

Neurology in Ethiopia

By Sophia Sanny

I spent 5 weeks at the neurology department in Black lion teaching hospital, university of Addis Ababa. The neurology department was only set up in 2006, in collaboration with the Mayo clinic. I chose to do this elective for two reasons: 1) I am interested in neurology as a future career and 2) As I am from Ethiopia, I was interested in finding out how the Ethiopian healthcare system works and what the common neurological cases are.

The Black lion hospital is the main tertiary referral hospital for the whole of Ethiopia, and thus neurological cases that would otherwise be very rare are usually seen. To my surprise, there were even two patients with classical signs and symptoms of multiple sclerosis. Other rare cases I have seen include, sturge Weber syndrome and Arnold chiari malformation.

The day would start with a lecture that would last for at least 2 and half hours. The lecture topics are picked a month early and each resident is assigned a topic to present. The topics picked are very broad and non-specific, for example, the title of the topic would just be epilepsy. So the student assigned to present on this topic would cover anything and everything to do with epilepsy including pathophysiology, clinical presentation, sub-types of epilepsy, pharmacology and current research areas in such a detail that is mind-boggling. I personally found it very hard to keep up with these lectures as too much information was given at once with no emphasis on important information that is relevant for clinicians. This was followed by a ward round with one of the senior lecturers on Mondays, Tuesdays and Thursdays, where the first year neurology residents present patients they have clerked the day before. They present the full history of the patient and also full neurological examination and investigations. The residents and myself would then be asked to come up with differential diagnosis and suggest further investigations that need to be carried out and suitable management plan. Unfortunately the investigations suggested and possible treatment plans were just for learning as most of them are not available. For example, a patient presenting with signs and symptoms of multiple sclerosis cannot have a blood test to rule out vasculitides such as SLE and sarcoidosis. Furthermore, as patients have to pay for every investigation carried out, whether an ordered investigation is carried out or not depends on the patient's ability to pay for it. Private health sectors with diagnostic centres usually have fully equipped laboratories, but charge over the odds for their services, and thus only the very rich can access their services. Common inpatient cases include, brain abscess secondary to TB, HIV encephalitis and GBS secondary to rabies vaccine.

On Wednesdays and Fridays, after the mandatory morning lectures, both the first and second year residents run their own clinics. Some of the first year neurology residents joined the programme straight after medical schools, but yet were very

confident in managing patients with no supervision in the outpatient clinics and were prescribing antiepileptic. Approximately 40 patients would be seen at the outpatient's clinic most days. Most of these patients come from the rural areas of Ethiopia, where only limited health care services are available. Most common cases included back pain due to slipped discs, idiopathic epilepsy, Potts disease and brain abscess secondary to TB. Patients usually come to the Black Lion after having passed through at least 3 other health care centres within their own respective regions and thus by the time they are referred to the Black Lion their condition is advanced and sadly not much can be done for them. One of the many memorable cases is that of a 17-year-old boy I saw in clinic with gibbus deformity and paraparesis secondary to spinal TB. His father reported that he hasn't been well for the past year and half before his back deformity progressively got worse, with night sweats, cough, shivers and back pain. Although he had classic symptoms of TB, he was not taken to hospital on time and developed gibbus deformity. Unfortunately, the neurosurgeons don't have the expertise to fix a gibbus deformity, and it was heartbreaking to see the boy being told that there was no point of him spending all his money to travel to the Black Lion for 3 days as nothing can be done for him.

Overall working in the Black lion was a great experience. Beyond the many rare neurological cases I came across at this hospital, it has also given me the opportunity to see what life is really like for the ordinary Ethiopians. The team I worked with were also very welcoming and I thoroughly enjoyed working with them. I would recommend the Black Lion to anyone who is interested in neurology as a future carer, as this hospital, being the only neurology referral centre in the country has the most varied and interesting neurological cases as well as extremely rare cases to see. Ethiopia is also culturally rich and has many must see world heritage sites for those interested in history and culture.