CORRESPONDENCE

Cardiomegaly in Ghana: An Autopsy Study

Dear Sir,
I read with great delight the paper titled "Cardiomegaly in Ghana: An autopsy study" written by Akosa, AB and Armah, H[1]. I wish to thank and congratulate the authors for the work well done. The paper highlights the menace of high blood pressure (primary or secondary) not only in Ghana but also in Sub-Saharan Africa.

Akosa and his co-worker showed that 78.4% of cardiomegaly at autopsy is due to primary or secondary hypertension and many occurred in the young and middle age group who constitute the economic life wire of the population. In fact hypertension has been described as the foundation of cardiovascular disease in Africa.[2] In Nigeria for example, it is the commonest risk factor for stroke, heart failure, chronic kidney disease and sudden unexpected death.[3]

Table 1 Trends in Heart Disease in Ghana from autopsy or mortality studies: 1954-2005

Author	Year of Publication	No of cases	HHDX (%)	VHDX (%)	DCM (%)	EMF (%)	CP (%)	PDX (%)	SHDX (%)	IHD (%)	CHD (%)	Misc / Others (%)
Akosa[1]	2005	1318	78.4+	3.6	6.1	-	4.6	-	-	3.3	0.8	3.2
Pobee[8]	1976	68	33.8	4.4	19.1	-	2.9	4.4	0	4.4	0	11.8
Binder[7]	1961	360	21	8.6	7.5	-	-	11.7	-	2.4	3.3	29.6**
Edington[6]*	1954	467	6.6	5.9**	3.0***	-	-	13.9	40.9****	6.4	-	23.3

+ Includes both primary and renal hypertension, *Data has been reclassified, ** Cases of Endocarditis, *** Cases of myocarditis, ****Many cases of aortitis and aneurysm were thought to be due to syphilis or yaw. *There were 3645 autopsies and 467 considered due to cardiovascular disease.

In two recent reviews of our cardiovascular disease registry we noted that over 80% of Heart diseases in outpatient cardiac clinic is as a result of hypertension or hypertension related cardiac diseases.[4] We also reported similar figure from our echocardiography registry.[5]

Recent studies have shown an overall prevalence of 10-15% in Africa with rates as high as 30-32% in urban and even some rural areas. Unfortunately the awareness, treatment, and control is low; 20%, 10% and 1% respectively.[2]
This calls for the implementation of community based programmes for high blood pressure detection/ awareness, treatment, as well as prevention and control.

Similar to the work by Akosa and Armah, we have also noted a shifting trend in the pattern of heart disease in the sub-region.[4,5] While hypertension, cor-pulmonale and ischaemic heart disease is on the rise, the prevalence of rheumatic heart disease appears to be falling and syphilitic heart disease which frequently was reported in the 50s and 60s[6] is very rarely reported today probably because of wide availability of anti-microbial agents.

On page 25 of the paper, paragraph 3 (under the section on chronic rheumatic heart disease, RHD), it appears to me that the last sentence "In contrast all the 43 cases were recent infarcts (acute myocardial infarction)" was wrongly inserted. The authors referred to the studies by Laing (references 12 and 13) which I think were restricted studies: sudden unexpected deaths as well as obscured deaths. Three previous necropsy/ mortality studies in Ghana by Edington[6], Binder[7] and Pobee8 could have been used to compared for trend (Table 1)

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