

Kenya

Hospitals

Nairobi

History

Neurosurgery, in one form or another, has a long tradition in Kenya. Early skull [trepanations](#) in Kenya were reported by previous studies, which reveal that these procedures have a long tradition, being passed down from generation to generation. Modern neurosurgical development in [Kenya](#) has its origins in the late [1940s](#) when the first [elective neurosurgical procedures](#) were performed by Dr. J. F. Jarvis, Chief of Head and Neck Surgery at the now [Kenyatta National Hospital](#), when he operated on anterior [encephaloceles](#), and later also performed anterior [third ventriculostomy](#) for [hydrocephalus](#). Formal neurosurgery developed from these initial steps, with the arrival of the first trained specialist, Dr. [Renato Ruberti](#), whose pioneering efforts resulted in the founding of the Neurological Society of Kenya (NSK), the Pan African Association of Neurological Sciences (PAANS), and the [African Federation of Neurosurgical Societies](#) (AFNS). The last quarter of the 20th century has seen the progress of neurosurgery reach its present respectable levels, with dedicated and well-trained Kenyan neurosurgical specialists focusing not only on its practice but diligently pursuing its development ¹⁾.

A shortage of [neurosurgeons](#) and a lack of knowledge of neuroendoscopic management of [hydrocephalus](#) limits modern care in sub-Saharan [Africa](#). Hence, a mobile teaching project for [endoscopic third ventriculostomy](#) (ETV) procedures and a subsequent program to develop neurosurgery as a permanent specialty in Kenya and [Zanzibar](#) were created and sponsored by the [Neurosurgery Education and Development Foundation](#) (NED) and the Foundation for International Education in Neurological Surgery. The objective of this work was to evaluate the results of surgical training and medical care in both projects from 2006 to 2013.

Two portable [neuroendoscopy](#) systems were purchased and a total of 38 ETV workshops were organized in 21 hospitals in 7 different countries. Additionally, 49 medical expeditions were dispatched to the Coast General Hospital in [Mombasa, Kenya](#), and to the [Mnazi Mmoja Hospital](#) in [Zanzibar](#).

From the first project, a total of 376 infants with hydrocephalus received surgery. Six-month follow-up was achieved in 22%. In those who received follow-up, ETV efficacy was 51%. The best success rates were achieved with patients 1 year of age or older with [aqueductal stenosis](#) (73%). The main causes of [hydrocephalus](#) were infection (56%) and [spina bifida](#) (23%). The mobile education program interacted with 72 local surgeons and 122 nurses who were trained in ETV procedures. The second project involved 49 volunteer neurosurgeons who performed a total of 360 nonhydrocephalus neurosurgical operations since 2009. Furthermore, an agreement with the local government was signed to create the Mnazi Mmoja NED Institute in [Zanzibar](#).

Mobile endoscopic treatment of hydrocephalus in East Africa results in reasonable success rates and

has also led to major developments in medicine, particularly in the development of neurosurgery specialty care sites ²⁾

Spontaneous subarachnoid haemorrhage

Waveru et al., conducted a [retrospective multicentre cross sectional study](#) involving patients admitted with [SAH](#) to three [referral hospitals](#) in [Nairobi](#). All patients with a confirmed (primary) discharge diagnosis of first-time SAH between January 2009 and November 2017 were included (n = 158). Patients who had prior [head trauma](#) or [cerebrovascular disease](#) (n = 53) were excluded. Telephone [interviews](#) were conducted with surviving patients or their next of kin to assess out-of-hospital outcomes (including [functional outcomes](#)) based on [modified Rankin Scale](#) (mRS) scores. [Chi-square](#) and [Fisher's exact tests](#) were used to assess associations between [mortality](#) and functional outcomes and sample characteristics.

Of the 158 patients sampled, 38 (24.1%) died in hospital and 42 (26.6%) died within 1 month. In total, 87 patients were discharged home and followed-up in this study, of which 72 reported favourable functional outcomes (mRS ≤2). This represented 45.6% of all patients who presented alive, pointing to high numbers of unfavourable outcomes post SAH in Kenya.

Mortality following SAH remains high in Kenya. Patients who survive the initial ictus tend to do well after treatment, despite resource constraints. : The study findings should be interpreted with caution because of unavoidable limitations in the primary data. These include its retrospective nature, the high number of patients lost to follow up, missing records and diagnoses, and/or possible miscoding of cases ³⁾.

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