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# Strokes in Black Africa

By Kokou Mensah Guinhouya, Nyinevi Anayo, Léhleng Agba, Mofou Belo & A. A. Koffi Balogou

*Universite de Lome*

*Abstract-* The study of strokes in Africa bears at the same time an epidemiological, etiological, semiological and therapeutical interest. The studies made on the black continent [11] these early thirty years show the necessity in this sector which remains unexplored, to evaluate the incidence and the prevalence of stroke in order to elaborate programmes and research protocols adapted to our realities. However, it is difficult to have a coherent interpretation of the results of these studies because of the high variability of epidemiological clues.

In black Aflica, in Nigeria [1], the prevalence of strokes was 60,67/100.000 persons. These rates of prevalence observed in Africa go against the rate reported in industrialised countries 145/100.000 persons [2] and could suggest the existence of some particularities that are special to Africa continent.

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STROKESINBLACKAFRICA

*Strictly as per the compliance and regulations of:*

# Strokes in Black Africa

Kokou Mensah Guinhouya [α], Nyinevi Anayo [σ], Léhleng Agba [ρ], Mofou Belo [ω] & A. A. Koffi Balogou [¥]

## I. Introduction

The study of strokes in Africa bears at the same time an epidemiological, etiological, semiological and therapeutical interest. The studies made on the black continent [11] these early thirty years show the necessity in this sector which remains unexplored, to evaluate the incidence and the prevalence of stroke in order to elaborate programmes and research protocols adapted to our realities. However, it is difficult to have a coherent interpretation of the results of these studies because of the high variability of epidemiological clues.

In black Aflica, in Nigeria [1], the prevalence of strokes was 60,67/100.000 persons. These rates of prevalence observed in Africa go against the rate reported in industrialised countries 145/100.000 persons [2] and could suggest the existence of some particularities that are special to Africa continent.

In fact, since about fifty years, the study of population pyramid in black Africa showed a population with a high fecundity, with an important mortality and life expectancy relatively short (44-54 years) people under fifteen years represent 50-60% of the population. The demographic weigh of this group of age on the epidemiologic indices had been noticed by many showed that the strokes in black Africa went under a sharp decrease of mortality going from 70% to 18% [1], the progressivity of the handicap of the survived is unchanged. The thrombolysis is non-existent. Therefore according to the previsions of World Health Organisation (WHO) [4], black Africa is an epidemiologic and demographic transition phase with, in the year 2020, the standing back of infectious transmissible pathologies and the high increasing of non-infectious, non-transmissible pathologies. It is evident to think again about how to take care of strokes, in black Africa. Besides the difficulties to make an ultraprecious diagnostic of stokes which has to deal with an important lack of paraclinic means of explorations on the black continent, the care field organisation, reveals in most of these countries that to sharp delay (time between the admission of patient and the first care) is very high over 6 hours [1]. This explains itself with the non-availability of urgent drugs in drugstores of hospital fees being encharge of the patient. In the other respects, apart from the mastering of difficulties of the risk of classic cardio vascular factors (high blood pressure, diabetes, dyslipidemia, alcohol, tobacco …) many affections not yet controlled, endemic on the black continent, especially HIV, tuberculosis are those which give stroke in the field of cerebral vascularity [1]. Besides the genetic factors like CADASIL or the drepanocytose sickle cell, are not yet completely controlled [1]. In addition, the addiction to some drugs especially cannabis that can generate stroke in the field of reversible cerebral vasoconstriction, is not yet studied. At last the caring of ischemic stroke in sharp phase in the field of thrombolysis alerte allows to reduce even cancel the handicap for the patient. The cost of this therapeutic protocol remains high, 4000 to 5000 US dollars in 1996 [5]. It is understood that with the potential disengagement of African states from the health system of their countries, thrombolysis in case of ischemic stroke, especially in Togo where 57,4% of the population lives in extreme poverty [5] is an illusion.

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*Author α σ ρ ω: Service de neurologie du CHU Sylvanus OLYMPIO; BP: 57, Lomé- Togo. e-mail: herve_guinhouya@yahoo.fr*
*Author ¥: Service de neurologie du CHU du Campus; BP: 30284, Lomé- Togo.*

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