

# Le peculiarità della medicina cardiovascolare in Africa

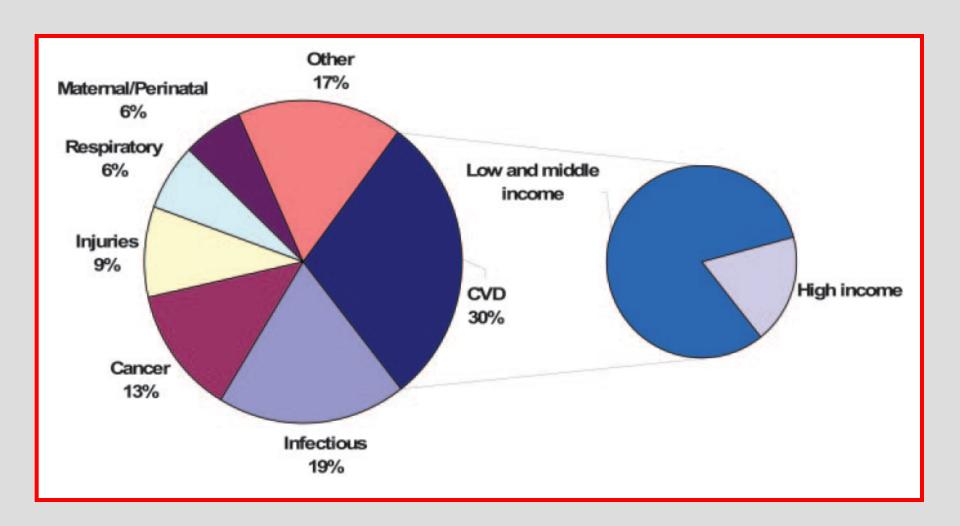
Andrea Barbieri

U.O. Cardiologia, Policlinico di Modena





#### Cardiovascular disease in the developing world



# from around the world

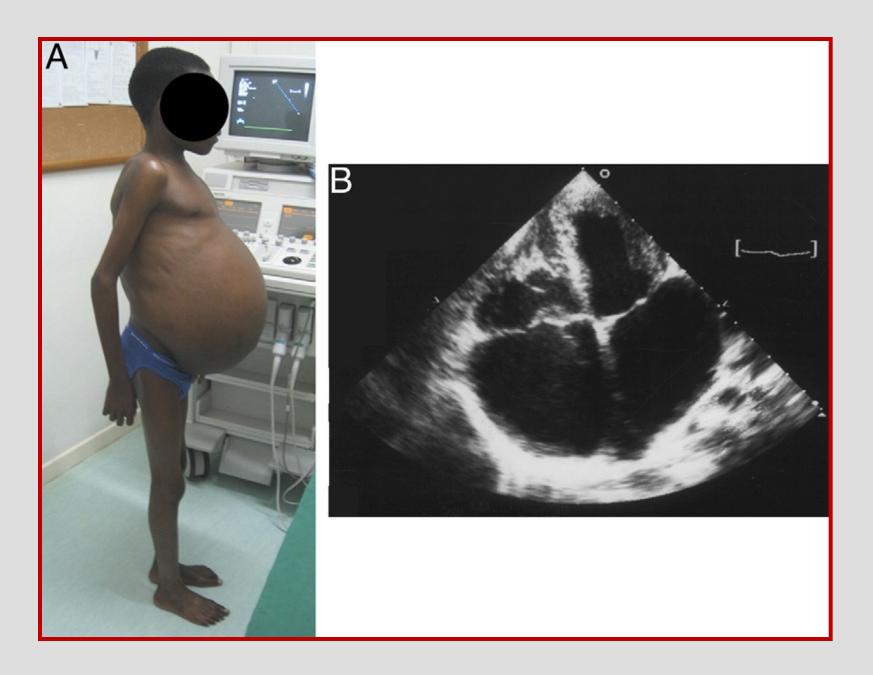
focus on Africa

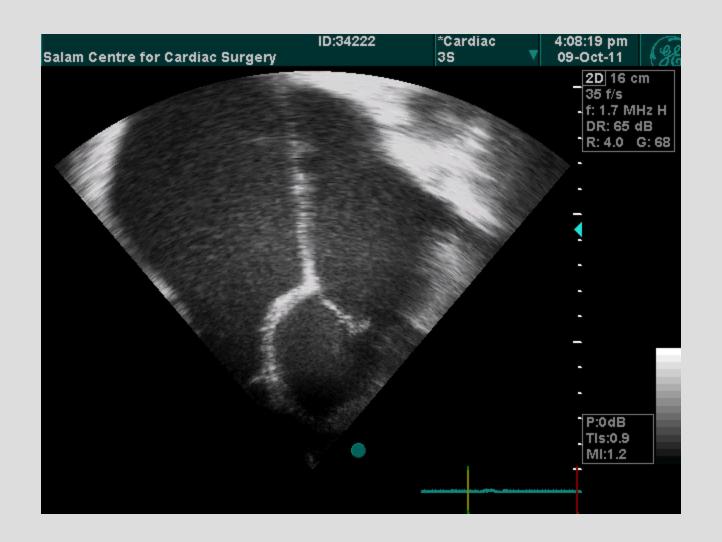
Neglected Cardiovascular Diseases in Africa

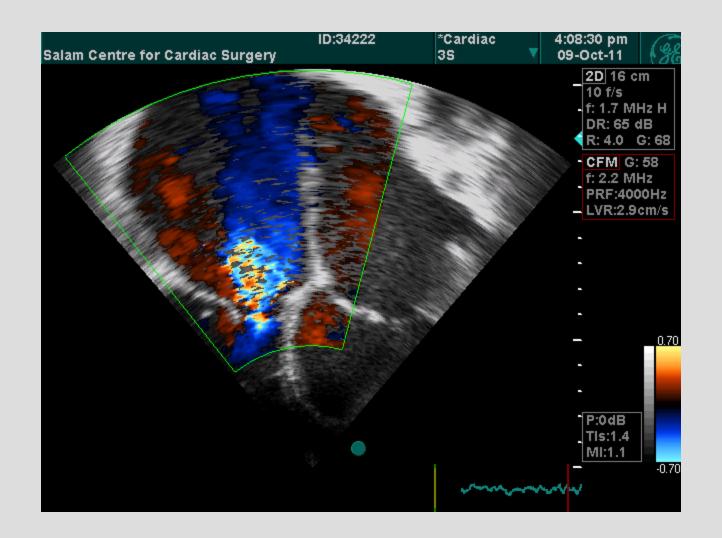
Challenges and Opportunities

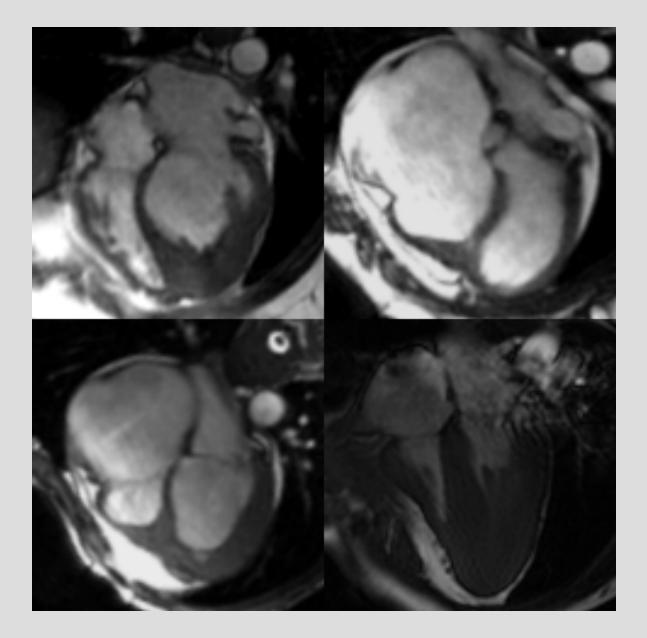
Ana Olga H. Mocumbi, MD, PHD, Maria Beatriz Ferreira MD, PHD Instituto do Coração, Maputo, Mozambique

