

## Voiceless Children of Ethiopia Can Now Speak

*This is what the story is about. This is what the story is about.*

On the horn of East Africa lies Ethiopia, a country the size of Texas and home to 70 million people, whose average per capita income is \$150 USD annually. Of the total population, 85 percent live in semi-nomadic rural settings, while the remainder live in cities, chief of which is Addis Ababa, the country's capital city of five million inhabitants.

At the capital city's Black Lion Hospital languished 11 children, isolated on ward 7B because they were afflicted with laryngeal papillomas and thus unable to breathe without the use of metal tracheotomy tubes. Not only were they isolated, they could not speak a word. Due to the metal tubes and the viral growths caused by the papillomas in their larynx, air was unable to pass by their vocal cords, making them speechless.

Laryngeal papillomas affect 4.3 of every 100,000 children in the United States. In Ethiopia, this affliction occurs at an alarmingly higher rate. Abebe Melaku, MD, director of ENT services at the hospital and one of only 10 ENTs in the country, dreamed of sending the 11 children at Black Lion Hospital back to their homes to live normal lives. With the aim of fulfilling Dr. Melaku's dream, the Ethiopian North American Health Professional Association (ENAPHA) awarded Global ENT Outreach (GEO) a travel and teaching grant to travel to Addis Ababa in June 2005. The GEO team operated on the 11 children and, after two days, seven of them could return home. The serious lack of resources including home health care and portable suction machines

to care for the tracheotomies had required them to live in the hospital, some for years, with six to a room. The government-run hospital provided meals and schooling inside the hospital. This new ENAPHA program allows them to return home and live with their families under normal conditions and to attend school in their communities.

Aside from the children with papillomas, there are many other pressing health issues in Ethiopia. The country is riddled with malnutrition, poverty, and substandard



**Ethiopian children are happy to go home after laryngeal procedures for papilloma virus.**

housing, as well as poor sanitation and infectious diseases, all of which contribute to the myriad of illnesses seen in the country.

Close to 12 percent of the population are HIV positive and 40 percent of the people with HIV present disorders of the ears, nose, and throat. Adults frequently present with nasal obstruction secondary to adenoid enlargement and serious otitis media, tonsillitis, pharyngitis, oral Candida, leukoplakia, esophagitis, mastoiditis, facial paralysis, parotid enlargement, Kaposi's sarcoma, and cervical masses.

Due to poverty and other substandard conditions, diseases of the ears run very high in those of the lower socioeconomic classes. Cholesteatomas, subtotal perforations, conductive hearing loss from otosclerosis, and glomus tumors were the most common disorders diagnosed. Due to the lack of needed equipment and supplies, including middle ear prosthesis, little ear surgery is being done there presently. During the 13 days of surgery, the GEO team performed eight stapedectomies, 11 microdebridments of laryngeal papillomas, and 20 modified radical mastoidectomies.

Lack of MRI as well as invasive angiography limited the staging of the glomus tumors and therefore they were not operated on. The glomus tumors presented as masses in the ear canal and were all well advanced when diagnosis took place.

Global ENT has made a committed pledge to assist the ENT community and help establish an otolaryngology department at the University of Addis Ababa School of Medicine. With a five-year plan and the support of the 10 ENTs there, a training program to help fill the shortage of ENT physicians in Ethiopia is planned.

ENT physicians from all countries who are interested in teaching and performing humanitarian surgeries are encouraged to contact me and discuss future options. Travel assistance is available.

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