



**ADERMATOGLYPHIA A CAUSE OF SEROUS DELAY IN ISSUANCE
OF IMMIGRATION E-PASSPORT TO A CHRISTIAN PILGRIM IN
NIGERIA: A CASE REPORT**

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<p>Article Info Received 15/03/2015 Revised 27/04/2015 Accepted 12/05/2015</p> <p>Key words: Adematoglyphia, Delay, Immigration, E-passport, Pilgrim, Nigeria.</p>	<p>ABSTRACT Due to rise in conflicts, insecurities and fraud across international borders, using only biographic information, such as names or passport numbers, provides no assurance for tracking the arrival and departure of foreign visitors to any country. Therefore, the use of biometrics is practiced by almost all countries worldwide as a major means of identification. However, Adermatoglyphia a rare medical condition which causes a person to have no fingerprints has caused a lot of delay to some individuals from traveling to other foreign countries. Objective to report a case of a person from Benue State, Nigeria having absence fingerprints as an isolated finding on application to travel for pilgrim to Jerusalem in 2014. A fifty nine year old apparently healthy retired soldier presented at the e-passport office of Nigerian Immigration Service, Benue State Command, Makurdi to obtain international passport to travel to Israel for 2014 Christian pilgrim and was discovered to have no fingerprints. He was referred to Benue State University Teaching Hospital and was fully examined along this line. The examination showed evidence of Adematoglyphia. He had smooth fingertips, palms, toes and soles, but no evidence of neoplasm. He was referred to the national headquarters of the Nigerian Immigration service, Abuja. After two months of delay in issuance of the passport, he decided to let go the pilgrimage programme. The use of fingerprint as a biometric travel document may lead to unquantifiable consequences both to the Immigration service department and person applying for permission to travel.</p>
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INTRODUCTION

In the digital age, globalization which featured long with political, economic and social dependence, improved communication and information technology among other factors has contributed to the emergence of conflicts, insecurities and fraud across international borders; a term otherwise called “crime without borders” [1]. Therefore, using only biographic information, such as names or passport numbers, provides no assurance for tracking the arrival and departure of foreign visitors to any country; hence personal identification by fingerprints has

become more frequent and is often required for biometric passports [2]. The advantages of fingerprint over pictures and names are enormous. Fingerprint identification offer an infallible means of personal identification because the impressions made by the minute ridge formations (epidermal ridges) or patterns found on the fingertips is what is used [3]. No two persons have exactly the same arrangement of the ridge patterns, and the patterns of anyone individual remain unchanged throughout life [2-4]. Fingerprints can be recorded on a standard fingerprint card



or can be recorded digitally and transmitted electronically for comparison. By comparing fingerprints at the scene of a crime with the fingerprint record of suspected persons, officials can establish absolute proof of the presence or identity of a person [5]. The more fingerprints are analyzed; the more variants in their formation are documented [6,7].

Despite the benefits of fingerprints, there are some unquantifiable problems associated with it. Amongst this is Adematoglyphia. Adermatoglyphia is a rare medical condition which causes a person to have no fingerprints. [2, 3]. There have been few documented cases of individuals with completely missing fingerprints in developed countries as a result of defects that stem from any one genetic mutation [2, 4, 5], but similar finding has never been documented in Benue State, Nigeria.

Nigeria is a society where most beliefs of spiritual transformation are centered on religious pilgrimage exercise. Both the informed and the non-informed Christians and Muslims faithful belief that pilgrimage is not tourism or a kind of a journey of comfort, but an opportunity for people to submit and have a divine encounter with the Almighty lord/ Allah. It is believed that the visit to holy land (pilgrimage) reminds whoever that participate in the exercise that there is nothing permanent in this life except God. It is also believed that if a significant proportion of Nigerians are able to be spiritually and morally transformed through pilgrimage exercises where they have encounter with Jesus or Prophet Mohammed (for Christians and Muslims respectively) they will in turn affect other fellow Nigerians when they return back from their pilgrimage.

