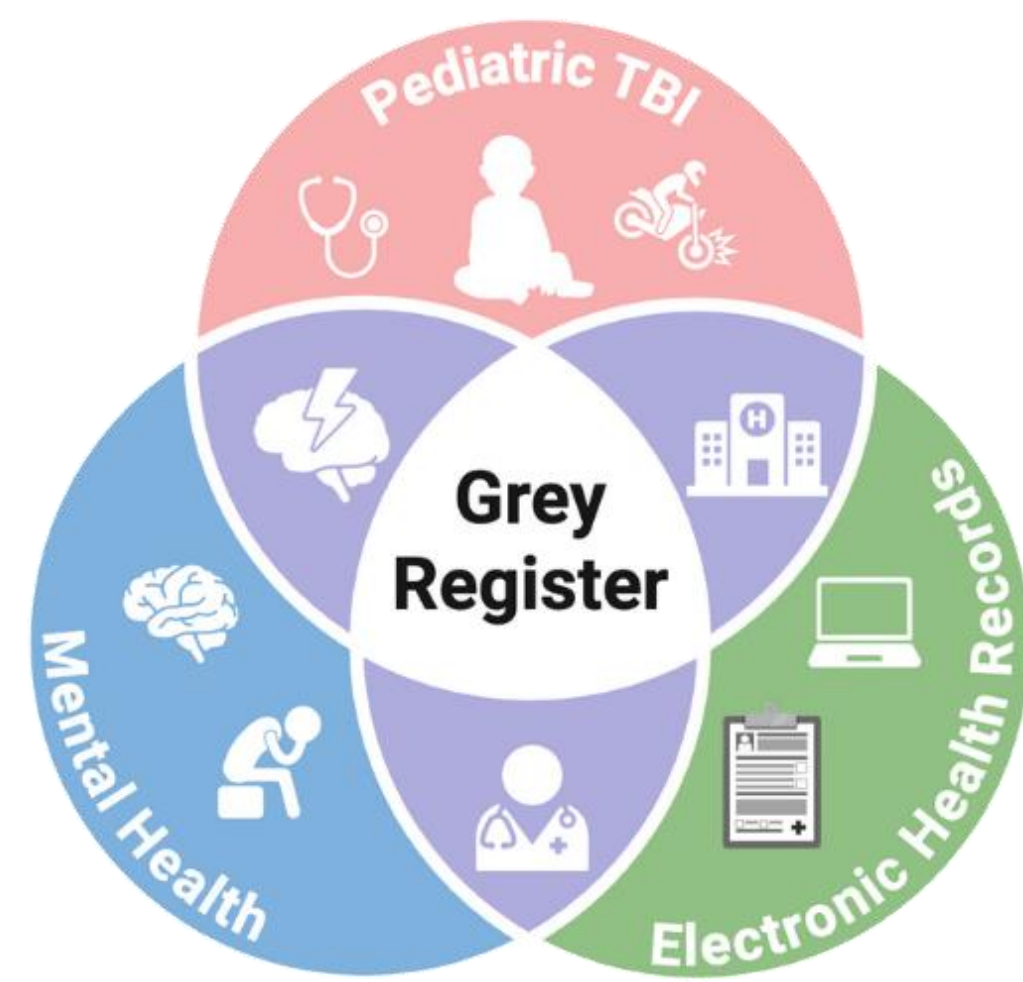


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INTRODUCTION

Pediatric traumatic brain injury (pTBI) is the most common unintentional injury in children, with global incidence as high as 280 per 100,000. In Nigeria, pediatric TBI mortality has been reported at 12%, compared to 1–3% in high-income countries.



