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Histopathologic Evidence of the Effectiveness of Health Education on Female Genital Mutilation in a Developing Community

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Abstract

Background: This study aims at determining the prevalence of the condemned practice of female genital mutilation (FGM) among the Igbo Ethnic Group in Nigeria.

Materials and Methods: The answer was based on the study of cases of the epidermoid cysts which resulted from such mutilations, the sources being the histopathology data pool maintained at a Regional Pathology Laboratory servicing this Group.

Results: The analysis of 55 positive cases revealed that, concerning the years of birth, from 1949 to 1998, none occurred in the last decade.

Conclusion: This histopathology study characterized epidermoid cysts according to the years of birth of the patients. As none of the cohort was born during the last decade, a positive impact has been demonstrated in this hitherto thorny field in this particular community.

Keywords: Female; Genital mutilation; Histopathology; Health education

Introduction

Trauma is known to be followed by the development of the classical epidermoid cyst in which its wall is keratinizing epithelium while the contents are keratinous flakes [1]. According to a Korean group, "It usually involves the scalp, face, neck, back and trunk" [2]. Actually, an early personal study, which was carried out at a Regional Pathology Laboratory based at Enugu in the South-East Region of Nigeria, revealed that, of all the sites from which specimens were removed, most were from the vulva on account of female genital mutilation (FGM) [3]. There has been a long outcry against FGM [4-7]. FGM evidence was sought concerning the effect of the ongoing health education programme with reference to a community which consists of the Igbos or Ibos, who are a large ethnic group in Nigeria [8].

Materials and Methods

A total of 55 Igbo female patients, whose surgical specimens were submitted to the Regional Pathology Laboratory based at Enugu in the South-East of Nigeria, were examined personally. Each showed the classical microscopical appearances of a cyst lined by keratinizing epithelium which produces keratin flakes as the contents. The ages were obtained as well as the operation dates. These data confidently facilitated the calculation of the very years of birth of the cohort.

Results

Fifty-five females were studied. Table 1 illustrates the decades from 1949 to 1998 in which the circumcisions were performed.

Decade	Number
1949-1958	11
1959-1968	15
1969-1978	16
1979-1988	13
1989-1998	0
Totals	55

Table 1: Number of cases according to the decade of birth of the cohort.

Discussion

In fact, the practice of female circumcision (mutilation) among the Igbos was documented picturesquely [7] as follows:

"In the case of a girl, the operator (Onwene or Omenka) picks up the clitoris (agama) firmly between finger and thumb, and cuts it right out at the base. With deft movements, the cutting is continued down each side of the organ, thus removing clitoris and labia minor in a single piece. A skilful "Onwene" performs an exceedingly neat operation."

Owing to the frequent complications, e.g., scarring of the introitus, which militates against normal delivery, the foreign Missionaries fought against it with the aid of their local Church members, in this community.

Meanwhile, what has been happening worldwide? With regard to Sudan, the practice, according to El Dareer [8], "has survived for centuries with little effort being made to stop it." Another Sudanese, Rushwan [9], has pointed to both international and local efforts to stop it, and the hope for success. In fact, Hassan Bella [10] of the Institute of Child Health, University of London, concluded as follows: "The importance of intensive publicity on female circumcision to make it a subject of public debate cannot be overemphasized."

In this context, the Nigerian Vanguard Newspaper reported critically during a 1998 Conference on the subject [11]. In sum, the omens have become good, seeing that this practice was not recorded between 1989 and 1998 in this part of Nigeria. Thus, as was long ago foreseen in 1966 [7], "There is good ground for hope that, gradually, public opinion and common sense will lead to the abolition of female circumcision among all sections of the (Igbo) community." Indeed, this hope has come to fruition satisfactorily among the now largely enlightened Igbo community.

Conclusion

The most recent WHO Fact Sheet [12] stated that, "since 1997, great efforts have been made to counteract FGM, through research, work within communities, and changes in public policy." Hopefully, it is concluded that the present work has demonstrated a histopathologic method for calculating the state of FGM prevailing in any particular community. It may be questioned whether a histopathologic approach is good enough. Since I saw it marshaled in the Journal of Clinical Pathology [13], I have used it to publish relevant articles on the Ibos, these being as varied as breast carcinosarcoma [14], albinism [15], skull metastases from the thyroid [16] and the neonatal sacrococcygeal teratoma [17]. Indeed, it will augur well for future epidemiologic analyses if this practical method is employed worldwide.

References

1. Kudoh M, Harada H, Omura K and Ishii Y (2013) Epidermoid cyst arising in the submandibular region. Case Report in Medicine 3.
2. Kang S-G, Kim C-H, Cho H-K, Park M-Y, Lee Y-J, et al. (2011) Two cases of giant epidermal cyst occurring in the neck. Ann Dermatol. 23: 135-138.
3. Onuigbo WIB (1976) Vulval epidermoid cysts in the Igbos of Nigeria. Arch Dermatol, 2: 1405-1407.
4. Herieka E, Dhar J (2003) Female genital mutilation in the Sudan: survey of the attitude of Khartoum university students towards this practice. Sex Transm Infect. 79: 220-223.
5. Nour NM (2004) Female genital cutting: Clinical and cultural guidelines. Obstet Gynecol Surv. 59: 272-279.
6. Utz-Billing I, Kentenich H (2008) Female genital mutilation: an injury, physical and mental harm. J Psychosoma Obstet Gynecol. 29: 225-229.
7. Basden GT (1966) Niger Ibos. Frank Cass & Co Ltd, London.
8. EI Dareer A (1983) Epidemiology of female circumcision in the Sudan. Tropical Doctor. 13: 41-45.
9. Rushwan H (1982) Female circumcision: Present position and future outlook. Singapore J Obstetrics Gynaecol. 13: 3-6.
10. Bella H (1980) Female circumcision. Africa Health 2: 31-32.
11. Ibegbu C, Nwankwo T (1998) Female circumcision: The myth and reality. Vanguard Newspaper. 24.
12. (2014) World Health Organization. Female genital mutilation. Fact Sheet 241. UPDATED.
13. Macartney JC, Rollason TB, Colding BW (1980) Use of a histopathology data pool for epidemiological analysis. Journal of Clinical Pathology. 33: 351-359.
14. Onuigbo WIB (2015) Epidemiologic analysis of the surgical specimens of breast carcinosarcomas examined at a Preference Laboratory in a Nigerian Community. Surgical Research. 1: 25-27.
15. Onuigbo WIB (2015) No albino should suffer from extensive skin cancer let alone die there-from. Journal of Cancer Prevention & Current Research. 2: 00040.
16. Onuigbo WIB (2015) Comparative study of skull metastasis of thyroid carcinoma in Japan and Nigeria. Clinical Case Reports and Reviews. 1: 149-150.
17. Onuigbo WIB (2015) Sacrococcygeal teratoma in a developing community. Journal of Case Reports and Studies. 3: 2348-9820.

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