INTRODUCTION

In 2010 non-communicable diseases were shown to be the most important cause of mortality worldwide on the WHO global status report, with diabetes the 4th most common disease causing death. The International Diabetes Federation (IDF) estimated the worldwide prevalence of diabetes in children aged 0-14 years to be 497,100 in 2013 with an incidence of 79,100 children per year.

Almost 80% of deaths from non-communicable diseases are occurring in low and middle income countries. With the annual rise in incidence of diabetes estimated to be 3% this lifelong condition is set to become an increasing burden on the already fragile healthcare systems in these regions.

The Gambia, situated in West Africa, has a population of 1.849 million and is classified as a low income country according to the World Bank. Life expectancy at birth in The Gambia is 59 years with the under 5 child mortality at a high level of 74 children per 1,000 live births in 2013 (compared to the UK under 5 mortality rate of 5 per 1,000 live births).

Type 1 diabetes Mellitus (T1DM) is the most common form of diabetes in children and young people. There is a paucity of data regarding T1DM in children in West Africa, in particular in The Gambia.

AIM: To explore the clinical presentation and outcome of children with T1DM admitted to the Edward Francis Small Teaching Hospital (EFSTH) in The Gambia, West Africa.

METHOD: Retrospective case note review of patients admitted to EFSTH over a four year period from January 2009 to December 2012.

RESULTS:

- Total 19 patients
- 15 were first presentations of diabetes

Presentation:

- Most common presenting symptoms - Abdominal Pain, Polyuria, Fever
- Other symptoms included - Restlessness, Chest pain, Hallucinations
- Only 2 patients with typical T1DM symptom triad

<table>
<thead>
<tr>
<th></th>
<th>New Diagnosis (n=15)</th>
<th>Known T1DM (n=4)</th>
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<tbody>
<tr>
<td>DKA</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Non-DKA</td>
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<td>1</td>
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Outcome:

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<th>Discharged</th>
<th>Died</th>
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</thead>
<tbody>
<tr>
<td>DKA</td>
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<td>1</td>
</tr>
<tr>
<td>Non-DKA</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

CONCLUSION:

Although the incidence of T1DM in developing countries is known to be increasing the numbers in this study are small. This gives a glimpse into how varied and vague the presentation of T1DM is in The Gambia and how minimal the clinical resources are. Further study is needed on a wider scale to assess the true incidence and prevalence of the disease.

References