

# 1 Strokes in Black Africa StrokesinBlackAfrica

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## 6 **Abstract**

7 The study of strokes in Africa bears at the same time an epidemiological, etiological,  
8 semiological and therapeutical interest. The studies made on the black continent [1] these  
9 early thirty years show the necessity in this sector which remains unexplored, to evaluate the  
10 incidence and the prevalence of stroke in order to elaborate programmes and research protocols  
11 adapted to our realities. However, it is difficult to have a coherent interpretation of the results  
12 of these studies because of the high variability of epidemiological clues. In black Africa, in  
13 Nigeria [1], the prevalence of strokes was 60,67/100.000 persons. These rates of prevalence  
14 observed in Africa go against the rate reported in industrialised countries 145/100.000 persons  
15 [2] and could suggest the existence of some particularities that are special to Africa continent.

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17 **Index terms—**

## 18 **1 I. Introduction**

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20 interest. The studies made on the black continent ??[1] these early thirty years show the necessity in this sector  
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24 In black Africa, in Nigeria [1], the prevalence of strokes was 60,67/100.000 persons. These rates of prevalence  
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26 suggest the existence of some particularities that are special to Africa continent.

27 In fact, since about fifty years, the study of population pyramid in black Africa showed a population with  
28 a high fecundity, with an important mortality and life expectancy relatively short (44-54 years) people under  
29 fifteen years represent 50-60% of the population. The demographic weight of this group of age on the epidemiologic  
30 indices had been noticed by many showed that the strokes in black Africa went under a sharp decrease of mortality  
31 going from 70% to 18% [1], the progressivity of the handicap of the survived is unchanged. The thrombolysis  
32 is non-existent. Therefore according to the previsions of World Health Organisation (WHO) [4], black Africa  
33 is an epidemiologic and demographic transition phase with, in the year 2020, the standing back of infectious  
34 transmissible pathologies and the high increasing of non-infectious, non-transmissible pathologies. It is evident  
35 to think again about how to take care of strokes, in black Africa. Besides the difficulties to make an ultraprecious  
36 diagnostic of strokes which has to deal with an important lack of paraclinic means of explorations on the black  
37 continent, the care field organisation, reveals in most of these countries that to sharp delay (time between the  
38 admission of patient and the first care) is very high over 6 hours [1]. This explains itself with the non-availability  
39 of urgent drugs in drugstores of hospital fees being encharge of the patient. In the other respects, apart from  
40 the mastering of difficulties of the Author ? ? ? ?: Service de neurologie du CHU Sylvanus OLYMPIO; BP:  
41 57, Lomé-Togo. e-mail: herve\_guinhouya@yahoo.fr Author Y: Service de neurologie du CHU du Campus; BP:  
42 30284, Lomé-Togo. risk of classic cardio vascular factors (high blood pressure, diabetes, dyslipidemia, alcohol,  
43 tobacco ?) many affections not yet controlled, endemic on the black continent, especially HIV, tuberculosis are  
44 those which give stroke in the field of cerebral vascular [1]. Besides the genetic factors like CADASIL or the  
45 drepanocytose sickle cell, are not yet completely controlled [1]. In addition, the addiction to some drugs especially

46 cannabis that can generate stroke in the field of reversible cerebral vasoconstriction, is not yet studied. At last  
47 the caring of ischemic stroke in sharp phase in the field of thrombolysis alerte allows to reduce even cancel the  
48 handicap for the patient. The cost of this therapeutic protocol remains high, 4000 to 5000 US dollars in 1996 [5].  
49 It is understood that with the potential disengagement of African states from the health system of their countries,  
50 thrombolysis in case of ischemic stroke, especially in Togo where 57,4% of the population lives in extreme poverty  
51 [5] is an illusion.

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