# Is myocardial infarction common in the South Sudan?

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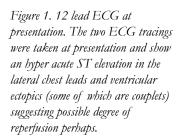
#### Introduction

It is generally believed that ischaemic heart disease and the serious consequence of myocardial infarction is uncommon in indigenous South Sudanese. This belief may be misplaced as evidenced by this case report.

#### **Case History**

PMD was a 48 year old lawyer who presented to

the Juba Medical Complex (JMC) with sudden onset of "gripping" retrosternal chest pain that did not radiate and lasted thirty minutes. It was associated with breathlessness and sweating. He denied a family history of ischaemic heart disease. He smoked 30 to 60 cigarettes daily over a number of years and consumed, according to his wife, approximately 100 units of alcohol each week. He was diagnosed with type 2 diabetes in 2007. He thought this



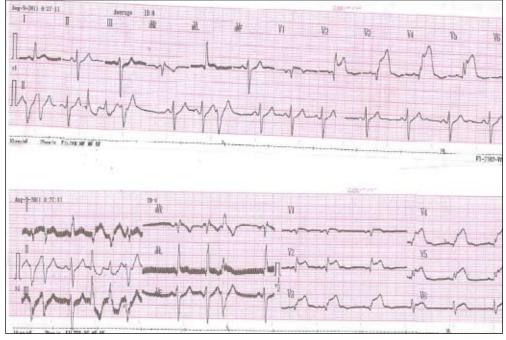
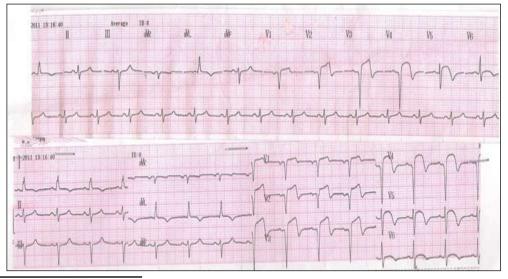


Figure 2. 12 lead ECG carried out 24 hours later showing deep Q waves and T wave inversion and ST waves that are less elevated in the lateral chest leads at presentation.



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#### **CLINICAL GUIDANCE**

had been well controlled with diet and glibenclamide 5mgs daily. However two weeks before this admission his glycaemic control was deemed to be poor and so he was started on Mixtard Insulin 25 units in the morning and 15 units in the evening.

On examination the patient was pain free although looked unwell - pulse100/minute and regular; blood pressure 110/60. He was not in heart failure and the rest of the examination was unremarkable. There were no nicotine stains in the fingers despite the history of heavy smoking. Random blood sugar on presentation was 12mmol/litre.

The initial 12 lead electrocardiogram (Figure 1) showed hyperacute ST segment elevation in leads V1 to V6 denoting acute anterior myocardial infarction. An ECG (Figure 2) 24 hours later showed persisting anterior ST elevation with T wave inversion.

Treatment with thrombolysis is not available at JMC. Standard treatment for acute coronary syndrome was instituted with aspirin (75 mg od), an ACE (Ramipril 2.5 mg od), low molecular weight heparin, a statin (Atorvastatin 40mg nocte) and a b-blocker (Bisoprolol 5mg od). Forty eight hours later he was transferred to a cardiac unit in a neighbouring country for echocardiography, possible exercise stress test and percutaneous coronary intervention.

#### Comment

PMD has risk factors for ischaemic heart disease:

- cigarette smoking,
- excessive alcohol consumption and
- type 2 diabetes mellitus.

These factors are prevalent in many patients attending the JMC and in the South Sudan at large. Hence all patients in South Sudan presenting with chest pain should be assessed for possible angina or myocardial infarction, especially if they have predisposing risk factors (1). Increasing use of tobacco, obesity, hypertension and diabetes are all likely to lead to a rising occurrence of myocardial infarction. Further reports of myocardial infarction from colleagues would be welcome as this would raise awareness of the problem.

### Reference:

1. Camm AJ, Bunce N. Ischaemic Heart Disease in Text book of Clinical Medicine, Eds Kumar P & Clark M. pp743-760, 2010 edition.

#### Vacancy

## PROJECT MANAGER FOR THE COLLEGE OF PHYSICIANS AND SURGEONS (CPS) OF SOUTH SUDAN

Applications are invited for the time limited post of a Project Manager to head the development of the proposed College of Physicians and Surgeons (CPS) of South Sudan. Ideally the candidate will be a senior South Sudan clinician, but applicants from any part of the world who are actively practising clinicians at consultant or specialist level and who have a postgraduate qualification in any clinical discipline may apply. Retired and experienced specialists may be considered for the post. This is an Honorary post which will be recognised by the Government of South Sudan. The successful candidate will receive support with reimbursement of travel expenses and hotel accommodation for limited trips to or from South Sudan.

The successful candidate will be expected to work closely with the Honorary Postgraduate Medical Education and Training Programme Director for South Sudan, senior clinicians in South Sudan and elsewhere, and with appropriate officers in the Ministries of Health and Higher Education. The post will involve laying the ground for the development of the College and may involve travelling to the United Kingdom to visit Royal Colleges to seek assistance and advice, as well as consultation with other professional groups and established Colleges in Africa, the UK, North America, Australasia and the Scandinavian countries. The Project Manager will need to establish links with the West African College of Physicians, the East and Central African College of Surgeons and Colleges in the Republic of South Africa. At the end of the project, estimated to be no longer than eighteen months, the Project Manager is expected to produce a comprehensive report to direct the inception and running of the College.

The project work will include developing physical infrastructure, overseeing the writing of a constitution for the College and facilitating the enshrining of the CPSSS in the statute books as an Independent Institution to provide postgraduate training and confer specialist qualifications on medical specialists.

All applications should be accompanied with a recently updated curriculum vitae and a personal statement of no more than two A4 pages stating the reasons why the candidate thinks they are suitable for this post and what attributes they bring to the project. Interviews will be arranged to select the most suitable candidate for the post.

Applications must be sent to the address below no later than 5PM on 5th June 2012:

The Undersecretary, Ministry of Health, Republic of South Sudan P O Box 88 Juba, South Sudan

Applications may also be sent to the following e-mail: mkariom@talktalk.net. Received applications will be acknowledged by email.