risk factors that can be avoided by proper and effective measures.

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Letter to the Editor

Early post-traumatic epilepsy in a patient with initial normal CT scan

Madam, Despite several studies, no drug strategy has been identified to date, to curb the biochemical events leading to epileptogenesis in patients with post-traumatic epilepsy.1 Current evidence is that routine preventive anticonvulsants are not indicated for patients with head injuries and the treatment of early post-traumatic seizures does not influence the incidence of post-traumatic epilepsy.1,3 A 45 year gentleman presented with history of assault by an iron object on his head. He had history of loss of consciousness for about 30 minutes. There was no history of vomiting, ear or nasal bleed or seizures. At the time of admission his Glasgow coma scale was E4V4M6 and pupils were bilateral equal and reacting to light. There were no focal neurological deficits. Initial CT scan done about after 6 hours of injury was apparently normal. He had associated fracture neck of right humerus. He was managed conservatively and his GCS improved to E4V5M6 by next day morning. On third day of admission he developed three successive attacks of generalized tonic-clonic seizures that could be controlled with
Letter to the Editor

Global research collaboration for priority setting in health systems in developing countries

Madam, Research in health has brought great achievements ranging from elimination of deadly diseases, such as smallpox, to doubling of overall life expectancies in most of the countries. Despite this, the health of the populations at large, has been suffering from problems that are remediable with the sharing of the global scientific evidence. Unfortunately this has not happened for most of the time in the past.1

The health systems in different regions of the world have different issues to handle. Some countries are experiencing the demographic, epidemiologic and economic transitions and may take more time to converge with the developed world. The health policy in these countries is mostly unstable and heavily driven by the international agendas. The growing disparities between and within the countries have made the developing countries rely heavily on the evidence generated by the developed world. Financing health related research in the developing countries is lumped with high expectations to oblige their agendas and priorities. Therefore, the knowledge generated by research in these countries is not incorporated in the policies and practice and life goes on unchanged.1,2 More than often, the health systems researchers are faced with the

However in the absence of high risk factors the drug therapy should be instituted only after the first late unprovoked seizure.3 In our patient the initial examination and normal CT findings suggested low risk of developing seizures and he was managed accordingly. However, it is a well known fact that the initial CT scan may be normal and patients can develop parenchymal lesions over a period of time; and can fall into the category of high risk group as in the present case. How to identify this group and anticipate the occurrence of post-traumatic seizures is still a challenge particularly in a patient who is recovering and has a normal initial CT scan.

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Figure 1. CT scan performed after the episode of seizures showing multiple contusions in right frontal, temporal and parietal lobe.