

Research Article

Overview of Hospitalized Conditions in the Internal Medicine Department of the Lomé University Hospital Campus

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Abstract

We make this study to determine the nature and frequency of the different groups of pathologies treated in hospitalization in the internal medicine department of the CHU Campus of Lomé from 2021 to 2022. Then, we done an retrospective study and a descriptive aim was carried out from January 1, 2021 to December 31, 2022 in the internal medicine department of the CHU Campus. Data were collected from a questionnaire completed using inpatient records during our study period. On end of the study, in 1978 patients selected for this study, 1096 (55.4%) were female and 882 (44.6%) were male, i.e. a M/F sex ratio of 0.8. The mean age of the patients was 50.2 ± 19.0 years (range 14 to 108 years). Asthenia (40.0%) and fever (29.9%) were the reasons for consultation frequently encountered. Hypertension (33.0%) and diabetes (21.6%) were the most common medical antecedents. The main groups of pathologies encountered were infectious pathology (38.6%), endocrine pathology (24.1%) and HGE pathology (6.9%). But taken in isolation, diabetes, malaria and HIV infection were the main pathologies diagnosed with respectively 22.1%, 12.9% and 6.3% of hospitalizations. In conclusion, we say that, the pathologies frequently encountered in the internal medicine department were infectious and endocrine.

Keywords

Overview, Diabetes, HIV, Internal Medicine, Lomé, Togo

1. Introduction

Internal Medicine (IM) is a medical specialty of comprehensive care based on the uniqueness of the body and taking into account the interactions within the organism. It is at the crossroads of organ medical specialties [1]. Drabo et al.

defined the Internal Medicine department as a multidisciplinary department welcoming patients with various conditions: cardiovascular, endocrinological, hematological, nephrological, neurological, etc. [2]. Its scope of action is vast, with a

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Received: 16 April 2025; **Accepted:** 16 May 2025; **Published:** 23 June 2025



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predilection, in addition to rare systemic pathologies that go beyond the boundaries of a specific organ, for the management of polypathological patients or complex diagnostic situations. [3].

In Europe, particularly in France, the main pathological problems of hospitalized patients are infectious, hematological and cancerous. [4] with in Grenoble, a prevalence of cancer pathology estimated at 2.1% in the MI department [5].

In sub-Saharan Africa, the medical activity of Internal Medicine departments is poorly known. In Burkina Faso, the main groups of pathologies encountered during hospitalization in an Internal Medicine department were infectious and parasitic diseases (37.02%), diseases of the digestive system (19.15%) and neurological diseases (18.07%). [6]. In Senegal in 2017, a prevalence of systemic diseases was reported at 12%, which ranked 4th among the most frequently encountered pathology groups [7]. In the Internal Medicine and Hematology Oncology department of the Point G hospital in Mali, endocrine diseases had a hospital prevalence of 6.3% and were dominated by thyroid diseases followed by diabetes [8].

In Togo, the main pathologies observed in MI were cardiovascular (26.24%), endocrine (20.16%) and infectious (17.12%), according to a study carried out by Agbetré *et al*, at the medical clinic of the Sylvanus Olympio University Hospital (CHU SO) [9].

The Internal Medicine Department of the University Hospital Campus (CHU-Campus) is a multi-purpose department that receives patients with various conditions. However, despite the central role of this department in the management of complex and multidisciplinary diseases, there is very little data on the types of conditions diagnosed and treated during hospitalization. To our knowledge, we have not found any panoramic and exhaustive study of these conditions at the CHU Campus in Lomé. Hence the objective of the present study, which was to determine the nature and frequency of the different groups of pathologies in hospitalization in MI at the CHU Campus.

2. Materials and Methods

This was a retrospective study with a descriptive aim extending from January 1, 2021 to December 31, 2022, a period of two years in the internal medicine department of the Lomé University Hospital Campus.

Our study included all records of patients hospitalized in the internal medicine department of the CHU Campus during the study period. Included in this study were all records of patients who were hospitalized in the internal medicine department during this period and for whom a specific or presumptive diagnosis was made. Excluded from the study were patients whose records were incomplete, poorly completed, or unusable, and for whom no diagnosis was made.

Data collection lasted 03 months (February to May 2023).

Information was collected from each patient's medical record using a pre-established questionnaire, the main items of which were as follows:

- 1) Epidemiological and sociodemographic data: year of hospitalization, type of hospitalization room, age, sex, marital status, profession, method of admission, health insurance, origin.
- 2) Background: personal history (medical, surgical, obstetrical/gynecological), family history, lifestyle.
- 3) Clinical data: reason for hospitalization, general signs.
- 4) Diagnosis retained: positive diagnosis, etiological diagnosis, associated pathologies, final diagnosis retained, number of conditions.
- 5) Evolving data: length of hospitalization, progress, method of discharge.

Data were initially collected on a pre-established survey form, standardized and then subsequently entered via smartphone using a digitized questionnaire using an online form editor (Google Forms). Daily monitoring was done to ensure the quality and completeness of the data collected. All statistical analyses were performed using R© statistical software (version 4.3.1.) and Excel 2019 spreadsheet. Results were presented in tables of numbers and proportions for qualitative variables. Quantitative variables were presented as mean (\pm standard deviation), median (interquartile range), minimum and maximum. Qualitative variables were compared using Chi-square and Fisher tests of independence.

