

Subclinical seizures in Post-Stroke patients in sub-saharan africa: Literature review

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Stroke is the second leading cause of death globally and is ranked the highest (67.3%) contributor to the global burden of neurological disorders (Forouzanfar et al; 2017). In the last 20 years as of 2010, stroke was reported to have greatly increased in low- to middle-income countries (LMIC); 80% of global stroke burden is those countries (O'Donnell et al; 2010).

Non-convulsive seizures and non-convulsive status epilepticus (NCSE) (both examples of subclinical seizures) have been shown by advanced countries to be a frequent occurrence in comatose patients and especial those whose condition is because of stroke. This occurrence have been shown to worsen patient condition (Scozzafa et al.; 2010) and in some cases cause death.

Existing studies have shown that seizures are common neurological occurrences in stroke patients; especially at the early stage. Inasmuch as some factors, such as stroke severity on admission, cortical involvement and stroke subtype have been associated with post-stroke seizures, the fact that medical and neurological complications of stroke, especially those occurring in the very acute phase of the incidence might have on such a risk has never been adequately explored.

In the current study the aim is to highlight that a big gap exist in sub-Saharan Africa as regards management of patients with post stroke seizures.

A study by Pezzini et al (2013) showed that a study carried out on 516 patients with first-ever acute stroke showed that out of 436 patients with ischemic stroke and 80 with intracerebral hemorrhage, 20 (3.9%) developed early seizure. Those patients with early seizure had a higher burden of complications compared with those without it. The case cited above is in patients with clinical seizures, how much more in patients whose seizure is subclinical.

The burden of the above condition is worse in sub-Saharan Africa because of lack of adequate facilities to run clinically based electroencephalography (EEG) in wards during patient admission. In the most populous country in Africa for instance, there is only none know health facility where EEGs are done in the wards for patients with seizure or those suspected to have subclinical events.

It is therefore imperative that more study is done in this field of neurology in the above stated area in order to maximize patient care and avert the possibility of increased mortality in stroke patients.

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