

NEUROLOGY

Doctors in South Africa work within a neurological population that is part of a heterogeneous society.

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Professor Vivian Fritz is Chairman of the Board of Directors of the South African

Stroke Foundation (SASF), and Director of the Boards of the World Stroke Foundation (WSF) and the International Stroke Society (ISS). She is currently on the editorial board of a number of national and international journals, has written over 120 articles in peer-reviewed journals and is the author of 3 books.

Doctors in South Africa work within a neurological population that is part of a heterogeneous society.

The unique status of these neurologists compared with their counterparts in the rest of the world is that most South African neurologists are 'generalists' and do not focus exclusively on one neurological disease, e.g. epilepsy. In an average day's work they may see patients with multiple sclerosis, epilepsy, stroke, headaches, AIDS, backache and Alzheimer's disease.

The other factor that makes South African neurologists unique is that South Africa is a melting pot of so-called First- and Third-World neurology. It is essential for them to be able to cope with all infections of the nervous system. Whereas most of their counterparts in the USA, Europe and the UK very rarely see patients with CNS infections, infective neurological conditions are frequently encountered in an average week of a South African neurologist. Conditions that are commonly seen include tuberculous meningitis (TBM) and the neurological complications of AIDS, neurosyphilis and malaria. Illnesses such as polio and leprosy, which are very rare in developed countries, remain relatively common neurological diseases in the developing countries.

This CME issue on neurology attempts to create a balance between the neurological diseases commonly found in both developed and developing countries.

Professor Pierre Bill has written a very informative article on TBM and its management. The resurgence of tuberculosis in developed and developing countries is probably due to the increasing prevalence of HIV, overcrowding in the urban population, abnormally overcrowded communities, poor nutritional status and the emergence of drug-resistant strains of the disease.

Professor Clara Schutte and the Pretoria neurological unit discuss some of the neurological complications of AIDS. They emphasise the prevalence of the disease in emerging countries and the problems of opportunistic infections and tumours that are seen in the late stage of HIV infection.

The purpose of a sleep laboratory in diagnosing and treating neurological disorders of sleep (Dr Kevin Rosman), controversies in Parkinson's disease (Professor J Carr), vascular dementia (Professor Vivian Fritz), and panic attacks (Dr Dali Magazi and Professor Kees van der Meyden) represent cortical problems which are seen more frequently in developed countries but are also major problems in South Africa.

Rehabilitation, especially stroke rehabilitation (Dr Hugh Staub), is an essential form of therapy that spans the needs of all South African neurological patients. Whether they have been involved in accidents, had a stroke or developed complications of acute neurological illnesses, they may require a 'step down' period of rehabilitation.

The article on the management of refractory epilepsy by Dr James Butler spans the full racial, age and sex spectrum of the country. Epilepsy is unique because it embraces the whole range of First- and Third-World medicine. From the easily controlled clonic/tonic event to the indications for surgical correction of epilepsy, this disease epitomises the spectrum of therapies that are available and can be utilised in a single disease entity. Dr Butler emphasises that a patient with epilepsy wants to be seizure free and that most patients who enter remission do so during their first year after diagnosis.

South Africa is a country of extremes, but has a disproportionate number of patients with complications of drinking, driving, drugs and death from obesity and

malnutrition. These are environmental and toxic diseases and, although not represented in this issue of the journal, remain an active source of patients in the average neurological practice.

In a country ravaged by AIDS, torn between diseases of society and conflict and diseases of the haves and the have-nots, the South African Stroke Foundation is proud to bring the first world congress in a neurological field to the country. The International Stroke Society, the Mediterranean Stroke Society and the South African Stroke Foundation have organised the First

World Congress on Stroke to be held in Africa.

Stroke causes untold misery and severe and frequent residual disability, especially in patients over 50 years of age. The cost of stroke to the African continent and to South Africa in particular has become extraordinarily high. This congress will pay attention to all aspects of stroke. Sophisticated techniques of brain imaging and thrombolysis will be in the same programme as topics such as epidemiology of stroke in emerging countries and management of stroke

throughout the world, and there will be a special session on infections and stroke.

More information, as well as the updated scientific programme, is available on www.kenes.com/stroke2006. The congress will be held in Cape Town between 26 and 29 October 2006. Further information can be obtained on the abovementioned website or from the Stroke Foundation, tel (011) 803-6833.



**Joint World Congress on Stroke:
International Stroke Society, Mediterranean Stroke Society
and Southern African Stroke Foundation
Cape Town, South Africa, 26 - 29 October 2006**

PRELIMINARY SCIENTIFIC PROGRAMME OF THE CONGRESS

To view the updated scientific programme, please visit the Congress website:
<http://www.kenes.com/stroke2006/prog.asp>

CME CREDITS

An application for CME accreditation has been made. Further details will be available on the Congress website.

REGISTRATION

For more details on registration fees, please visit:
<http://www.kenes.com/stroke2006/reg.asp>

HOTEL ACCOMMODATION

Kenes International is the official travel agent for the Joint World Congress on Stroke and will be offering specially reduced rates for accommodation, special offers and tours.

SOCIAL EVENTS

All registered participants will be invited to participate in a specially organised, unique festive dinner. For more information please visit the Congress website:
<http://www.kenes.com/stroke2006>

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