Guest Editorial

Neurological complications in children – access to appropriate care

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This edition of *CME* focuses on child neurology. Worldwide 10 - 20% of children have some form of neurodisability – many of these in resource-poor countries. Few clinicians are skilled in managing and diagnosing such conditions.

This issue has targeted four major themes and six shorter ones relevant to the field. The authors have structured the articles to provide evidence-based resumés and guides to the management of key neurological conditions. Even though the approaches are viable in resource-poor countries, they touch on the range and capacity of interventions which at this stage may be beyond many centres in South Africa. Our role is to offer ideal care to children; however, this does not always equate to the range of services in resource-equipped countries. We need to rationalise what level of care is appropriate and to identify areas where we should lobby to improve care and not to accept sub-standard management. Examples relate to access to anticonvulsants in South Africa, where many centres have little beyond phenobarbitone – an agent rarely used in the Western world.

The main themes in this issue are epilepsy, stroke, neurological complications of HIV, and traumatic brain injury. The epilepsy section gives a broad overview of the approach to recognising seizures and epilepsy, how to investigate events, i.e when to request an electroencephalogram (EEG), and when to treat. The article on stroke addresses conditions affecting neonates and children. This field is under-described in the paediatric population and there is often confusion as to the optimal investigations and management. The section on the neurological complications of HIV illustrates the diversity of the condition, which, to date, has been underestimated in children. The survival of increasing numbers of children into adolescence, following increased access to antiretroviral therapy and improved health care in some areas, is leading to further presentations with multiple co-morbidities. Traumatic brain injury is a major complication in South Africa. Children who survive the acute insult suffer a legacy of complications, including altered learning and behaviour problems. Educational facilities are often not equipped to cope with these children and only a few centres have the capacity to perform the appropriate neurocognitive screens to define their needs and abilities.

The shorter sections cover three topics on 'rare' disorders in Africa and three topics that are more often recognised. Metabolic and mitochondrial disorders are considered unusual in Africa – in reality they are not identified. The article includes a user-friendly table with the common clinical constellations and associated conditions.

Neurofibromatosis type 1 may be considered a relatively rare condition, but it is quite prevalent in South Africa. Many cases are undiagnosed. The short overview provides the key diagnostic features, complications and important follow-up guidelines, highlighting the associated learning difficulties – the commonest issue of most impact to the majority of patients. The section on Duchenne muscular dystrophy (DMD) updates the reader on the latest international guidelines with regard to its management. DMD is the commonest neuromuscular disorder found in boys (prevalence 1:3 500). The remaining three short topics relate to more common conditions. The section on post-streptococcal movement disorders updates the reader on the latest understanding of Sydenham chorea and where we are some 300 years after it was first described. Lastly, the articles on granuloma and headache both give excellent overviews of a problem-orientated approach to the conditions, including a simple reference table of key warning pointers in the headache section which identify when the condition should be considered pathological.

A single journal edition cannot cover every aspect relevant to child neurology; however in each article the authors were tasked with identifying concepts and guidelines that would help the busy clinician to provide targeted, accurate and evidence-based care to their patients.

In May 2010, at the International Child Neurology Congress in Cairo, the African Child Neurology Association (ACNA) was inaugurated. This group forms a cohesive support network to improve knowledge of child neurology conditions (through teaching, training and research) and to use the information attained to lobby for ideal care for children with neurological disorders throughout the continent. The authors of the articles in this edition of *CME* belong to this Association.

I hope you enjoy reading this issue and that it serves its purpose.