On a general note, the faithful assumed the pilgrimage as platform for establishing peace and stability in the country. Because of these reason, it has become an important affair in the life of most Nigerians. On return, the Christians later add Justice of peace (JP) to their designation, while the Muslims add Alhaji to their names. In most instances both government and self-sponsored pilgrims never absconded from the countries visited. Between 2005 and 2011 a total number of 17,996,614 and 19,141,366 were recorded for both arrival and departure of passengers in Nigeria international airports [8]. However, tracking the departure and arrival of Nigerian pilgrims is an essential part of immigration control since without it, there is no way to know whether travelers have left when they were supposed to, and to know when they have arrived or absconded from the countries visited. The case report in this presentation is to show the unquantifiable consequences of absence of fingerprints to the client who apply for permit to travel for pilgrim to Jerusalem and the Immigration service who were supposed to issue the clearance certificate to the intended pilgrim.

CASE REPORT

The Nigerian Immigration service has statutory function of tracking the departure and arrival of every

intended pilgrim out of and back into the country by employing proper biometric indicators documentation for all travelers. This case report is about an intended pilgrim from Benue State who went for the same exercise on the 13th of October, 2014 and had difficulties in getting the approval for travels. He was a fifty nine year old retired military Officer from Iga-Okpaya, in Apa Local government of Benue State, self-referred from passport office of Nigerian Immigration service, Benue State command, Makurdi. He went to the Immigrations office to obtain e-passport and in the process he was subjected to fingerprints. He dipped his finger into an ink pad and tried to put the finger on the paper provided, but his fingerprints were absent. He was told to go since he had absence fingerprints. In curiosity to know what was wrong with him, he presented in the epidemiology unit of Benue State University Teaching Hospital (BSUTH) Makurdi. Every effort to get an approval by the Immigration department failed.

After two weeks of trail he sought for the reasons and he was advised to come to any hospital. He was accompanied by an Immigration officer who worked with the e-passport unit of Immigration Department, and a relation. He presented with complaints of non-capturing of finger prints. From the medical history taken, He is the first sibling of families of five. No history of similar complaints in the nuclear and extended families. He was a known controlled hypertensive patient, diagnosed about 8 years prior to presentation. He has been on anti-hypertensive medications on outpatient basis since diagnosis and has never developed any complication. He was not a known diabetic and he had never presented with any symptom that was suggestive of any neoplastic disease condition. He acclaimed to use non-medicated soaps for bathing and uses only Vaseline body cream. He neither smokes cigarette nor drinks alcohols. On examination, He was an apparently healthy, anxiously looking, averaged aged man, with smooth fingertips, palms, toes and soles; no lymphadenopathy. Systemic review was essentially normal. However, genetic investigation for phenotype mapping and chromosomal analysis could not be carried out due to non-availability of genetic laboratory in the institution.

Based on the findings (absence of epidermal ridges), a working diagnosis of "Adematoglyphia" was made. He was counseled and a letter of introduction for waiver for electronic fingerprints was issued to him. He presented the letter to the Comptroller of Immigrations, Benue State Command from where he was referred to the Comptroller General of Immigration, Abuja Nigeria. After eight weeks, an approval was given to him, but because of the psychological and or emotional torture, he decided to let go the pilgrimage programme.

As at the time of this report, the patient still find it difficult to understand why he should have such type of variant manifestation despite the counseling offered to him by the researchers.



Ethical Issues

Written consent was sought from the patient, the Nigerian Immigration service and health research ethical committee of Benue State University Teaching Hospital, Makurdi.

Findings

The figures bellow shows the photographs of pictures taken.

