E-Poster

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Stroke-Related Hemiplegia at Bobo-Dioulasso University Hospital, Burkina Faso: Epidemiology, Clinical Assessment, and Management in a Series of 43 Cases

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

Stroke-related hemiplegia is common worldwide, particularly in Africa, where it causes substantial sequelae. Data on its burden and the factors associated with prognosis remain limited in Burkina Faso, particularly at CHUSS in Bobo-Dioulasso.

METHODS

This prospective descriptive and analytical study covered the period from January 1 to June 30, 2023. It included patients aged 15 years and older who were followed in the CHUSS physiotherapy department for stroke-related hemiplegia during the study period.

RESULTS

Forty-three cases of hemiplegia were included. The mean age was 55.69 ± 12.6 years and the sex ratio was 1.52. Hypertension was the most common medical history finding (62.79%). Cognitive disorders were predominantly aphasia (55.81%) and agnosia (27.91%). Hemiplegia was complete in 88.37% of cases. Stroke was ischemic in 51.16% of cases. Right-sided laterality was reported in 93.02%, while left-sided hemiplegia accounted for 53.49% of cases. Complications of prolonged bed rest occurred in 11.62% of patients. Only 58.14% of patients were able to follow a rehabilitation program. Neuro-orthopedic sequelae affected 55.81% of cases. Half of the patients were independent from the third month onward. Factors associated with a favorable prognosis were age under 54 years ($p = 0.007$), education beyond secondary school ($p = 0.040$), hemorrhagic rather than ischemic stroke ($p = 0.004$), early physiotherapy (<11 days; $p = 0.021$), regular attendance at physiotherapy sessions ($p = 0.007$), early spasticity ($p < 0.001$), the number of rehabilitation sessions ($p = 0.027$), and an admission Functional Independence Measure (FIM) score above 62 ($p = 0.008$).

CONCLUSION

Hemiplegia is a severely disabling symptom. The absence of physiotherapists in inpatient departments in our setting does not support optimal management of patients with hemiplegia.

Statement of Disclosures

None

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