## Endomyocardial fibrosis



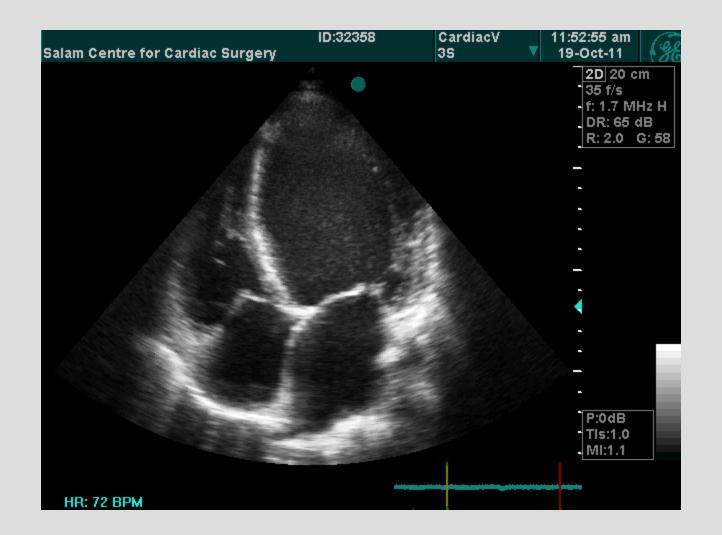


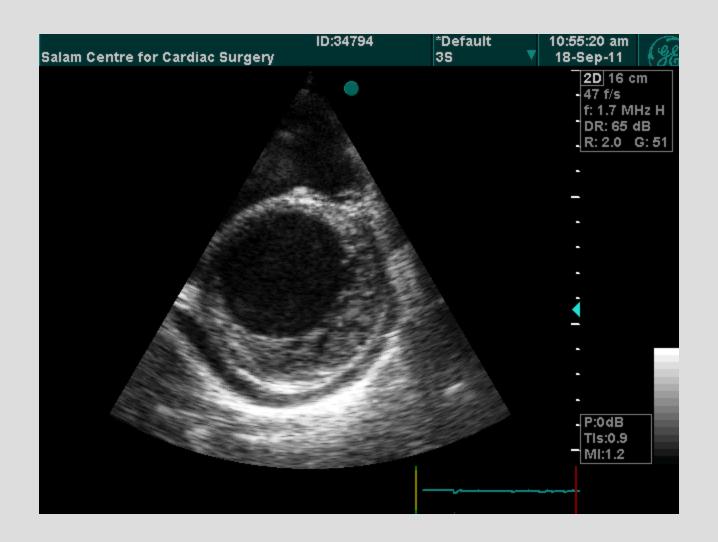


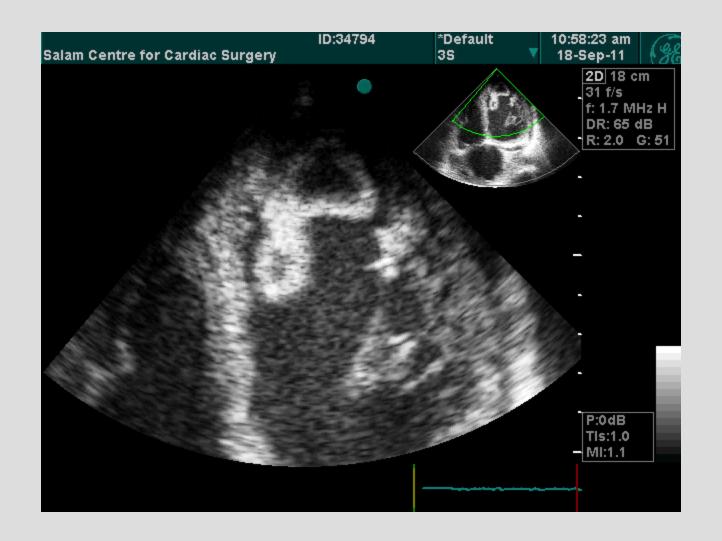


Circ Cardiovasc Imaging 2011;4:304-311

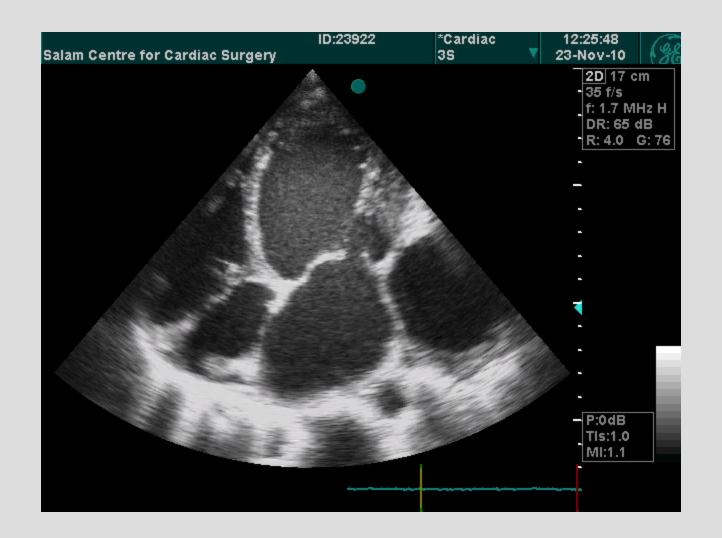
# Peripartum cardiomyopathy



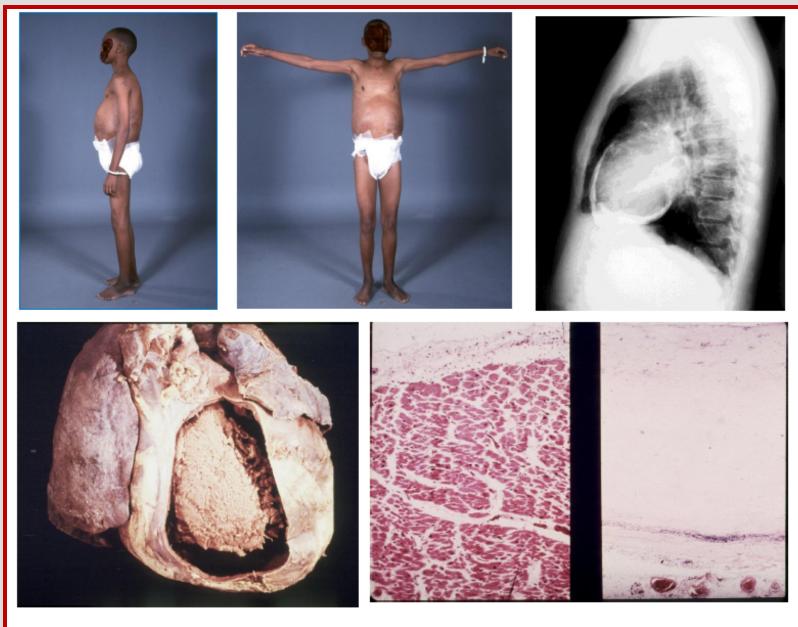




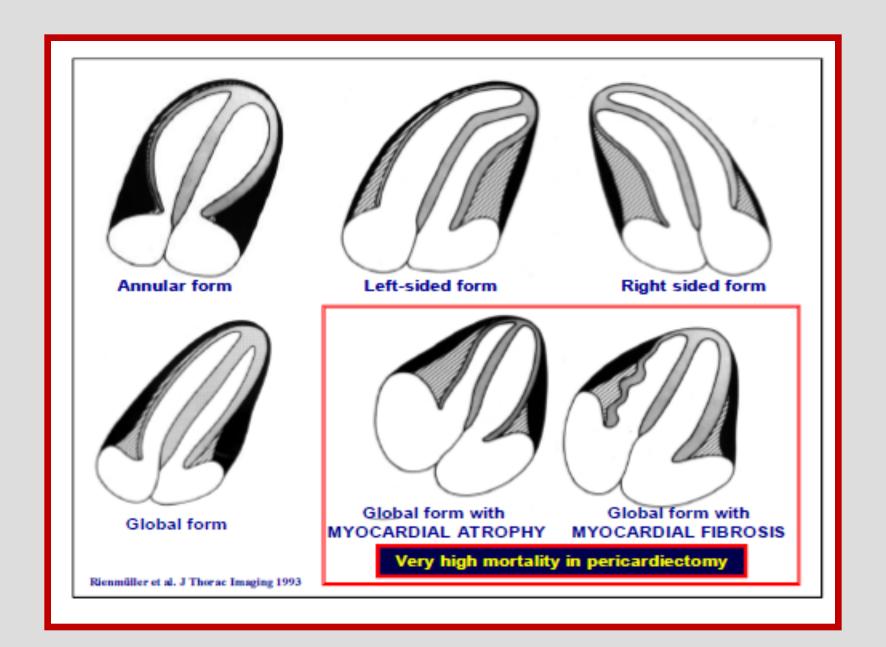
## Subvalvular LV aneurysms

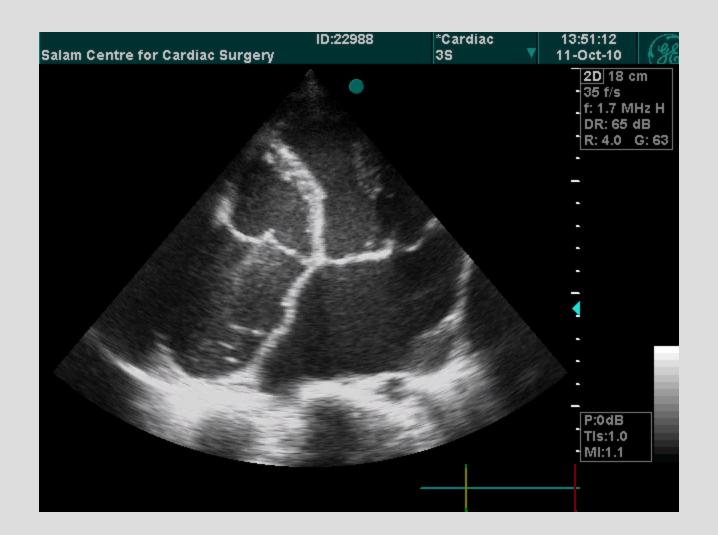


