Toxic soot is killing us softly

About a month ago, residents of Port Harcourt suddenly became beclouded with soot in the air. As it appeared, rumours began to fly to explain the source. Public health experts were alarmed about the collateral damage including risk of malignancy that could result from the soot. The situation was highlighted by the coating of the blades of ceiling fans that had been immobilised for months by the lack of electricity. Soot is part of particulate matter in the air together with dust and liquid droplets, among others. Floors and standing surfaces were not spared. Dirt was easily spread around from the feet.

Speculations as to the source of the soot ranged from asphalt from a Chinese road construction outfit to illegal refineries in the creeks and streets. We are not sure that the arguments have been resolved and laid to rest. While its reduction in cigarette smoking has been welcome for the salutary effect against lung cancer, the toxicity from particulate matter in Nigeria may be more virulent and more devastating. Attention was raised on this some decades ago.¹

The article by Emuren and Ordinioha² in this issue of Port Harcourt Medical Journal regarding particulate matter in the air is not only pertinent but also timely and topical. Particulate matter in the atmosphere in China alarmed the world recently and prompted remedial action.³

Furthermore, the current changing pattern of malignant disease in the Niger Delta region may be as a result of changes in the environment from activities of industries and attitudes in the community.⁴ The toxicity of particulate matter in the air, such as soot, includes cancer of the lung⁵ and kidney.⁶

This soot cannot soothe the respiratory system particularly nor the overall good health of the populace generally. The conjunctiva is not spared. Public health experts and all well-meaning individuals must not relent to alert the public and government about the looming catastrophe at the wake of this invasion of our breathing space. We call on the government in all three tiers to address this

air pollution as well as other environmental hazards with passion and dispatch.

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REFERENCES

- Oleru G, Ademiluyi SA. Some acute and long-term effects of exposure in welding and thermal-cutting operations in Nigeria. Int Arch Occup Environ Health 1987;59:605-12.
- Emuren K, Ordinioha B. Physio-chemical assessment of indoor air quality of a tertiary hospital in South-South Nigeria. Port Harcourt Med J 2017;11:21-5.
- Guan WJ, Zheng XY, Chung KF, Zhong NS. Impact of air pollution on the burden of chronic respiratory diseases in China: Time for urgent action. Lancet 2016;388:1939-51.
- Yang M. A current global view of environmental and occupational cancers. J Environ Sci Health C Environ Carcinog Ecotoxicol Rev 2011;29:223-49.
- Tomczak A, Miller AB, Weichenthal SA, To T, Wall C, van Donkelaar A, et al. Long-term exposure to fine particulate matter air pollution and the risk of lung cancer among participants of the Canadian National Breast Screening Study. Int J Cancer 2016;139:1958-66.
- Raaschou-Nielsen O, Pedersen M, Stafoggia M, Weinmayr G, Andersen ZJ, Galassi C, et al. Outdoor air pollution and risk for kidney parenchyma cancer in 14 European cohorts. Int J Cancer 2017;140:1528-37.

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