Pediatric Nephrology in Gabon

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Gabon, crossed by the equator, has an area of 267,667 square kilometers. Gabon has 85% of its territory covered by rain forest and 800 kilometers of coast along the Atlantic Ocean.

Located in Central Africa, it is surrounded to the North West by Equatorial Guinea, to the North by Cameroon, to the East and South by Congo and to the West by the Atlantic Ocean (Figure 1).

The total population was estimated at 1,811,079 in 2013 [1] while the population density at the national level was 6.8 inhabitants / km2. This density reached record levels in some localities: 3,700 inhabitants per km2 in Libreville, the capital, and 2,480 inhabitants per km2 in Port-Gentil. The population is mainly urban (87%). The annual growth rate is 2.9%. Those under 15 represent 34.7% of the total population.

Figure 1. Administrative map of Gabon
In terms of care, there is no specialized service in Pediatric Nephrology.

There is a National Hemodialysis Center (NHC) which receives both adults and children. No pediatric department offers peritoneal dialysis. All cases of renal failure requiring extra-renal cleansing are referred to the NHC. The transfer of children is under the responsibility of the UAS. This center is open 24 hours a day.

Unfortunately, World Kidney Day is not celebrated and screening for kidney diseases does not happen...

Likewise, no MD in pediatric nephrology appears in the directory of the National Council of the Order of Doctors...

Unfortunately, malfunctions in the national health information system do not allow reliable data on the health status of children. According to hospital data, infectious diseases are the main causes of death. Between 2015 and 2016 in the pediatric ward of Angondjé University Hospital, twenty cases (1.18%) of renal or renal disorders were recorded (Figure 2). The sex ratio boys / girls was 4, the average age of 7.1 years.

![Figure 2. Renal or renal impairment disorders recorded](image)

Five children were transferred to the NHC for renal failure. The etiologies of renal failure are reported in Table I below.
Table I. Etiology of renal insufficiency

<table>
<thead>
<tr>
<th>Case</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td>Female</td>
<td>Male</td>
<td>Male</td>
</tr>
<tr>
<td>Age</td>
<td>9 years</td>
<td>17 years</td>
<td>5 years</td>
<td>2 years</td>
<td>14 years</td>
</tr>
<tr>
<td>Diagnostic</td>
<td>Interstitial nephropathy</td>
<td>Non-labeled infectious origin</td>
<td>Nephropathy of undetermined origin</td>
<td>Nephrotic syndrome</td>
<td></td>
</tr>
<tr>
<td>Evolution</td>
<td>Favorable</td>
<td>Favorable</td>
<td>Death in an acute lung edema</td>
<td>Death in an array of severe sepsis</td>
<td>During dialysis</td>
</tr>
</tbody>
</table>

Consequently, it is becoming urgent to train human resources in the field of pediatric nephrology. Postgraduate teaching activities focused on pediatric nephrology would undoubtedly improve the care of sick children and preserve the kidney of children. Similarly, World Kidney Day and screening sessions for kidney diseases could be conducted in schools as such campaign would raise the level of awareness and aim to sensitize the public authorities to the situation.

Reference