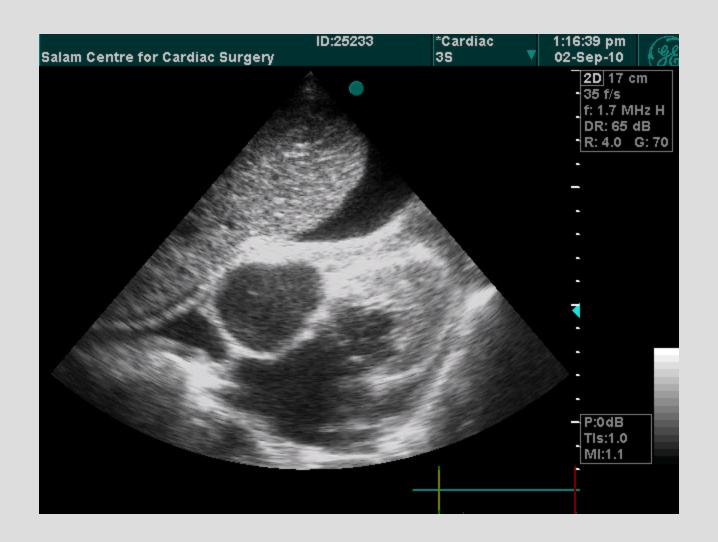
# Tuberculous pericarditis



Courtesy of Professor Patrick Commerford, University of Cape Town







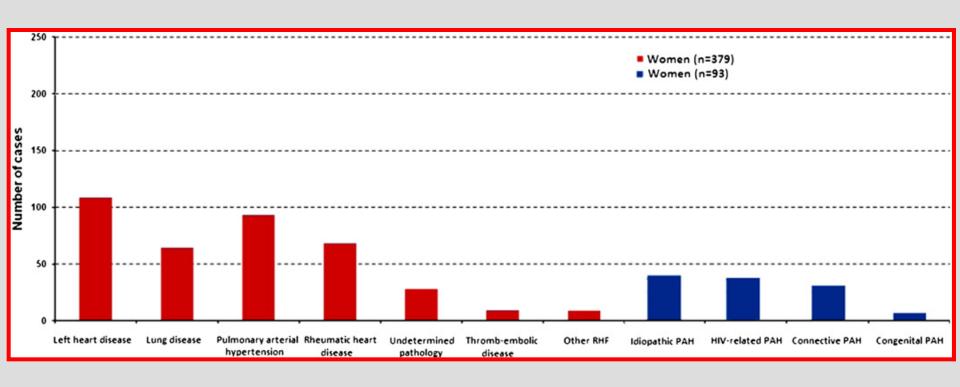
# Pulmonary hypertension and right heart failure

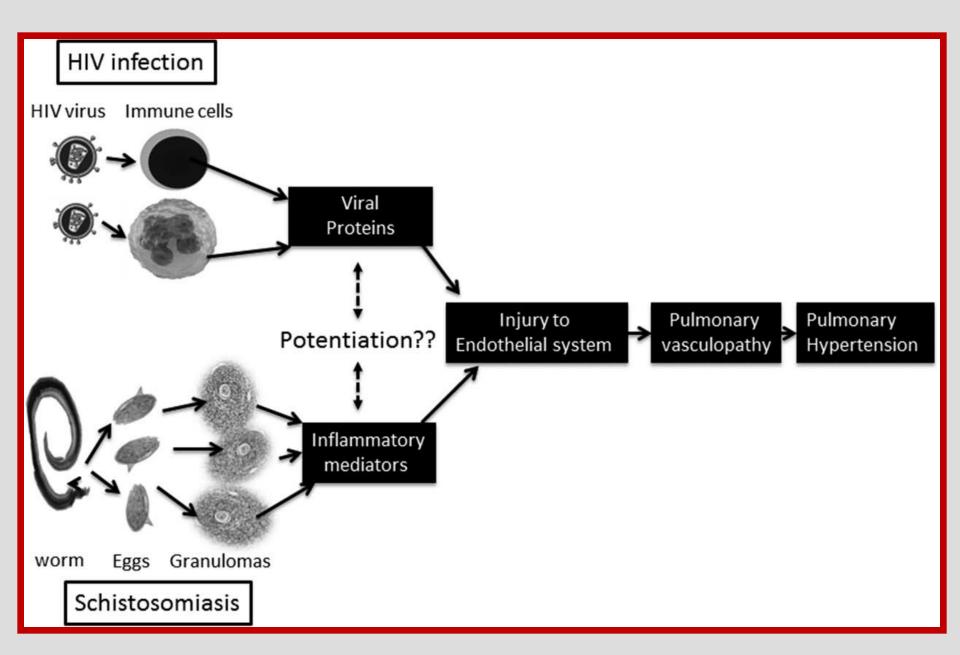


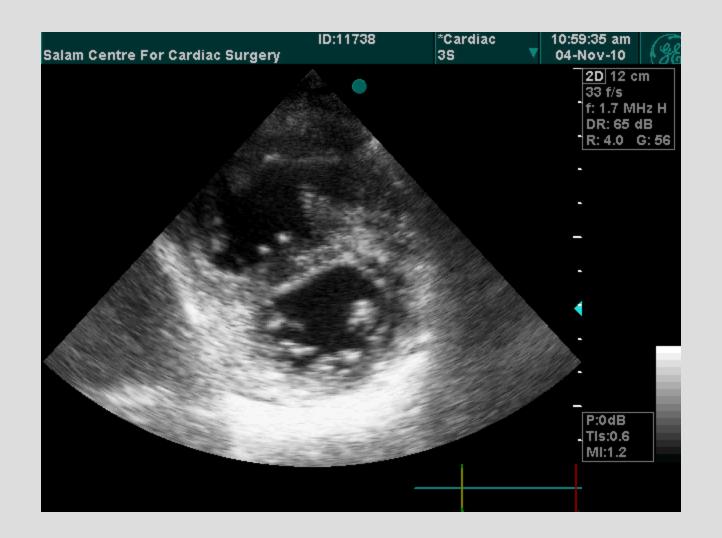
#### Women's cardiovascular health in Africa

