

Mortalité du paludisme sévère et prise en charge dans 3 hôpitaux généraux de référence de Kinshasa, en République Démocratique du Congo

Severe malaria mortality and case management in 3 general reference Hospitals in Kinshasa (DRC)

Umesumbu ES¹, Ntoka TA², Masukidi BM², Mvuata LM², Bobanga LT³

1 Malaria National Control Program, Kinshasa

2 University of Kinshasa, Kinshasa

3 Department of Tropical Medicine, Faculty of Medicine, University of Kinshasa, Kinshasa, Democratic Republic of the Congo

Summary

Background. Malaria remains a global problem and remains a major public health concern for the countries of Sub-Saharan Africa, particularly the Democratic Republic of Congo (DRC). It is one of the leading causes of morbidity including severe form occurs in individuals lacking premunition or those who have lost over several years without exposure, including children under 5 years and pregnant women . This form of malaria is based on high hospital mortality in a pediatric setting, requiring proper care, effective and consistent with national policy.

This study aimed to describe the forms of severe malaria, to determine the molecules used for the care and describe the evolution of children hospitalized for severe malaria.

Methods. This retrospective descriptive study was conducted in the pediatric division of General Reference Hospitals of Makala (GRHM), Kintambo (GRHK) and Kinshasa University of Kinshasa hospital (KUH) for the periods from January 1st, 2011 to July 13th, 2013 (2.5 years) by collecting information on archived records.

Results. Severe malaria cases in anemic and neurological forms were the most encountered in 58.59% and 35.35% in KUH; 62.2% and 30.8% in GRHK; 65.5% and 23% in GRHM, respectively.

Injectable quinine infusion was the most commonly used antimalarial molecule in 91.92%; 89.7% and 97.5% of cases in KUH, GRHK and GRHM, respectively.

The evolution after treatment showed a mortality of 33.3% (KUH), 23.4% (GRHK) and 39% (GRHM). But healing was observed in the majority of cases in 67% (KUH), 67.1% (GRHK) and 61% (GRHM). Pulmonary and haemoglobinuric forms were also observed.

Conclusion. This study indicate that one of three cases of severe malaria died. The predominant forms of severe malaria were anemic followed by neurological form, quinine antimalarial infusion was administered to support these and therapeutic evolution post cure was recovery in most cases.

Keywords: severe malaria, forms, management, mortality, Kinshasa hospitals