

Title

SUPER HYPERTENSION OR VERY SEVERE HYPERTENSION IN A SUB-SAHARAN COUNTRY: EPIDEMIOLOGICAL, CLINICAL, THERAPEUTICAL AND EVOLUTIVE PATTERNS

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Background

To describe the epidemiological, clinical, therapeutical and evolutive patterns of super hypertension in Yaounde University Teaching Hospital.

Methodology

This study is an observation cohort over a period of 9 months (January 2016 to September 2016). We recruited from members of the public who accepted voluntary blood pressure screening offered in various localities in Yaounde, and were aged 18 years or over.

Results

Of a total of 6.519 people, 1.875 (28.8%) presented a high blood pressure. Amongst them, 37 presented a super hypertension (a systolic blood pressure 250 mmHg and/or diastolic blood pressure 150 mmHg in presence or not of complications), corresponding to a prevalence of 2% of all hypertensive patients. Our cohort comprised 33 of these individuals who accepted the invitation to participate in the study. The mean age was 49.3 years, with a sex- ratio of 0.7. Twenty-three (70%) of the patients were known hypertensive for a mean time of 10 years, out of 9% were regularly reviewed, but none on medications. The mean of cardiovascular risk factors was 7, with 91% who had an excess salt intake. Dyspnea and headache were the main symptoms. The means systolic blood pressure and diastolic blood pressure were respectively 244.9 mmHg and 144.8 mmHg. Twenty-six (78.8) patients were either overweight or obese. We noticed a fundoscopy stage II or III in 21.1% of the cases. Seventy percent of the cases had left ventricular hypertrophy on electrocardiogram and 18.2 on echography. Complications were noticed on admission in 60.6% of all cases, it's was mainly signs of renal failure. Acute kidney injury occurred in 15.15% of the cases during follow-up. The average rate of blood pressure control over 6 months was 3%. The main cause of poor blood pressure control was lack of therapeutic compliance. We noticed refractory high blood pressure in 4 (12.1%) cases and registered one death at the 3rd month of follow up due to acute kidney injury.

Conclusion

Super hypertension is a youth's pathology. Its early detection reduces significantly the high morbi-mortality. However, its efficient management needs minimal additional resources.

Key words : superhypertension, cardiovascular risk factors, morbi-mortality.

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