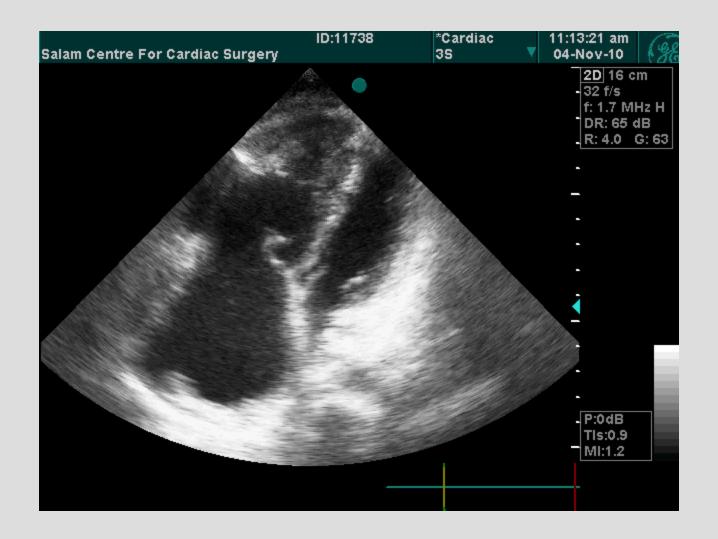
Ana Olga Mocumbi, 1,2 Karen Sliwa 3,4



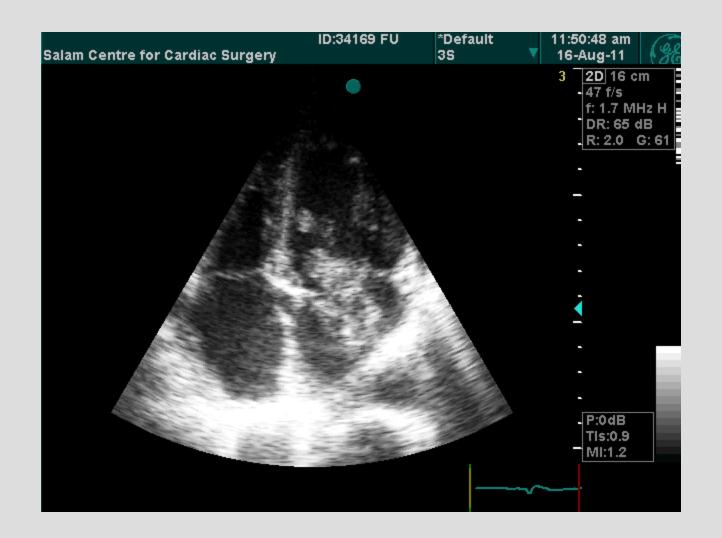








# Cardiovascular manifestations of Burkitt lymphoma



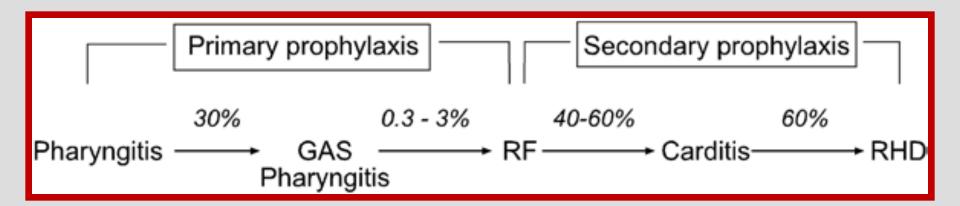
### Rheumatic heart disease

	Research				
Tertiary	Medical management	Anticoagulation	Triage of intervention candidates	Priority based follow up (clinical review)	Provision of interventional services
Secondary	RF/RHD register	BPG supply	Provision of secondary prophylaxis	Priority based follow up (clinical review)	Active case finding (echo screening)
Primary	Community education	GAS diagnosis and treatment guidelines	Delivery of primary prophylaxis	Active case finding (sore throat clinics)	Vaccine development
Baseline	Government engagement	Disease notification	Human resources	Health worker training	Program evaluation
	Burden of disease data	RF/RHD advisory committee	Funding	Laboratory services	Integration with primary care and health systems
Ľ	Poverty Overcrowding Malnutrition Health access				

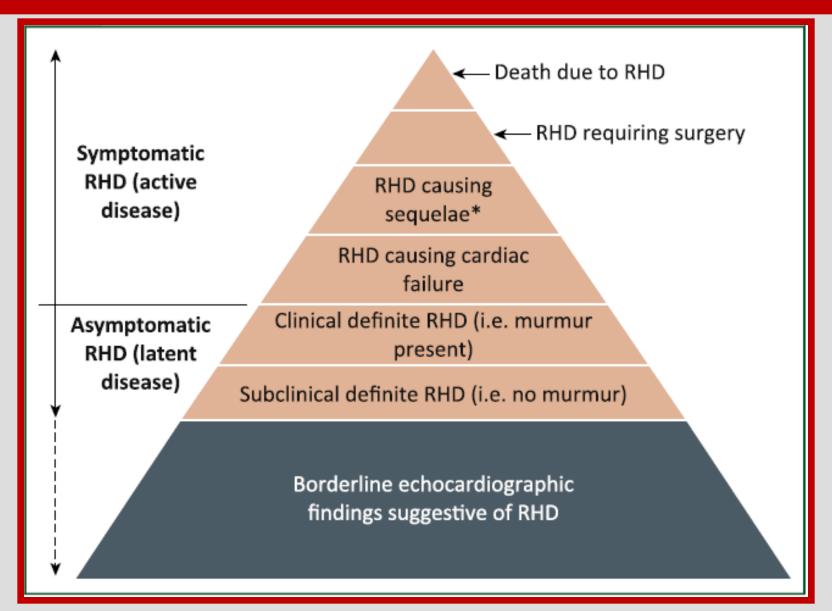
Global Heart Volume 8 Issue 3 September 2013



### Progression from pharyngitis to chronic RHD

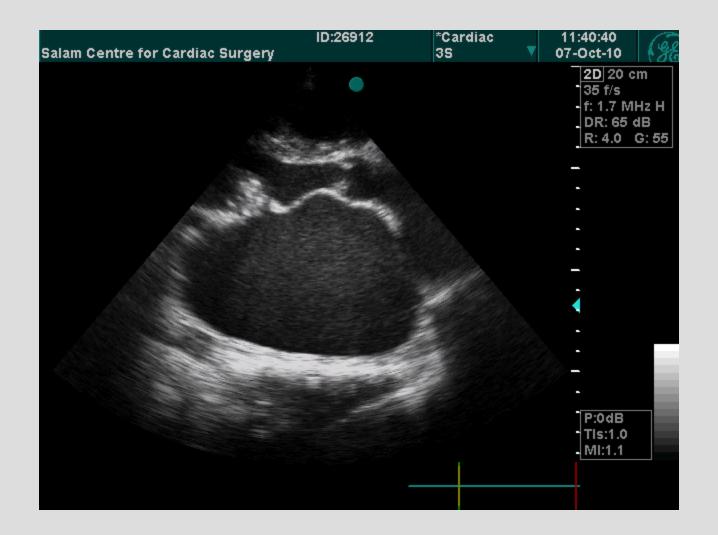


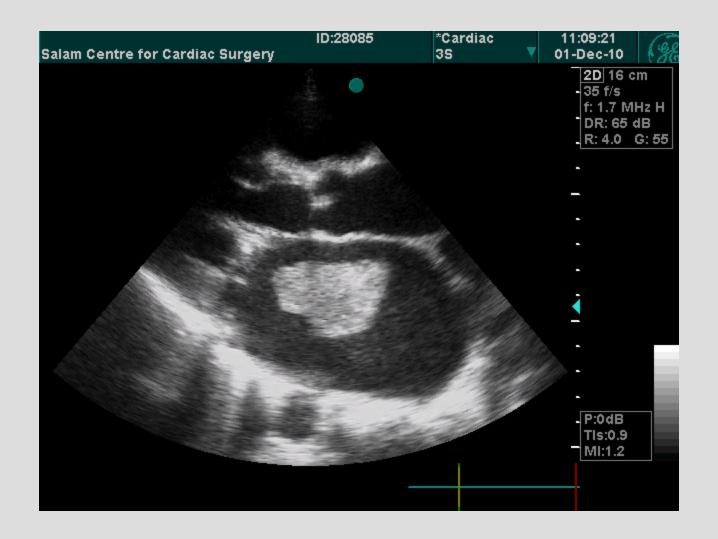
### Toward a new model of RHD

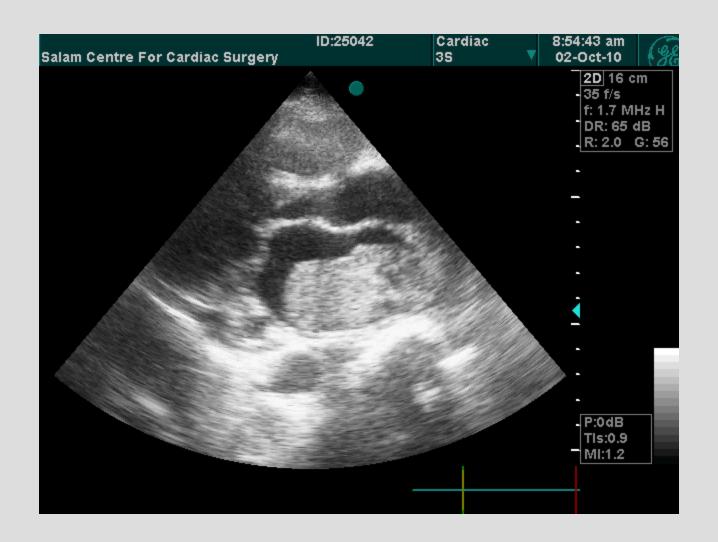


### Rheumatic heart disease

 It is a disease that, according to the Global Burden of Disease 2010 study, affects >34 million people, causing >345 000 deaths and 10 million disability-adjusted life years (DALYs) lost per year, almost all in low and middle income countries

