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The Prevalence and Pattern of Admission Mortality among Acute Stroke Patients Managed at a Tertiary Hospital in Abakaliki, Nigeria: A Retrospective Study

La Prévalence et le Modèle de la Mortalité à l'Admission chez les Patients Victimes d'Accidents Vasculaires Cérébraux Aigus Gérés dans un Hôpital Tertiaire à Abakaliki, Nigéria : Une Étude Rétrospective

^{1,2,*}C. O. Eze, ^{3,4}A. F. Onyebuchi

ABSTRACT

BACKGROUND: Stroke ranks as the second leading cause of mortality worldwide, following ischemic heart disease, and is expected to maintain this position through 2030. This neurological ailment is profoundly impactful, imposing a significant burden on health and the economy. In 2019 alone, it was responsible for 6.6 million fatalities and the loss of 143 million disability-adjusted life years (DALYs) across the globe.

OBJECTIVES: This study highlighted the prevalence and pattern of admission mortality among acute stroke patients managed over 9 years in a private tertiary hospital in Abakaliki, Nigeria.

METHODOLOGY: This was a retrospective hospital-based study conducted at a tertiary hospital in Abakaliki, Nigeria from January 2014 to December 2022. Relevant data were extracted from the patients' case notes and the sociodemographic, clinical and laboratory parameters of acute stroke survivors were compared with those of their dead counterparts.

RESULTS: Out of the 172 (males - 57%; females - 43%) patients that fulfilled the inclusion criteria, 53 (30.81%) had haemorrhagic stroke while 119 (69.19%) had ischaemic stroke. The overall admission mortality rate was 15.12%, and it was more common in patients with haemorrhagic stroke, advancing age, severe hypertension, severe stroke, impairment of consciousness, renal dysfunction, hypernatremia, neutrophilic leucocytosis, and short admission duration.

CONCLUSIONS: High mortality rates are linked to acute stroke admissions, particularly in cases involving haemorrhagic stroke, increasing age, severe hypertension, substantial stroke severity, impaired consciousness, renal dysfunction, hypernatremia, neutrophilic leukocytosis, and brief admission duration.

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KEYWORDS: Risk factors, Admission mortality, Acute stroke, Retrospective study

RÉSUMÉ

CONTEXTE: L'accident vasculaire cérébral (AVC) est la deuxième cause de mortalité dans le monde, après la cardiopathie ischémique, et devrait conserver cette position jusqu'en 2030. Cette affection neurologique a un impact profond, imposant une charge significative sur la santé et l'économie. En 2019 seulement, elle a été responsable de 6,6 millions de décès et de la perte de 143 millions d'années de vie ajustées sur l'incapacité (DALYs) dans le monde.

OBJECTIFS: Cette étude a mis en évidence la prévalence et le modèle de la mortalité à l'admission chez les patients victimes d'AVC aigu gérés pendant 9 ans dans un hôpital privé tertiaire à Abakaliki, Nigéria.

MÉTHODOLOGIE: Il s'agissait d'une étude rétrospective en milieu hospitalier menée dans un hôpital tertiaire à Abakaliki, Nigéria, de janvier 2014 à décembre 2022. Les données pertinentes ont été extraites des dossiers des patients et les paramètres sociodémographiques, cliniques et de laboratoire des survivants d'un AVC aigu ont été comparés à ceux de leurs homologues décédés.

RÉSULTATS: Parmi les 172 patients (hommes - 57 % ; femmes - 43 %) qui remplissaient les critères d'inclusion, 53 (30,81 %) avaient un AVC hémorragique tandis que 119 (69,19 %) avaient un AVC ischémique. Le taux global de mortalité à l'admission était de 15,12 % et était plus fréquent chez les patients ayant un AVC hémorragique, un âge avancé, une hypertension sévère, un AVC sévère, une altération de la conscience, une dysfonction rénale, une hypernatrémie, une leucocytose neutrophilique et une courte durée d'admission.

CONCLUSIONS: Les taux de mortalité élevés sont liés aux admissions pour AVC aigu, en particulier dans les cas d'AVC hémorragique, d'âge avancé, d'hypertension sévère, de sévérité importante de l'AVC, d'altération de la conscience, de dysfonction rénale, d'hypernatrémie, de leucocytose neutrophilique et de courte durée d'admission.

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MOTS-CLÉS: Facteurs de risque, Mortalité à l'admission, AVC aigu, Étude rétrospective

¹Neurology Unit, Internal Medicine Department, Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA), Ebonyi State, Nigeria

²Neurology Unit, Internal Medicine Department, Trinity Group Specialist Hospital, Abakaliki, Ebonyi State, Nigeria

³Nursing Service Department, Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA), Ebonyi State, Nigeria.

⁴Nursing Service Department, Trinity Group Specialist Hospital, Abakaliki, Ebonyi State, Nigeria

Corresponding Author: Dr. Chukwuemeka Okorie EZE, Neurology Unit, Internal Medicine Department, Alex Ekwueme Federal University Teaching Hospital, Abakaliki (AEFUTHA), Ebonyi State, Nigeria. E-mail: drezeconauth@yahoo.com, Tel: 2347033432117 Orchid id: 0000-0001-8815-0385