

## EDITORIAL

### Case reports from low- and middle-income countries: supporting clinical evidence for those most in need

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A major challenge defining the issues of the 21st century is represented by global health. Among many other factors, inequalities in health care, geopolitical turmoil, financial and humanitarian crises, climate change, and alterations in the pathophysiological landscape of various diseases have contributed to the increase in the global burden of disease. The major share of increased disease burden is reported from low- and middle-income countries (LMIC), where resource limitation and poor infrastructure hinder access to diagnosis and treatment of health problems [1].

Due to disparities in access to safe basic healthcare provision, the burden of disease amenable to treatment continues to grow. It is estimated that as many as 5 million people lack access to surgical care including surgery for cancer, trauma, and complications of childbirth [1]. Limited access to relatively simple treatments allows these conditions to become deadly diseases. The difficulties those in need of surgical care face include, but are not limited to, delay in seeking, reaching, and receiving care, lack of guarantees in receiving the appropriate treatment, and deficiencies in basic infrastructure to provide emergency surgical care [2].

In this context, the landscape of global health has attracted unprecedented interest; the agenda includes now, in addition to clinical and biomedical aspects, important social, economic, political, and environmental concerns. Driven by global burden of disease and inequalities in health care, key initiatives have been launched to deal with the global health agenda and identify solutions for catalyzing political change and providing quality care for all [3]. Furthermore, the agenda of global health was expanded to include, besides disease entities such as malaria, HIV/AIDS, and access to care of specific demographic groups such as maternal neonatal and child health, access to safe and affordable surgery as a universal health issue [4, 5].

The Commission on Health Research for Development adopted in 1990 the term “10/90 gap” to illustrate the fact that only 10% of health research dollars are spent toward addressing the health problems of 90% of the

world’s population [6]. Upon identifying this inequality, ongoing efforts have been made at various levels to finance and facilitate research activities in resource-poor settings [7]. Despite this growing interest, a number of factors continue to hinder reporting of research findings from resource-poor settings, only a small portion of this research being published in major medical journals [4, 9].

*Clinical Case Reports* (CCR) is a journal that endeavors to publish open access case reports across disciplines and specialities, encouraging reporting of clinical encounters that illustrate every day clinical practice. CCR is different from other case report journals in that it publishes common clinical scenarios that help inform a broader clinical audience and are managed in agreement with best standards of practice alongside with more uncommon, esoteric reports. Our vision is that case reports from developed countries as well as those from LMIC will directly improve global health outcomes, help share clinical knowledge and experience among medical communities, while conveying important best practice messages. CCR is committed to increasing the promotion and distribution of research from clinicians and researchers from resource-poor settings, allowing access to publications from LMIC countries to the global academic publishing and clinical networks.

In this issue of the CCR, Dr. Di Maggio et al. [8] report a case of a rare complication after a cesarean section performed in a LMIC setting. In LMIC countries, such as those from sub-Saharan Africa, the complications after cesarean section are commonly related to a series of factors including equipment, medication, limited number of specialists, and surgical performance [10, 11]. Cesarean sections are frequently performed by doctors without adequate training resulting in variable outcomes. As recently reiterated by the Lancet Commission on Global Surgery, there is a growing immediate need for surgery and surgical education in LMIC [1–3, 11]. The Western medical community has shown a growing interest to support these efforts. However, doctors participating in humanitarian campaigns in LMIC are exposed to dealing with unusual

clinical encounters that may require extraordinary solutions [12, 13]. Frequently, surgeons working in low-resource settings, where most of the facilities used in typical western hospitals are lacking, must rely on the clinical picture at presentation in order to make a diagnosis and treatment. Furthermore, doctors practicing in rural communities often face an absence of written medical records and have to rely solely on the information patients can provide themselves, if they are able to.

Publication of such uncommon or even strange cases would be useful to increase awareness of difficulties the surgeons, and other clinician groups, face in LMIC countries, and also to provide a useful learning tool for those who dedicate their time to improving maternal and surgical care of patients from the LMIC countries.

Combined efforts of international groups of experts in finance, governance, research and development, health systems, and the social sciences are aimed at pandemic preparedness and to address the shortcomings of the global health system. Global organizations such as World Health Organization target designing and implementing health promotion policies and programs for maternal and newborn health worldwide, among which education and involvement of healthcare providers are key. Interventions that involve influencing healthcare providers' attitudes or behavior, new working relationships among different cadres of staff, or organizational changes such as changes in facility policies or practices may foster local leadership, increase uptake of programs and mobilize communities to create support, and find solutions to improve population health outcomes in LMIC countries [14, 15]. Education of health care providers through increase access to publications would enable shared understandings and solutions around health problems to be developed and implemented in these countries with the help of the wider medical and research community. CCR is committed to creating an enabling environment and a community for all our authors, and we welcome case reports submissions from LMIC countries. Being an open access journal, the knowledge CCR publishes is unrestricted, widely accessible in a timely manner, and as such, the information is readily available to improve people's health, particularly those from low- and middle-income countries.

## Conflict of Interest

None declared.

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