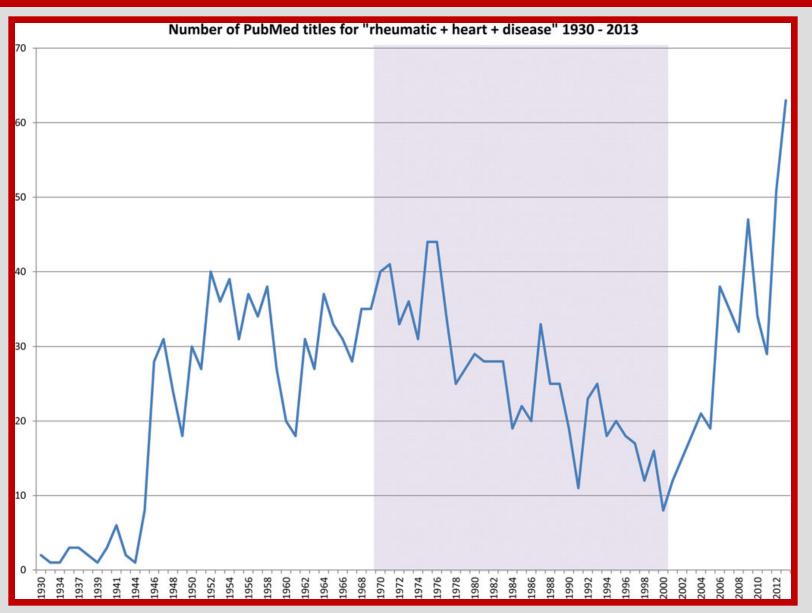








# The "southern shift"



#### European Heart Journal Advance Access published November 25, 2014

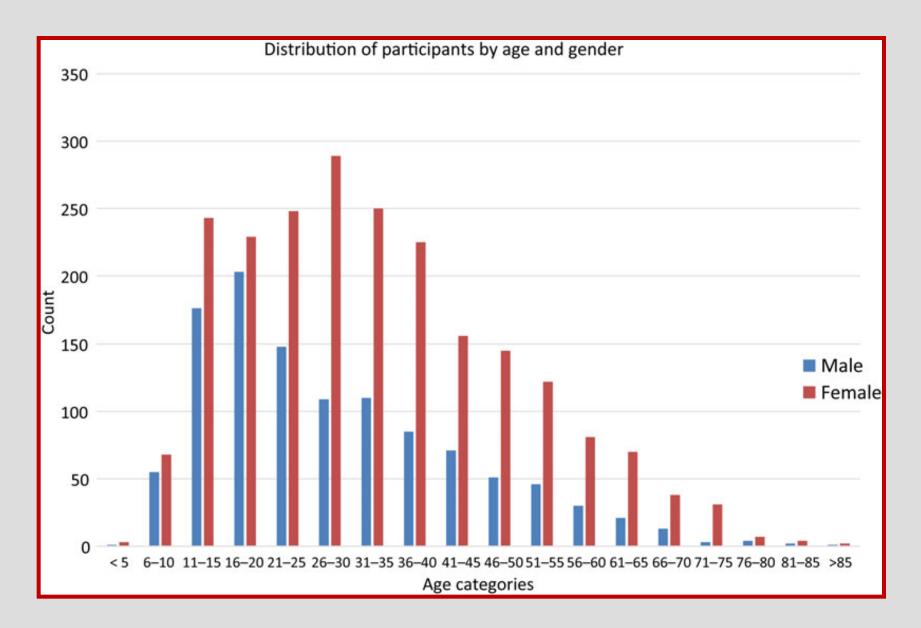


European Heart Journal doi:10.1093/eurheartj/ehu449

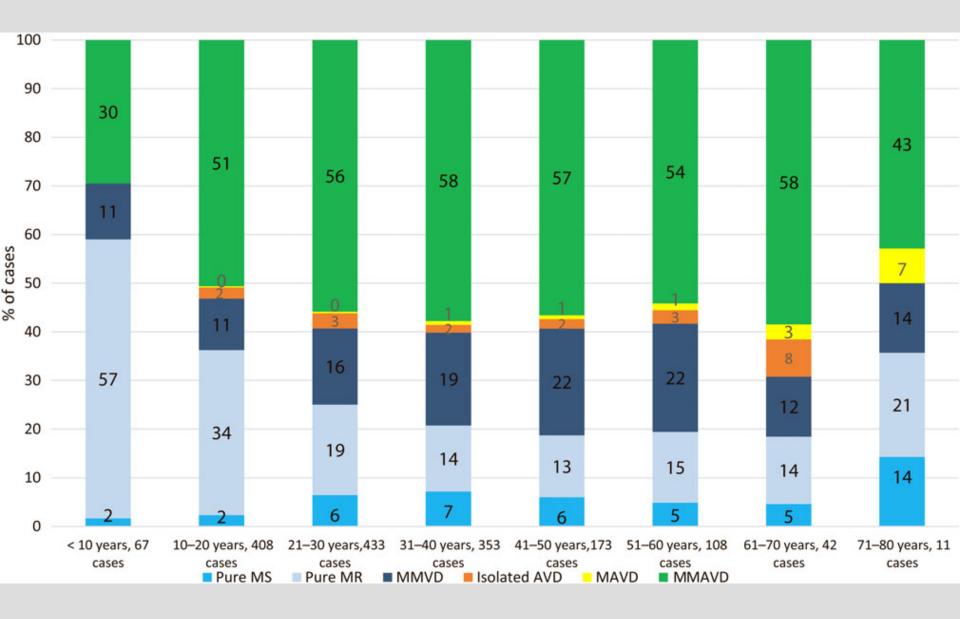
#### CLINICAL RESEARCH

Valvular heart disease

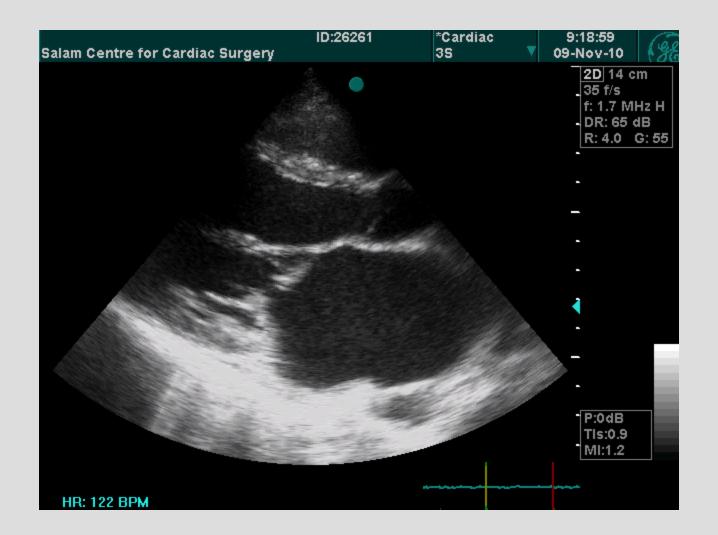
Characteristics, complications, and gaps in evidence-based interventions in rheumatic heart disease: the Global Rheumatic Heart Disease Registry (the REMEDY study)

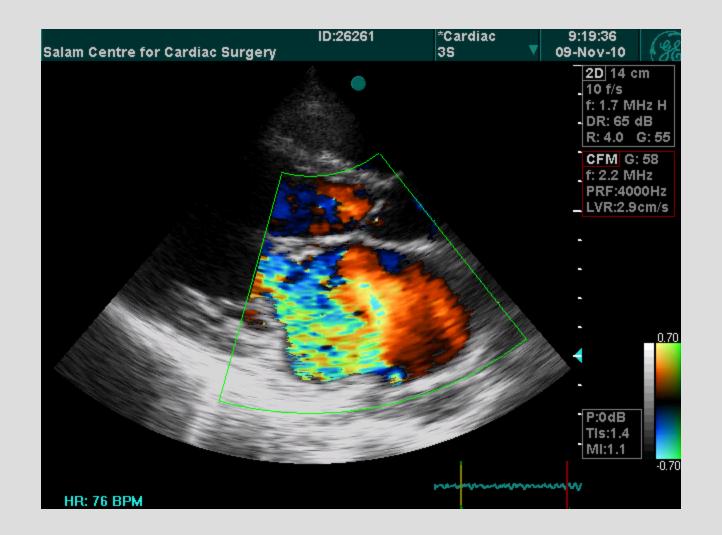


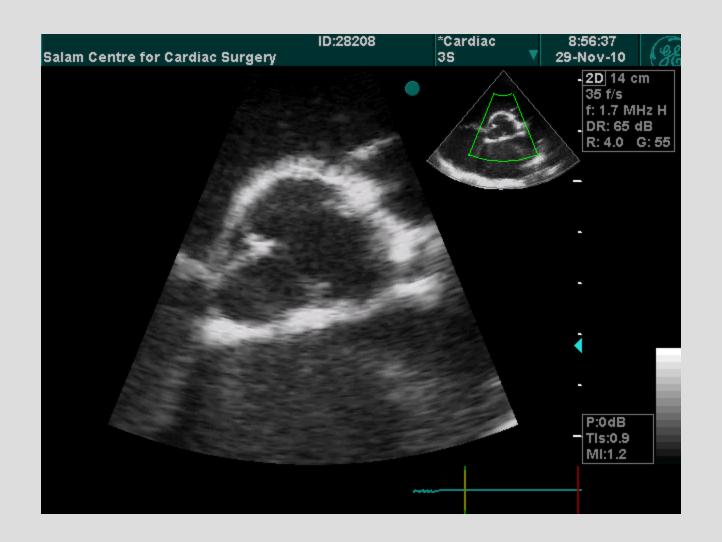
REMEDY Study. Eur Heart J Advance Access published November 25, 2014

