

CONSULTATIONS IN KOLOFATA, EXTREME NORTH, CAMEROON: INCIDENCE OF REVERSIBLE AND IRREVERSIBLE BLINDNESS - 2000

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PURPOSE. Evaluate the incidence of blindness, both reversible and irreversible in an isolated, rural, clinic-based population in Kolofata, the Extreme North, Cameroon and present data on the variety of pathology present.

METHODS. Visual acuity, slit-lamp examination, applanation tension, and dilated examinations with the direct opthalmoscope were performed. Based on the diagnoses, an assessment of treatment availability versus possibility was established to determinate reversibility of blindness. Blindness was defined as a visual acuity of count fingers or less.

RESULTS. 138 new consultations (44 females, 94 males) were seen in a four week period. 38% (52/138) of patients presented with bilateral blindness and 36% (49/138) presented with unilateral blindness. Of the 52 bilaterally blind patients, 13 or 25% were irreversibly blind with an additional 6 patients (12%) having a reversible condition for which the means to correct were unavailable. Of the 49 unilaterally blind patients, 12 or 25% were irreversibly blind with an additional 10 patients (20%) having a reversible condition without access to technology.

The four leading causes of bilateral blindness were: cataract 38% (20/52), combination 25% (13/52), glaucoma 17% (9/52), and corneal pathology 12% (6/52).

The four leading causes of unilateral blindness were: cataract 43% (21/49), corneal pathology 18% (9/49), glaucoma 12% (6/49), and phtisis 10% (5/49).

Out of the 101 patients that were either unilaterally or bilaterally blind, 41% (41/101) were due to cataracts, 15% (15/101) were due to glaucoma, 15% (15/101) from corneal pathology.

CONCLUSION. Cataract is the leading cause of reversible blindness in Kolofata. This is followed by glaucoma and corneal pathology which produce irreversible blindness in this under-developed region due to lack of preventive care and available technology.