

[P01.025] Neurology in Gaborone, Botswana: The U.S. Neurology Resident 's Perspective

Daniel Friedman, New York, NY, Ellen Mowry, San Francisco, CA, Sarah Schmitt, Philadelphia, PA

OBJECTIVE: To characterize the neurological presentations and diagnoses encountered during 3 months of an elective rotation at the main referral hospital in Gaborone, Botswana. **BACKGROUND:** The practice of clinical neurology in sub-Saharan Africa is radically different than in academic medical centers in the US, not only because of the great impact of HIV and tuberculosis infection, but also due to limited diagnostic and therapeutic resources. This environment affords a unique opportunity for US neurology residents to enhance their education while providing much needed neurological care. **DESIGN/METHODS:** Each patient encounter was logged. The data included presenting symptoms, HIV and pulmonary TB status, presumed diagnosis, and the degree of diagnostic certainty based on a subjective 4 point scale from unknown (0) to certain (3). **RESULTS:** During a 3 month time period, 3 senior US neurology residents saw 210 patients in formal neurological consultation. The mean age was 39.4 (range 5months – 89 years); 89% were inpatients. Thirty-nine percent were HIV positive, and 11% had known pulmonary TB, for a coinfection rate of 6.7%. Stroke, encephalitis/meningitis and mass lesions accounted for 48% of the diagnoses. Other diagnoses included neuromuscular diseases (8.6%), toxic/metabolic encephalopathy (8.6%), primary headache disorders (6.2%), behavioral/psychiatric disorders (5.7%), seizures (5.2%) and myelopathy (4.8%). Despite limited diagnostic capabilities, only 16.7% of diagnoses were classified as unknown while 31.9% were certain. Among the diagnoses not typically encountered in a US neurology training program were cerebral malaria, leprosy, and the complications of CNS TB infections. **CONCLUSIONS/RELEVANCE:** An international clinical rotation enhanced the educational experience for the participating US neurology residents. The volume and diversity of cases, as well as reliance on history and physical exam findings, added to their clinical skills.