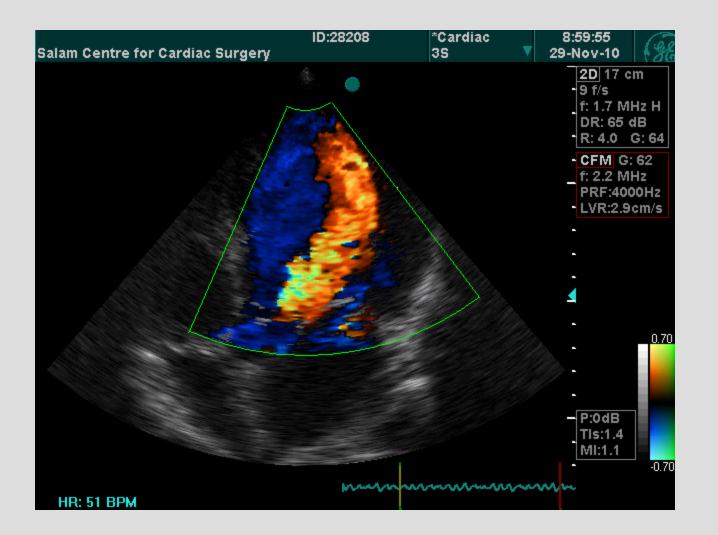


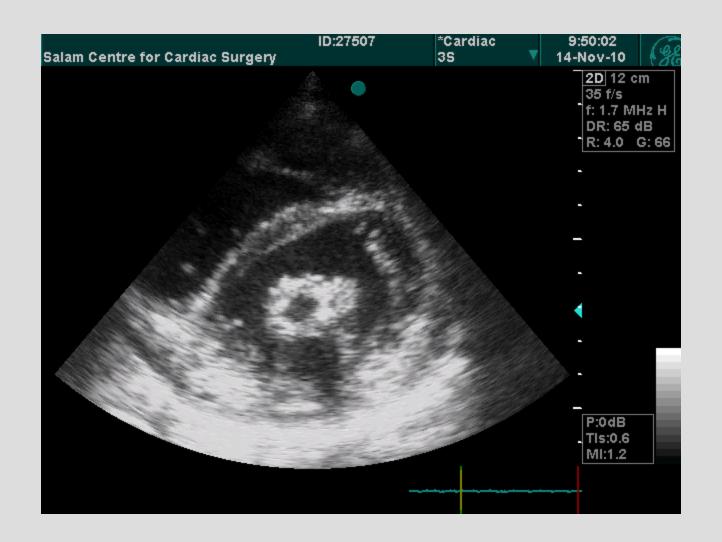
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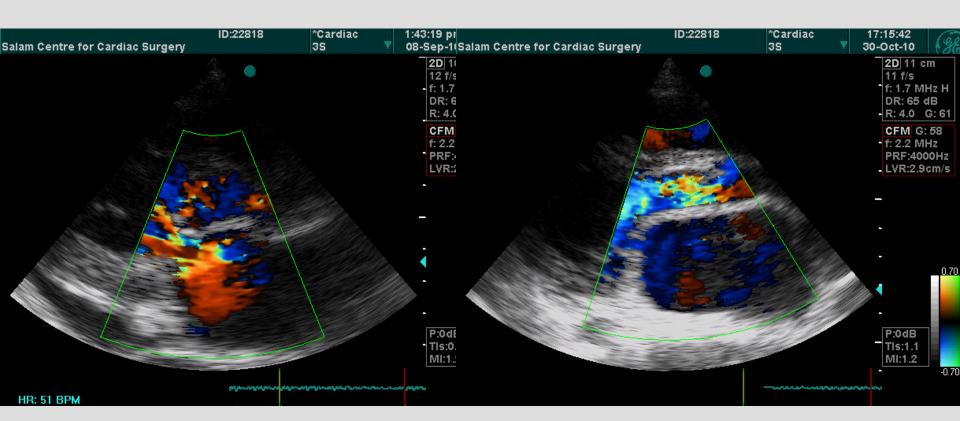




