

Southeast Asia

Southeast Asia or Southeastern Asia is a subregion of [Asia](#), consisting of the countries that are geographically south of [China](#) and [Japan](#), east of [India](#), west of Papua New Guinea, and north of [Australia](#).

[Brunei](#)

Burma (Myanmar)

Cambodia

Timor-Leste

Indonesia

Laos

[Malaysia](#)

[Philippines](#)

[Singapore](#)

[Thailand](#)

[Vietnam](#)

The characteristics of [intracerebral hemorrhage](#) in Southeast Asian countries are insufficiently represented in the literature despite a large proportion of new [stroke](#) cases and deaths.

On et al. from [Brunei](#), aimed to report the [intracerebral hemorrhage epidemiology](#) and clinical presentation of intracerebral hemorrhage in Brunei Darussalam and investigate its incidence according to [sex](#) and [age](#), as well as in relation to clinical presentation, radiological findings, and prognostic factors.

This [retrospective study](#) of intracerebral hemorrhage admissions was conducted from 1 January 2016-31 December 2019. Crude incidence rates were calculated by age and sex. Patient characteristics/demographics, mortality, and functional outcomes were analyzed. Multivariate Cox regression models were used for investigating predictors of mortality.

The study [cohort](#) consisted of 255 patients (median age, 52 years); most were men (64.3% [164/255]) and had hypertension (76.9% [196/255]). The annual incidence rate was 14.6 per 100,000 (95% confidence interval, 12.9-16.5), and incidence rates were higher in men than in women for all age groups. A 7-day and 30-day mortality rate of 22.7% and 31.4%, respectively, was reported. Increased 30-day mortality was associated with patients on dialysis, diabetes mellitus, Glasgow Coma Scale score ≤ 8 , bilateral dilated pupils, higher international normalized ratio, hematoma in the cerebellum or brainstem, hematoma volume, and presence of an [intraventricular hematoma](#).

This study provided insight into several aspects of the burden of intracerebral hemorrhage in Brunei

Darussalam where an increasing incidence trend in men was observed. Intracerebral hemorrhage is associated with significant mortality and severe disability, and hypertension remains a significant risk factor ¹⁾.

There exists a gross disparity in the allocation of the surgical workforce, leaving large geographic treatment gaps, particularly in [Africa](#) and [Southeast Asia](#).

Each year, more than 5 million individuals suffering from treatable neurosurgical conditions will never undergo therapeutic surgical intervention. Populations in Africa and Southeast Asia, where the proportion of neurosurgeons to neurosurgical disease is critically low, are especially at risk. Increasing access to essential neurosurgical care in low- and middle-income countries via neurosurgical workforce expansion as part of surgical system strengthening is necessary to prevent severe disability and death for millions with neurological disease ²⁾.

¹⁾

On S, Poh R, Salor RS, Philip RG, Chekkattu RH, Lim MA, Thien A. The burden and risks factors for intracerebral hemorrhage in a Southeast Asian population. Clin Neurol Neurosurg. 2022 Jan 24;214:107145. doi: 10.1016/j.clineuro.2022.107145. Epub ahead of print. PMID: 35114482.

²⁾

Dewan MC, Rattani A, Fieggen G, Arraez MA, Servadei F, Boop FA, Johnson WD, Warf BC, Park KB. Global neurosurgery: the current capacity and deficit in the provision of essential neurosurgical care. Executive Summary of the Global Neurosurgery Initiative at the Program in Global Surgery and Social Change. J Neurosurg. 2018 Apr 1:1-10. doi: 10.3171/2017.11.JNS171500. [Epub ahead of print] PubMed PMID: 29701548.

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