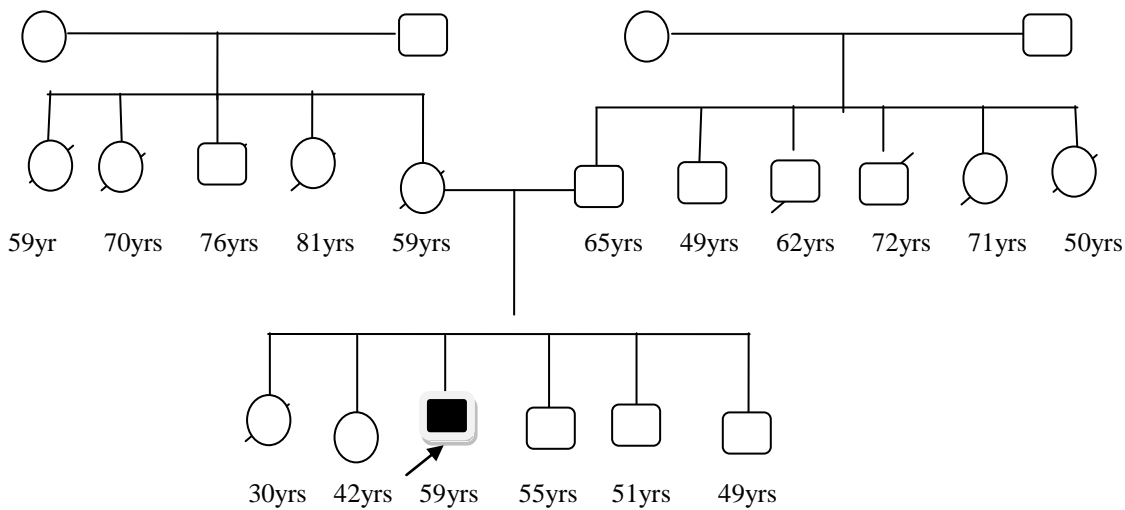
Figure 1. Post examination specimen of the patient's Right palm








Figure 2. Post examination specimen of the patient's Right and left palm



Pedigree of the Proband



Legend

-  ⇒ Proband (alive male)
-  ⇒ Dead female
-  ⇒ Dead male
-  ⇒ Alive female
-  ⇒ Alive male

DISCUSSION

This report demonstrates that a biometric exit-tracking system for pilgrims exists in Nigeria. Among the findings, are the unquantifiable consequences of the system. During the period of this report, there were 522

registered intended pilgrims from Benue state that were scheduled for 2014 pilgrimage, but it was only the index patient that had the absence fingerprints. This is consistent with the findings in the description of a case of a person



from Switzerland lacking fingerprints as an isolated finding [5]. To determine the cause of this rare condition, there is a need for genetic investigation for phenotype mapping and chromosomal analysis. However, the non-availability of genetic laboratory in the institution created further problem both for the affected (patient) and the government, since adequate precautionary measures cannot be effectively taken. Scientists know that fingerprints are fully formed 24 weeks after fertilization, and do not change throughout our lives. But "the factors underlying the formation and pattern of fingerprints during embryonic development are largely unknown; there is need for further test.

In this report, absence of fingerprints did not only cause delay to the applicant. The psychological torture is unquantifiable and the resources put in place by the immigration to combat the problem even though the patient later refused to go on the pilgrim is as well unquantifiable. There question that remained unanswered here is whether a "biographic-only" approach to exit is sufficient. But that is essentially the system currently in place, whereby advance passenger data and name records of foreign nationals who have checked in for departure are logged into the immigration arrival-departure database. As discussed, a

biographic-only system has numerous problems, including the inability to confirm identity. The only way to confirm identity is through biometric means such as facial recognition software, iris scans, and fingerprints. This section explores the policy and practical reasons as to why, in each instance, a biometric solution is the only one that provides the benefits for government, the traveler, the airport, and the airline (or, in the case of the sea ports, the sea carrier).

CONCLUSION

This is a rare medical condition which causes a person to have no fingerprints (not contagious) made the patient to undergo psychological and emotional torture. The immigration authority also went through serious unquantifiable stress in addressing the case of this index patient. Hence, a provisional system should be looked into, in order to avoid repeated stress on clients. Proper Genetic laboratory should also be set in the tertiary health facilities for confirmative diagnosis of such type of rare diseases.

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