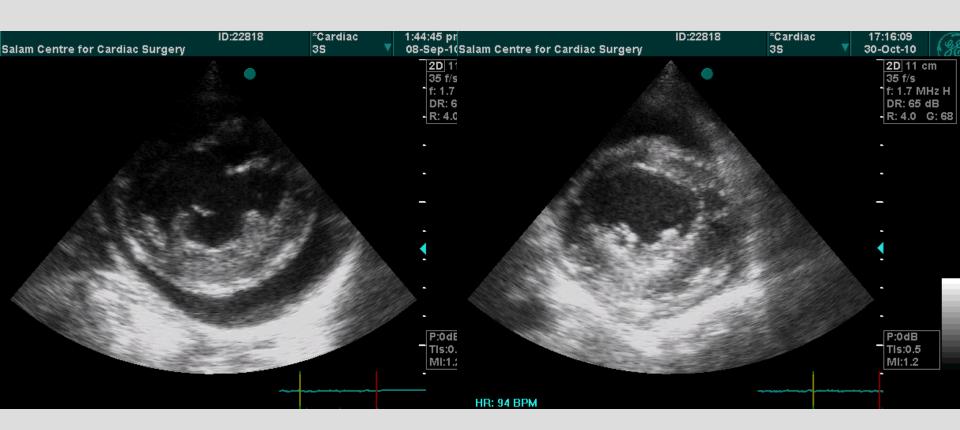
## Acute and subacute RF

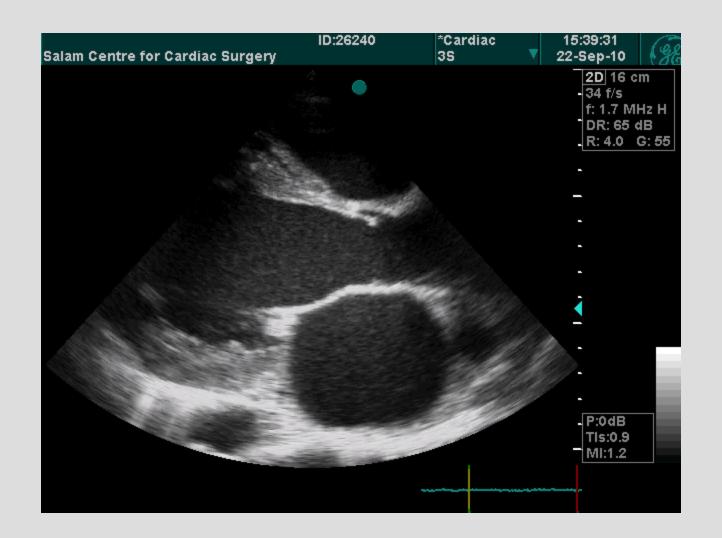


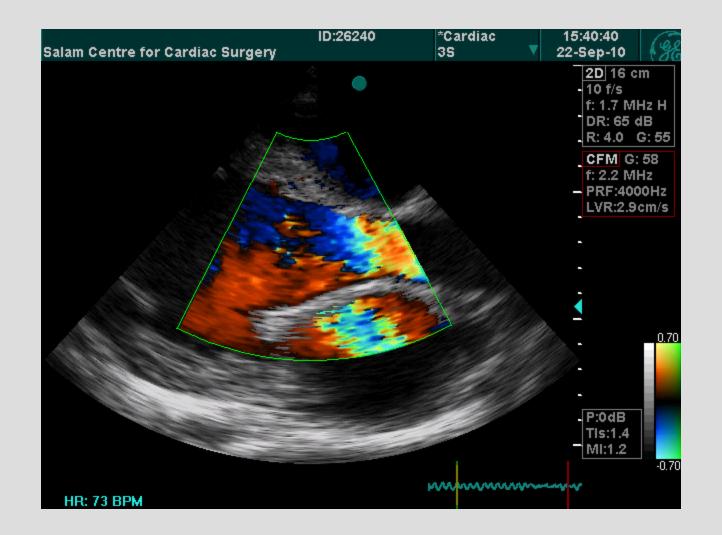
## Acute and subacute RF

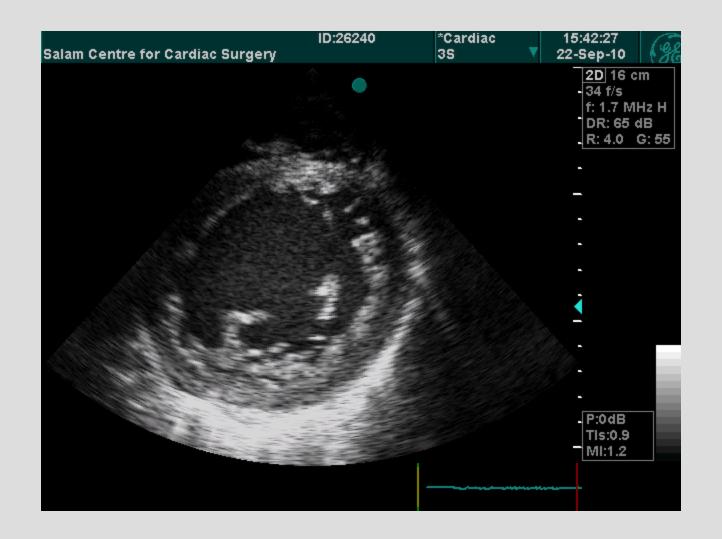


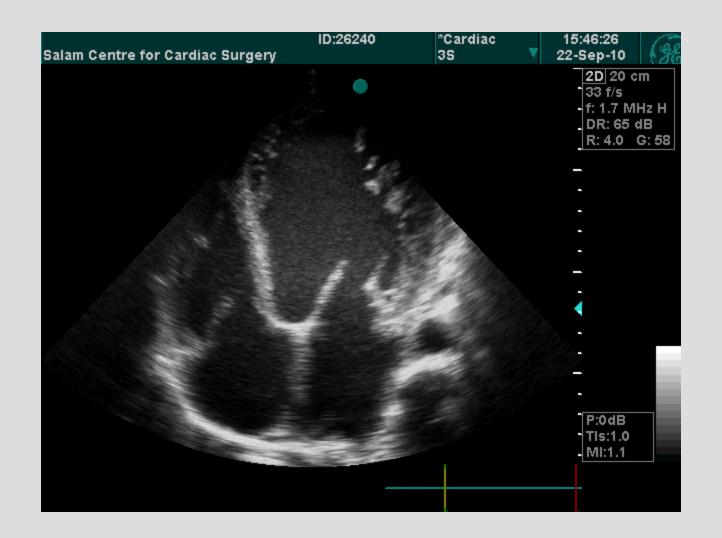
# Acute and subacute RF

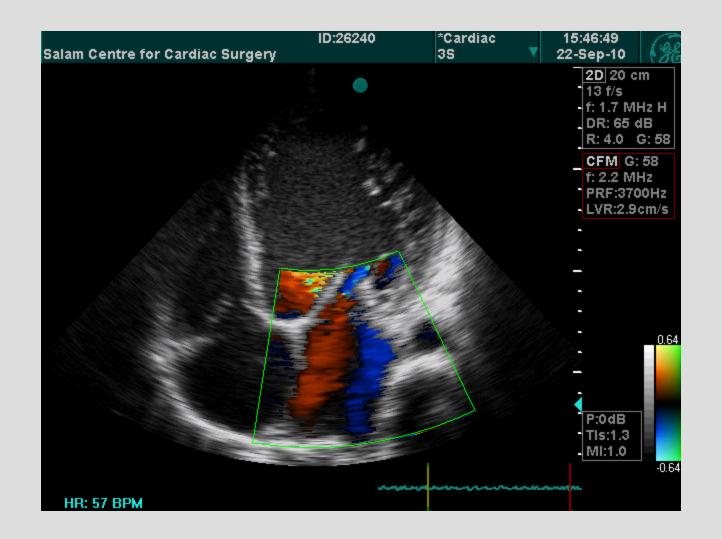


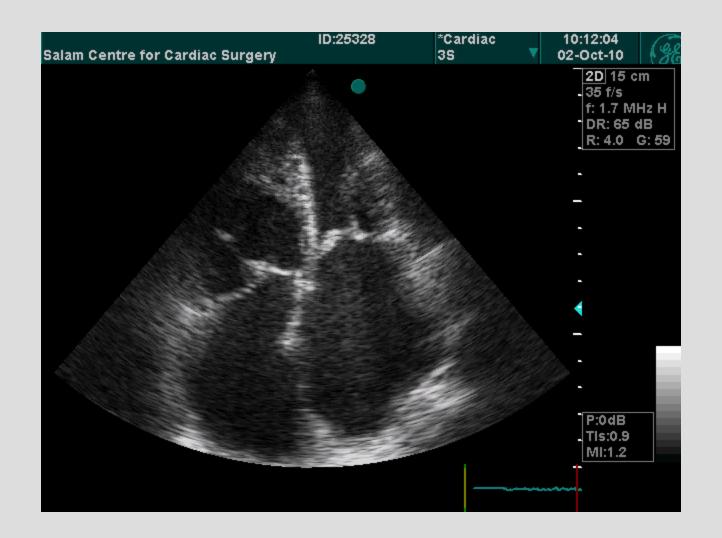


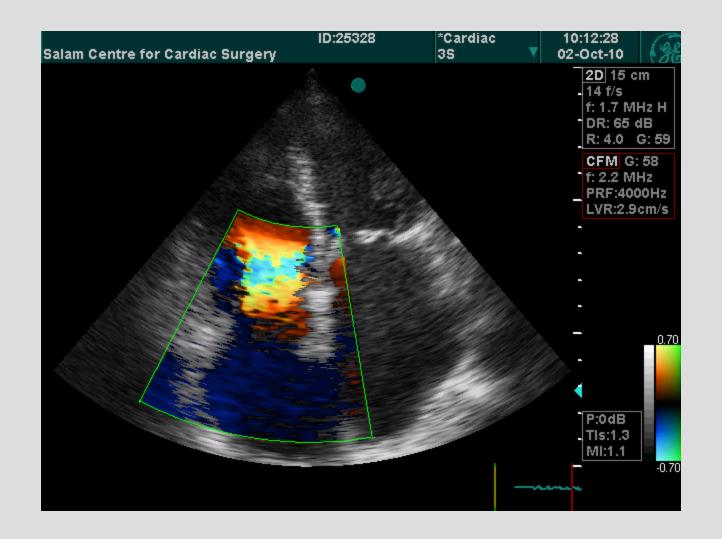


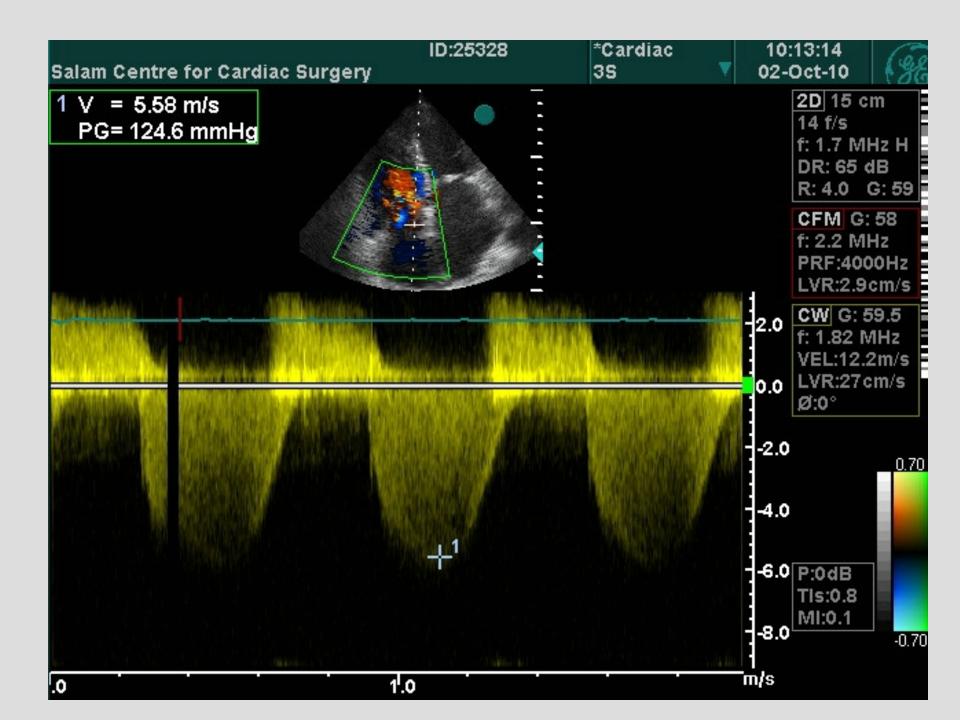


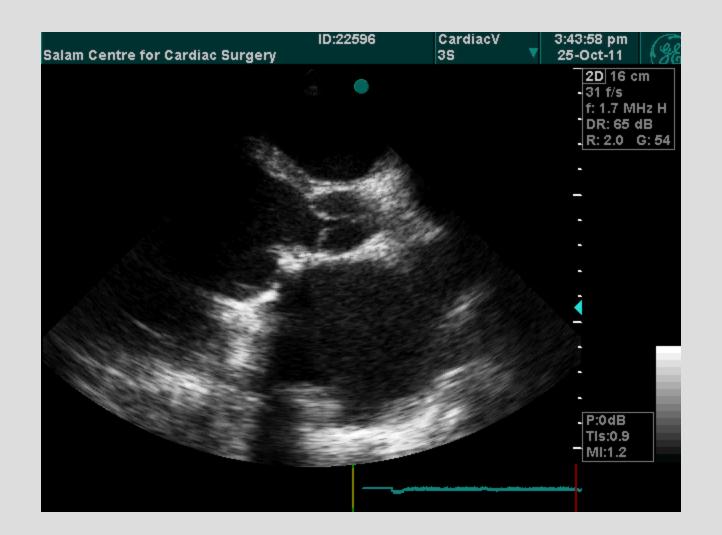


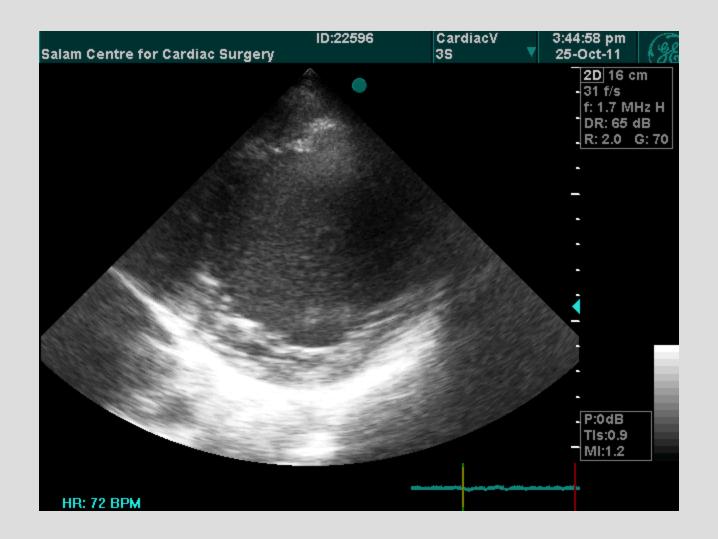


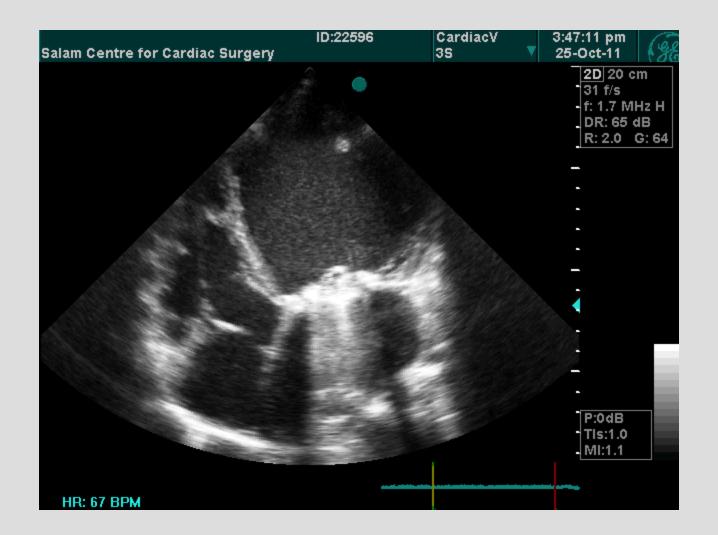


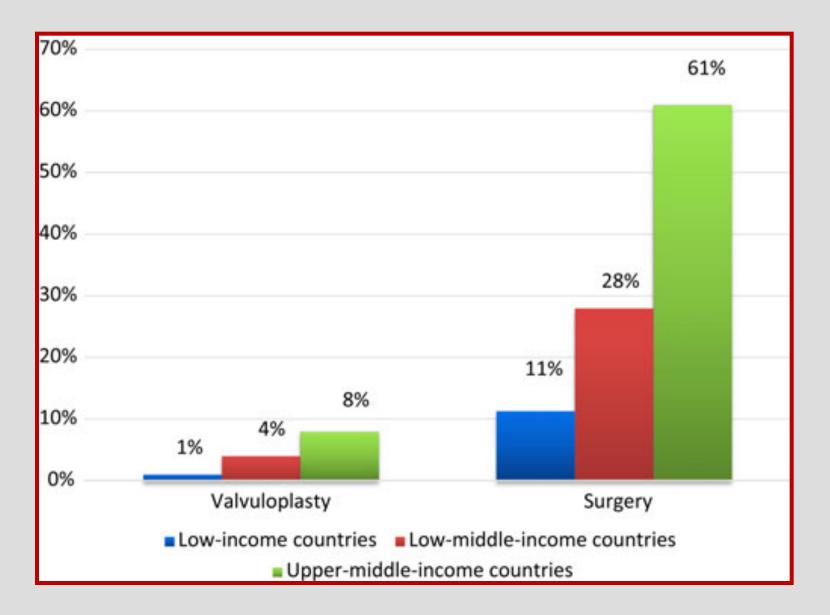












REMEDY Study. Eur Heart J Advance Access published November 25, 2014

# Emergency

Italian NGO founded in 1994

Provides high quality and free of charge health care to the victims of landmines, war and poverty

Emergency promotes a culture of solidarity, peace and respect for human rights



### **EMERGENCY**

## Philosophy and principles

Equality

Quality

Social Responsibility

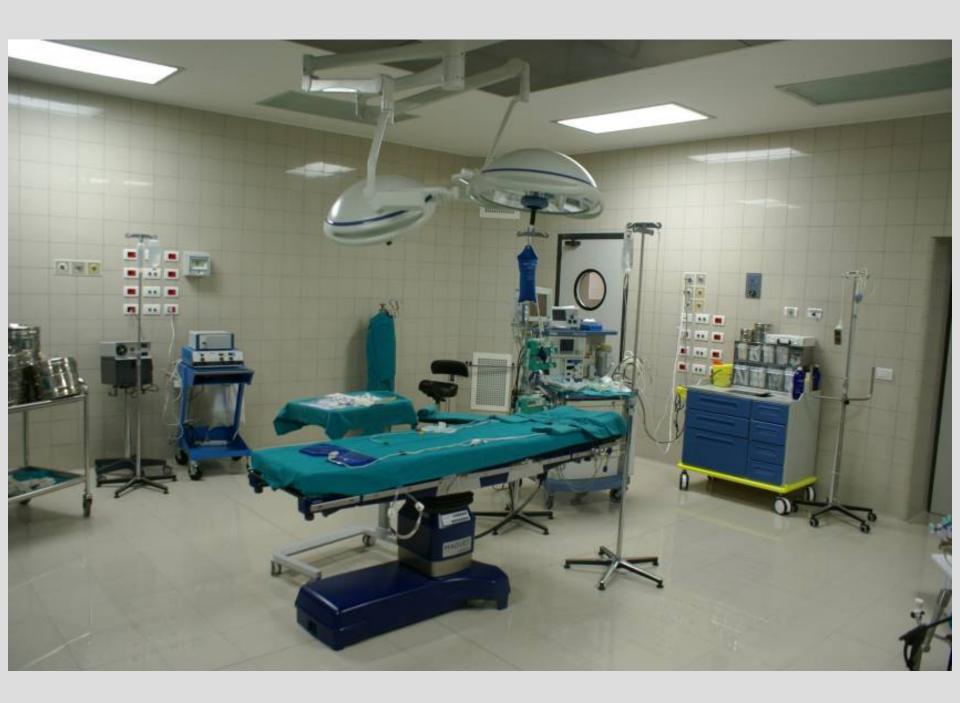


















# Sudan, bordering countries and beyond





# THE SALAM CENTRE FOR CARDIAC SURGERY مركز السلام لجراحة القلب

The Salam Centre is run and managed by the Italian based humanitarian organisation EMERGENCY. Since April 2007, the Centre provides high standard, free of charge paediatric and adult cardiac surgery.

#### Clinical Activities

Most patients come by themselves to the *Salam* Centre, without been referred by physicians or medical facilities. After an initial triage, patients with known or potential cardiac problems receive further cardiac investigations.

From April 2007 to February 2014:

Patients triaged	50,976
Cardiological examinations	43,555
Number of hospital admissions *	7,920
Number of patients admitted	6,289
Number of surgical operations **	5,395
Number of patients operated	5,103
