INCIDENCE AND RELATIVE FREQUENCY OF DIFFERENT TYPES OF CARDIAC DISEASES IN TROPICAL INHABITANTS (With special reference to Chittagong)

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Introduction:

Diseases of the Cardiac-vascular system accounts for a large proportion of the illness in this country as in any other country of the world; and it claims a similar proportion of morbidity and mortality among its population. The truth of this statement is apparent to every practising physician whether engaged in general medicine practice or in hospital work.

Accurate figures that tell of the number of people inflicted by heart disease are not available in our country at the moment as it does in other advanced country.

This paper mainly deals with the incidence and relative frequency of different types of cardiac diseases which come to our observation admitted in the Medical Unit II of Chittagong Medical College Hospital from the year 1965 to 1969.

Emphasis would mostly be laid on those rarer types of cardiac diseases which were encountered during the said period.

Incidence:

Table No.1 showing total admission of cardiac-vascular diseases and its percentage relative to the total number of patients admitted during the year 1965 to 1969 :

Table N. 1			
Year	Total Admission	Cardio-vascular Diseases	Percentage
1965	1752	196	11.41%
1966	1855	216	19.62%
1967	1492	170	11.12%
1968	1241	150	12.0 %
1969	1403	158	11.2%
<u>5 years</u>	<u>7743</u>	<u>890</u>	

Table No. II showing different types of cardio-vascular diseases admitted during the period 1965 to 1969:

Table No. II

Types of Diseases	Number
(a) Rheumatic Heart Disease	200
(b) Coronary Artery Disease	150
(c) Hypertension and Hypertensive Heart Disease	125
(d) Corpulmonale	300
(e) Congenital Heart Disease	30
(f) Miscellaneous cardio-vascular diseases i. e. Cardio-myopathies	85
Total	890

Table No. III Showing aetiological cardio-vascular of cardio-vascular under miscellaneous group.

Table No. III

Different Types of Cardio-vascular Diseases of Miscellaneous Group	No. of patients.
1. Amoebic Pericardial Effusion	2
2. Wet type of Beri Beri	3
3. Thalassaemia with Heart Failure	1
4. Toxic Myocarditis (Diphtheritic Heart Disease)	1
5. Alcoholic cardiomyopathy	1
6. Pseudo-Hypertrophic Muscular Dystrophy	1
7. Thyrotoxic Heart Disease	3
8. Arterial disease	5
9. Anaemic Heart Failure	53
10. Nutritional Cardio-Myopathy	15
Total	85

Discussion of Cardio-vascular Diseases of Miscellaneous Group:

Amoebic involvement of pericardium from left lobe liver abscess is not very common as a complication of Amoebiasis. Two cases of such involvement of pericardium came to our observation which were first diagnosed as Pericardial Effusion with tamponade, but on aspiration of pus revealed the characteristic anchovy sauce colour and presence of liver tissue cleansed

the diagnosis. Sudden rupture of left lobe liver abscess into the pericardium may, by producing tamponade, mimic acute myocardial infarction with shock.

The Beri Beri syndrome results from lack of several factors, the chief being that of thiamin. The syndromes are found specially in the Far East among people whose diet is associated with consumption of rice that had been polished (highly milled) in the raw state. The main manifestation is oedema of legs and congestive cardiac failure. Many cases of congestive cardiac failure of unknown aetiology could well be due to thiamine deficiency.

Because of proximity to sea perhaps the incidence of thalassaemia is comparatively high in Chittagong district and its vicinity. Out of 17 cases personally recorded and discussed in last P. M. A. Conference only one case presented with heart failure and it was simply the result of severe anaemia.

Because of short of time I would not go to discuss toxic Myocarditis. Alcoholic cardiomyopathy and thyrotoxic heart disease, and heart disease to vascular and collagen disease, but I should perhaps mention an unusual case of myopathy whose muscular involvement apparently having a distribution of Duchenne type but his age was a bit unusual. Surprisingly X-Ray chest showed cardiomegaly and there was nonspecific electrocardiographic change.

Anaemic Heart Failure

53 patients with heart failure ranging severe to moderately severe anaemia were treated in our unit; cardiac manifestations were completely recovered to normal on correction of anaemia in 52 cases and one patient due to intractable heart failure. Its higher incidence in this group is well related to the prevalence of severe anaemia in this country.

15 cases in this group had unexplained heart failure which could not be attributed to any known cause. Can these be due to protein malnutrition, vitamin deficiency or less calorie intake? After control of heart failure with diet and vitamin supplements their cardiac state improved and maintained even without any anti-heart failure regime.

Conclusion

There was a time when western observers used to believe that Rheumatic heart disease is unknown in tropics but this conception has been disproved without any shadow of doubt and our series gives another additional evidence. In our small series of 850 patients, 300 patients were of Cor pulmonale mainly due to the result of long standing chr. obstructive type lung disease. This suggests that Chr. Cor pulmonale has perhaps a higher incidence in Chittagong. The incidence of certain rarer type of Pericardio-myocardial disease are fully discussed with reference to this incidence.

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