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Cardiac Failure Causing Sudden Death in A Developing Community in Nigeria



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Abstract

It was truly stated that autopsies were originally performed in order to understand Anatomy. Subsequently, a major group consisted of autopsies described as those concerning (i) the dead on arrival (DOA) at the hospital, and (ii) the death which occurred unexpectedly. Usually, the police is involved as well as what are called "Police Doctors" in Nigeria. They are involved in autopsy work with its attendant court sessions. In this context, since it has been canvassed that establishing a histopathology data pool facilitates epidemiological analysis, this paper dwells mostly on my personal experience of such an establishment among my own major Ethnic Group called the Ibos or Igbos, who are domiciled largely in the South-Eastern region of Nigeria. Eleven examples were documented, none being aged more than 50 years. This is in keeping with the experience in North-Eastern Nigeria, most of the victims there being young. This is unlike a South-Western report with the age range of 27 to 80 years. In conclusion, there is the modern dimension that researches should be carried out on primary prevention.

Keywords: Death; Unexplained; Sudden; Police; Doctor; Igbos; Nigeria

Introduction

While considering autopsy experience in Barbados, Prussia and Martin [1]. declared that "these were originally performed to understand Anatomy." Subsequently, there arose a major group which consisted of autopsies described as being done on thosedead on arrival (DOA) at the hospital [2-4]. or more broadly, death which occurred unexpectedly [5]. Concerning the latter, the example in Finland was the statutory involvement of the Police in the investigation of the cause of death. A Nigerian example involved Lashari [6]. who was stated to reserve Tuesdays for police cases including postmortems and Wednesdays for going to court to testify to his findings although made "some months ago." Therefore, this paper pertains to my own experience with special reference to cardiac cases among the Igbo ethnic group[7].

Investigation

During the period from 1970 to 2000, I was the pioneer pathologist at the Regional Pathology Laboratory built by the Government of the Eastern Region of Nigeria. It was mostly established for the large Ethnic Group called the Ibos or Igbos. Incidentally, following the suggestion made by a Birmingham (United Kingdom) group [8]. that a histopathology data pool should yield epidemiological dividends, my own local pool was analyzed as regards the cases that turned out to be deaths from

cardiac failure. In particular, following the role of the Police and the so-called Police Doctors who performed the autopsy, I received the specimens that are considered here.

Results

There were 11 cases. They were handled, as did Voigt [9]. with regard to "the microscopic investigation of the heart." All turned out to be males. Table 1 shows the age distribution.

Table 1: The Distribution by Age.

| Age | Number |
|-------|--------|
| 21-30 | 5 |
| 31-40 | 1 |
| 41-50 | 6 |
| Total | 11 |

Illustrative Case Report

An Ekoi tribesman was reported by Dr. Everts fron the Joint Hospital, Ikom. He was a 43-year-old, very obese man, who died suddenly while at work. At autopsy, the large heart was dilated on both sides with much blood inside. There was also some pericardial fluid. Microscopy showed chronic cell infiltrates as well as hypertrophy of the muscle fibers. Patchy fibrosis was noted also. Cardiac failure was therefore diagnosed.

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Discussion

Sudden cardiac death is held to describe the unexpected natural death from a cardiac cause within a short time in a person without any prior known fatal condition [10]. Little wonder, therefore, that nowadays there is the question of "What causes sudden death in heart failure" [11]. Of course, age is a factor. In this series, patients from the South-Eastern-Region were aged up to 50 years. Likewise, from the North-Eastern Region, the generalization was that "Most of the victims were young" [12]. In contrast, the South-Western Region experience was that of the age range of 27 to 80 years [13]. Incidentally, medico-legal reports usually range widely over a number of issues relating to sudden cardiac death [14,15]. On the contrary, my previous studies were restricted to ruptured abdominal aortic aneurysm [16]. the variegated lesions found at autopsy[17], and abortion deaths [18].

Conclusion

In conclusion, what is the global scene? It is scarcely what is being contemplated in the developing countries. Indeed, it is research on primary prevention [19]. Perhaps, in the years ahead, this will be faced fruitfully.

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