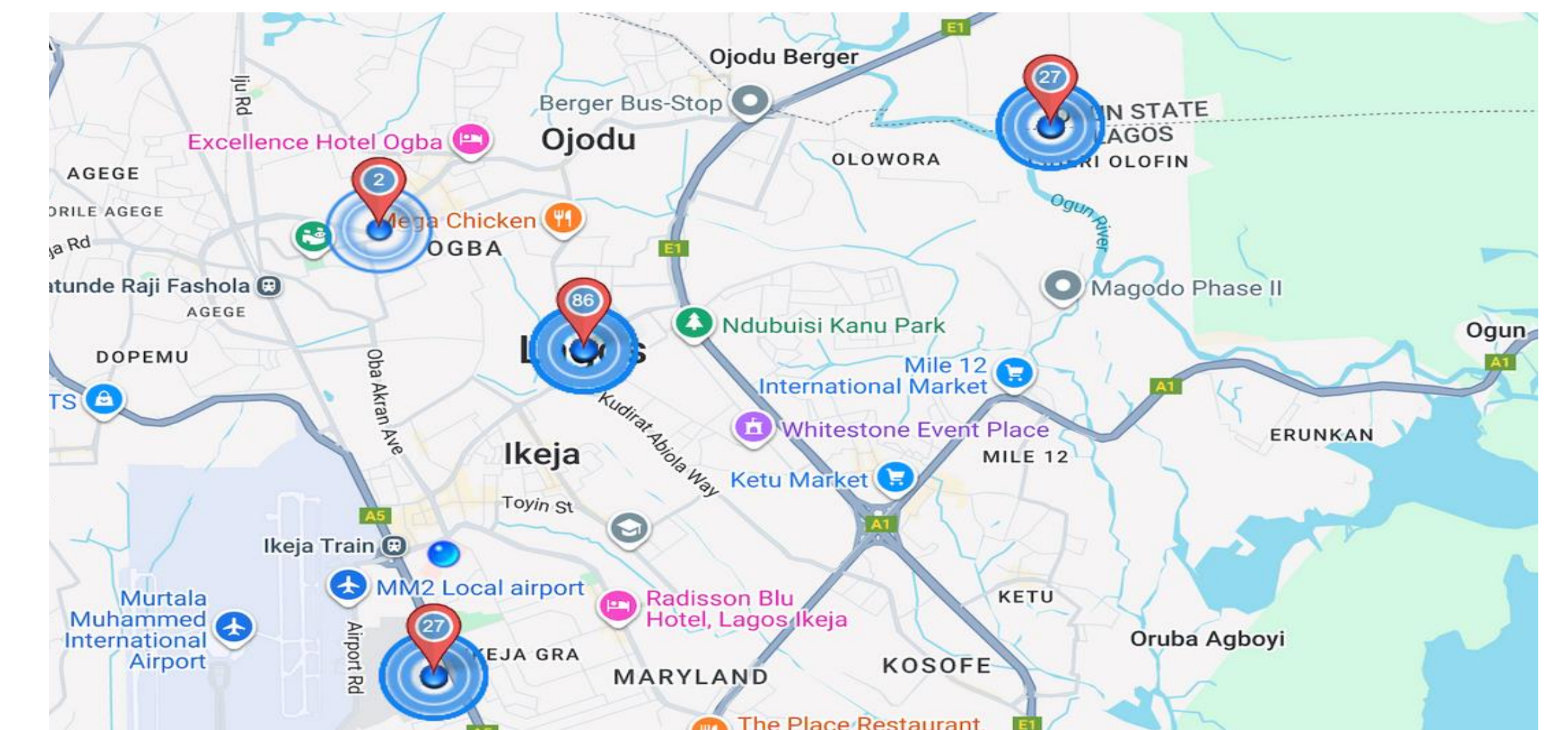
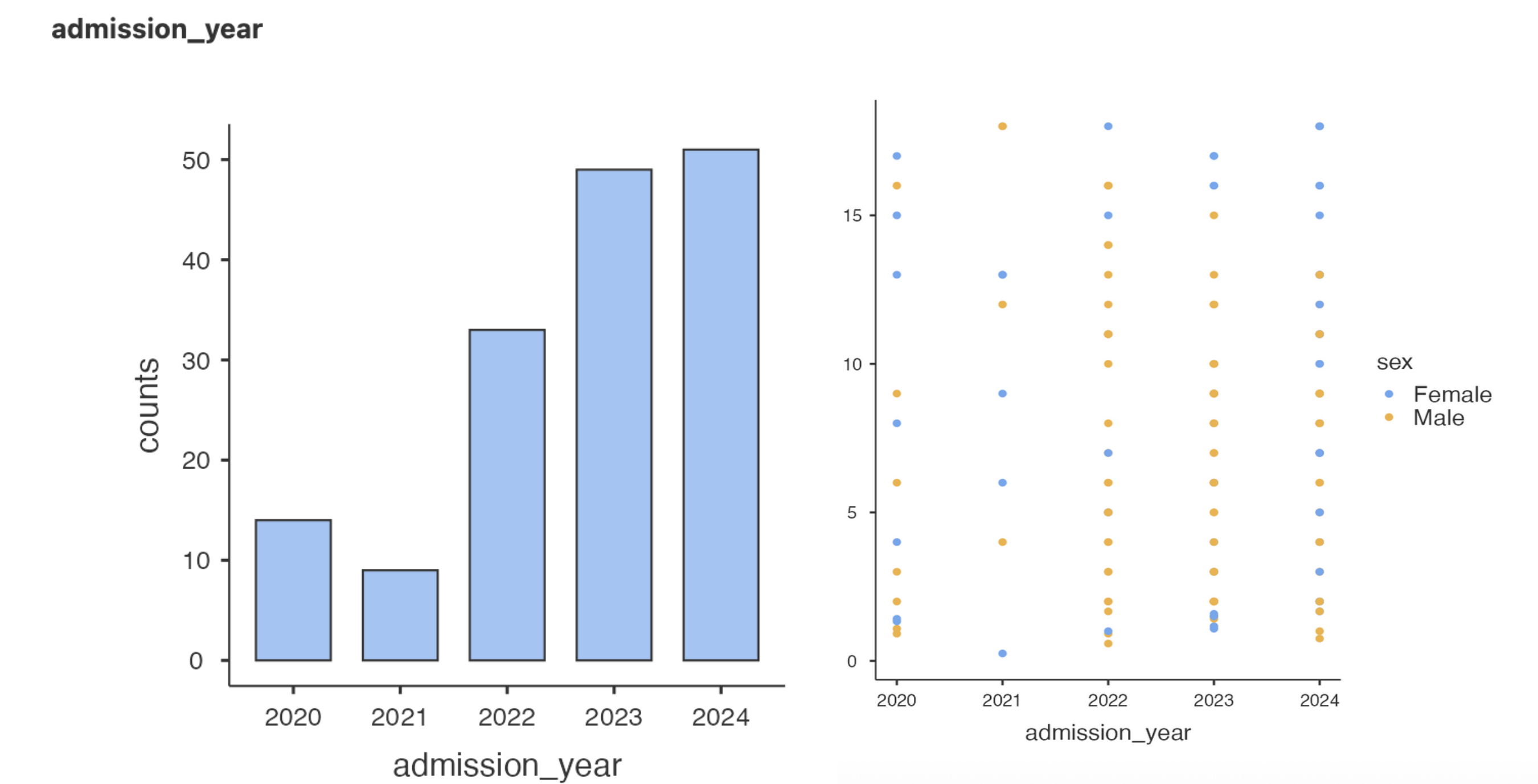
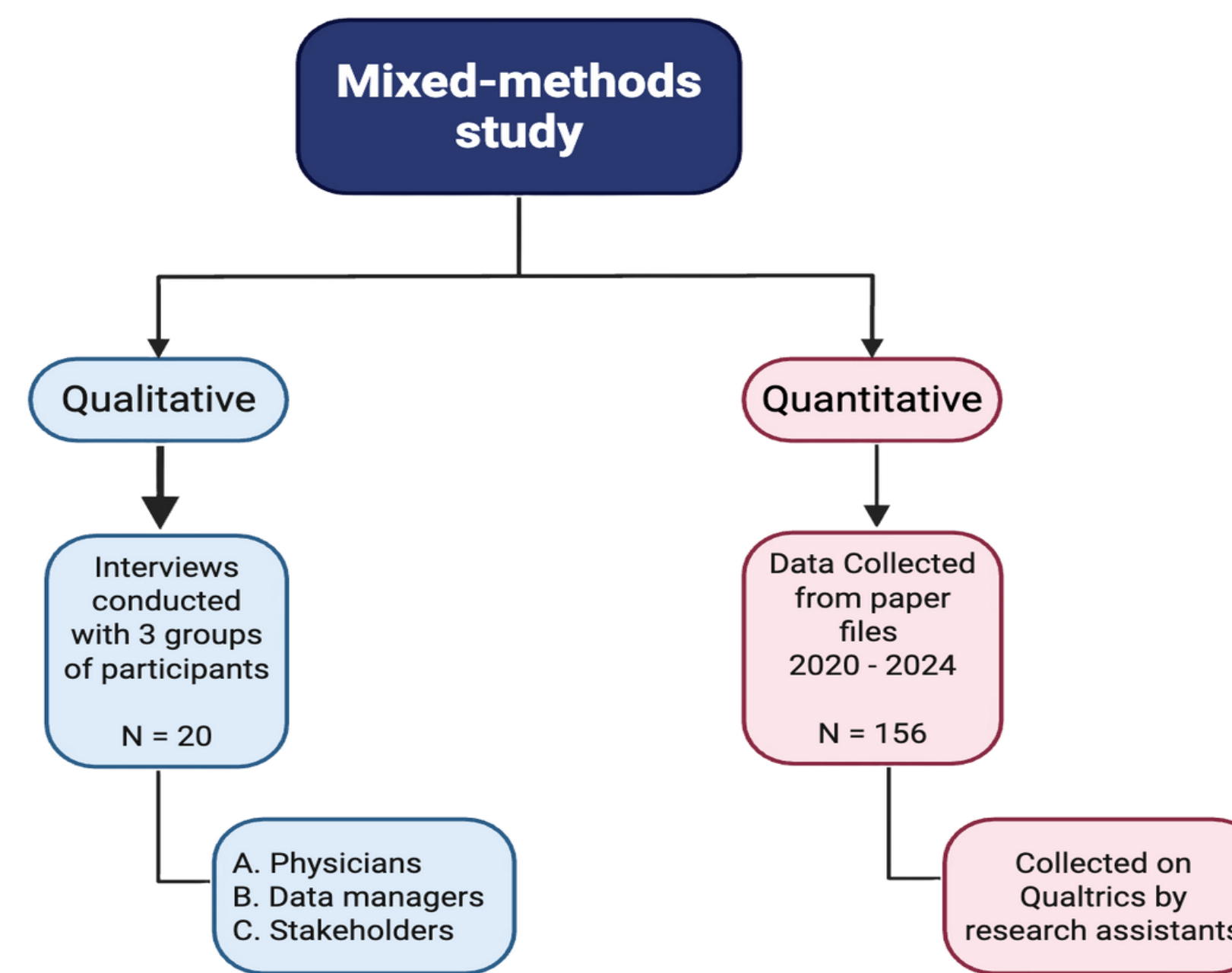
Beyond survival, up to 30–50% of children develop symptoms of ADHD after pTBI, while others experience depression, anxiety, oppositional behaviors, and learning difficulties. Despite this burden, mental health is rarely integrated into TBI care in resource-limited settings, and documentation of outcomes remains inconsistent.