Cath Lab procedures	1,235



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#### Surgery

From April 2007 to February 2014, **5,103 patients** underwent surgical operations at the *Salam* Centre for Cardiac Surgery.

Patients' age ranged from 13 days to 65 years (mean age 25.9 ± 14.7).

#### PATIENTS' DISTRIBUTION BY TYPE OF DISEASE

Valvular Heart Diseases	3,871 (75.86%)
Congenital Heart Diseases	1,015 (19.89%)
Ischemic Heart Diseases	126 (2.47%)
Disease of the Aortic Valve and Ascending Aorta	45 (0.88%)
Disease of Ascending Aorta, Aortic and Mitral Valve	6 (0.12%)
Disease of the Aortic Valve and Ascending Aorta and CABG	1 (0.02%)
Ascending Aorta	3 (0.06%)
Other	36 (0.70%)

The Salam Centre for Cardiac Surgery

## **Operative Mortality**

30-days mortality rate



3.02 %



### Cause of Death

LCO Syndrome	65
Pulmonary Hypertension	11
Ischemic/Haemorragic stroke	6
MOF	36
Haemorragic shock	7
Technical failure	5
Ventricular Arrhythmia	5
Myocardial Infarction	2
Thromboembolism	1
ARDS	2

http://www.salamcentre.emergency.it/, accessed 04 Apr 2015

# The challenges

 The physician practicing in Africa is commonly faced with certain issues in the management of CV disease that his counterpart elsewhere rarely encounters (taylored management and skill mix of the health workforce)

# Cost / opportunity and efficacy ratio

Extend the benefits to complex cases?

Work on high percentage of simpler cases?

## Conclusive remarks

Emergency ONG gave a *quantifiable voice* to the growing cohort of individuals, primarily clinicians, working in low and middle income countries, frustrated by the constant flow of young people with end-stage HF presenting in settings with no capacity to either offer high-end tertiary care or to administer the secondary preventive approaches to stem the tide of new cases.



## **GRAZIE**

www.emergency.it www.salamcentre.emergency.it

recruiting@emergency.it