

## Peripartum cardiomyopathy in Nigeria

*Sir,*

The efforts of Olagundoye et al (vol 64(1), 2003, p. 50) to further highlight different presentations of peripartum cardiomyopathy, a hitherto uncommon but clinically important disease entity, are commendable.

I trained in the northern region of Nigeria where the incidence of peripartum cardiomyopathy has been found to be one of the highest worldwide (1:100 in some series) (Davidson and Parry, 1978). I would like to highlight some of the differences we have found for your readers.

This form of dilated cardiomyopathy is actually seen in both extremes of age (Ford et al, 2000), particularly when there are pregnancies in rapid succession, but there are usually some precipitating factors in the patient, some of which are local and traditional to the region of the country. These include, the traditional consumption of a type of soup extremely rich in sodium and potassium and ritual hot water baths for the first few months after delivery.

The effect of these traditional practices in causing an additional demand and increased preload on an appropriately predisposed heart has been variously hypothesized. Another very important precipitating factor in our experience is nutritional deficiencies which are quiet prevalent because of poverty and the practice of early marriage in that region.

The mortality rate is not as high as 50% in our experience, contrary to the claim of the authors, probably because it is more common in our region enabling us to have a higher index of suspicion and institute appropriate management early (Brockington, 1971; Ford et al, 2000). However, for those patients who may not have immediate access to secondary or tertiary health centres, our observation is that the development of symptoms of heart failure following traditional practices is usually misconstrued as inadequacy

of those practices. This leads to incremental dosing of those harmful agents to the detriment of the patient.

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## Clinical electrophysiology

*Sir,*

In their editorial on developments in clinical electrophysiology (vol 64(2), 2003, p. 70) Sporton and Schilling capture the current sense of excitement at the rapid advances occurring in interventional cardiac electrophysiology. We now have procedures that carry a remarkably low risk of an adverse outcome and a very good prospect of a cure. More and more arrhythmias that have a serious detrimental effect on patients' quality of life are becoming amenable to radiofrequency or cryoablation.

Recently reported trials are demonstrating the effectiveness of device therapy for reducing the risk of sudden death in large patient groups (e.g. survivors of myocardial infarction with significantly reduced left ventricular function; Moss et al, 2002), and biventricular pacing trials are consistently showing valuable symptomatic improvement in patients with heart failure and dysynchronous left ventricular contraction (Haywood, 2001).

The tools are there – what we now need to address in the UK is how serious we are about making the benefits of these advances promptly and widely available to patients.

The Fifth report on the provision of services for patients with heart disease, a joint initiative by the British Cardiac Society and several other groups, concluded that: '...this area of cardiology is now grossly underfunded and understaffed...[it] has not received the emphasis given to CHD [coronary heart disease] because it was not included in the NSF [National Service Framework]. Nonetheless the need for these services is just as urgent as it was for CHD, and the evidence base for their effectiveness is strong.' (Anonymous, 2002).

With the squeeze on many strategic health authorities and primary care trusts to target funding towards the National Service Framework for Coronary Heart Disease, it is vital that everyone involved in cardiac electrophysiology sets about getting this message across. In particular we must ensure that all those responsible for setting budgetary and funding goals appreciate how outstanding both in terms of clinical benefit and cost effectiveness these procedures are.

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