OBJECTIVES

1. Assess current care and documentation practices for pediatric TBI at LASUTH.
2. Identify improvements in data collection and management.
3. Examine the burden of mental health complications and implications for a registry.
4. Explore strengths, weaknesses, and barriers to a mental health-inclusive registry.
5. Determine key factors for long-term sustainability of a pediatric TBI registry.

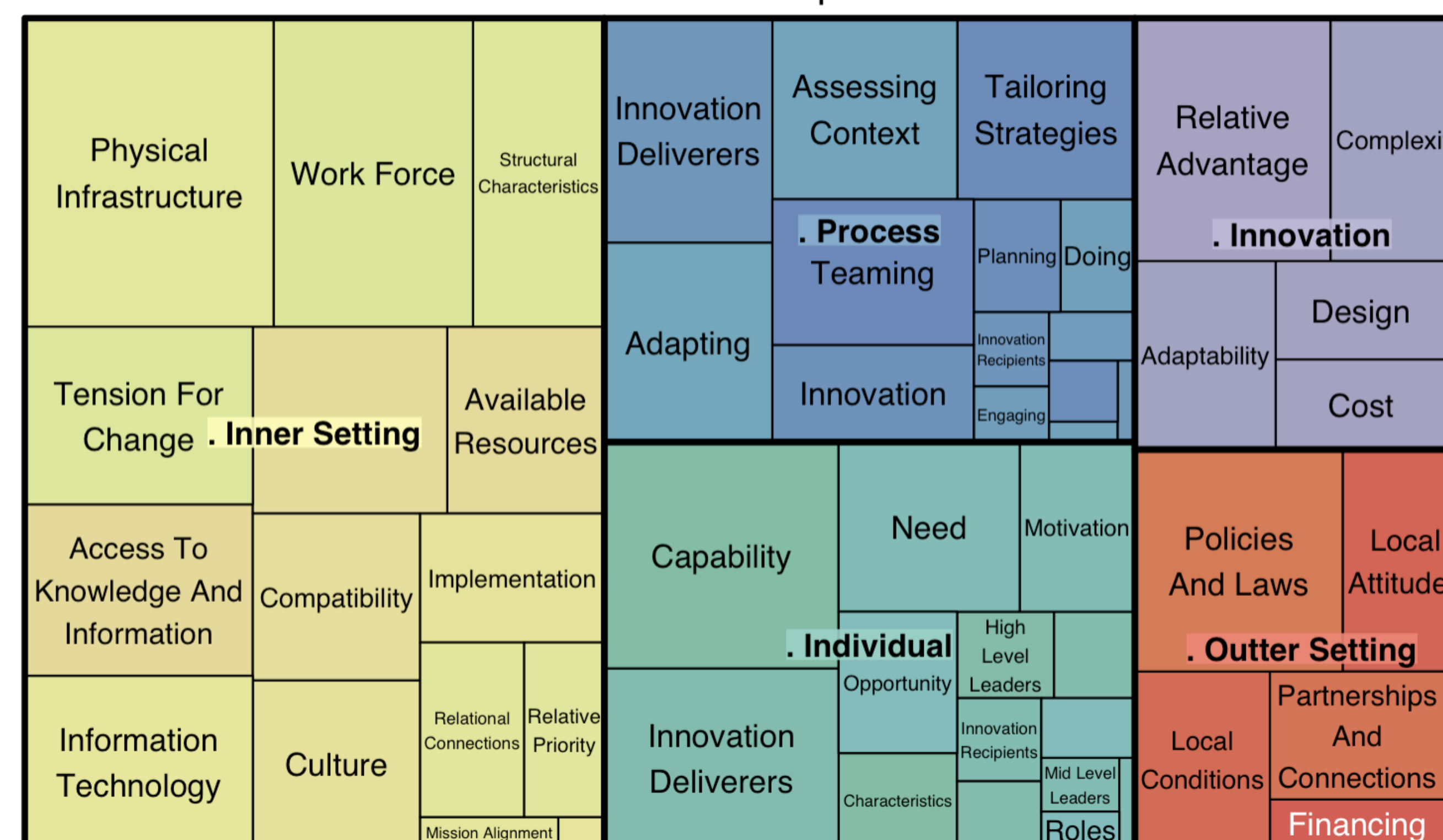
METHODOLOGY

This mixed-methods study was conducted at Lagos State University Teaching Hospital (LASUTH). Quantitative data from pediatric TBI case files (2020–2024) were entered into Qualtrics, while qualitative data were collected through semi-structured Zoom interviews with healthcare providers.



RESULTS

CFIR Code Frequencies



Frequencies of Mental health findings post TBI

Mental health findings post TBI	Counts	% of Total	Cumulative %
Anxiety	1	0.6%	0.6%
Behavioural changes (aggressiveness, hyperactivity etc)	7	4.5%	5.1%
Confusion	2	1.3%	6.4%
Hallucinations	1	0.6%	7.1%
None	1	0.6%	7.7%
Not documented	144	92.3%	100.0%

CONCLUSIONS

Preliminary analysis revealed documentation gaps and patterns in pediatric TBI management. Further analysis is underway to guide the design of a sustainable, evidence-based registry with integrated mental health components.