Prior authorization was received from the administrative authorities of the CHU-Campus as well as the agreement of the head of the internal medicine department before the start of the study, to have access to the patients' files. In order to preserve the anonymity of the patients, the files were analyzed in strict compliance with their confidentiality by the coding of the survey forms; then returned and reclassified in the archives room, immediately after the data exploitation.

The operational definitions were as follows:

- 1) Pupil/Student: A child or young person who receives instruction from a school or specialized school. / A student is a person enrolled in a higher education program.
- 2) Civil Servant: An agent employed by a public body, assigned to a public service and placed under a public law regime. There are three different civil services: The State civil service, the territorial civil service, and the hospital civil service. Civil servants are governed by a statute and all the rules applicable to them are grouped together in the general civil service code.
- 3) Employees: persons who work, under an employment contract, for another resident entity for a salary or equivalent remuneration, with a relationship of subordination.
- 4) Informal sector: A group of unincorporated businesses, whether or not they are owned by households, that supply products for the market and are not registered according to the specific forms of national legislation

(registration required by tax obligations or social security contributions or other administrative provisions). Examples: stalls in neighborhoods, on sidewalks, individual or family businesses, or even relatively large businesses that happily exploit loopholes or tolerances "in the system." Informal sector actors are classified into 4 categories of activity: art (sewing, hairdressing, photography, etc.), exchange (trade, energy distribution, namely coal, firewood, fuel, etc.), production (livestock farming, carpentry, masonry, etc.) and service (popular restaurants, mechanics, repairers, electricians, drivers of motorcycle taxis, minibuses, tricycles, taxis, etc.).

- 5) Urban environment: A group of dwellings such that none of them is separated from the nearest one by more than 200 meters and which includes at least 2,000 inhabitants.
- 6) Rural area: Area characterized by low population density. Rural areas now refer to all low-density or very low-density municipalities according to the municipal density grid; its essential characteristics are, on the one hand, the predominance of agriculture and forestry as economic sectors and, on the other hand, the lack of urban elements, low housing density, lack of jobs as well as deficits in terms of social and technical infrastructure.
- 7) Married: All couples living together or legally married were considered married.
- 8) Housewife: A woman who takes care of household needs and household administration and who has no paid professional activity.
- 9) Emergency: A medical unit providing immediate medical care to patients with serious health problems or requiring urgent medical assistance.
- 10) Consultation: meeting between a patient and a healthcare professional in order to examine, diagnose and treat the patient either on an outpatient basis or in hospital.
- 11) Transfer: Medical transfer occurs when the patient is moved from one department to another department within the same hospital for more specialized care.
- 12) Referral: Medical referral occurs when the patient is moved from one hospital to another more specialized or higher level hospital.
- 13) Evolution: any definitive cure or control of an acute phase of an illness is considered a favorable evolution.

3. Results

3.1. Overall Results

During our study period, we examined 2,249 records of patients hospitalized in the internal medicine department of the CHU Campus (i.e. 1,094 records in 2021 and 1,155 records in 2022) of which 1,978 were retained (including 939

and 1,039 records respectively in 2021 and 2022) i.e. a record exploitation rate of 87.9%. Two hundred and seventy-one (271) records were excluded.

3.2. Sample Description

One thousand ninety-six patients were female, or 55.4%, with a male/female sex ratio of 0.8. The mean age of the patients was 50.2 ± 19.0 years with extremes from 14 years to 108 years. The age range of 41 to 60 years was 34.3. Among the 1978 patients selected, 36.4% worked in the informal sector and 22.8% were housewives. In our study, 82.2% of patients resided in urban areas. Marital status was not reported in 72% of cases. However, 365 patients, or 18.5%, were married (Table 1).

Table 1. Sociodemographic distribution of patients.

	Effective	Percentage
Sex		
Female	1096	55.4
Male	882	44.9
Age groups (years)		
< 200	103	5.2
20-40	560	28.3
40-60	678	34.3
60-80	546	27.6
80 years and over	91	4.6
Occupation		
Student	166	8.4
Housewife	451	22.8
Retired/Unemployed	189	9.5
Employee/Civil Servant	288	14.6
Informal sector	720	36.4
Not specified	164	8.3
Marital status		
Bachelor	146	7.4
Bride)	365	18.5
Widower	41	2.1
Not specified	1426	72
Origin		
Urban	1626	82.2
Rural	352	17.8

3.3. Clinical Data

Admission mode

The mode of admission was the emergency department in 60.2% of cases and referral in 29.3% of cases.

Reason for hospitalization

A patient could have multiple reasons for hospitalization at the same time. The main reason for hospitalization was asthenia (40.0%), followed by fever which represented 29.9% and vomiting 22.8%.

Medical history

Eight hundred and twenty-seven (827) patients or 41.8% had no medical history. High blood pressure (HBP) was the main medical history with 33%, followed by diabetes 21.6%. Regarding surgical history, 1767 (89.3%) patients had no surgical history. Hernia repair was found in 2.6% of patients and phaco-excision (cataract surgery) in 1.5%.

3.4. Diagnostic Data

3.4.1. Major Groups of Pathologies

Infectious pathologies were found in 38.6% of cases and endocrine pathologies in 24.1% of cases. Hepato-gastroenterological and cardiovascular pathology represented 6.9% and 6.8% of the sample respectively.

Infectious pathology

It constituted 38.6% of hospitalizations. Malaria was found in 33.5% of cases and HIV infection in 16.2% of cases (Table 2).

Table 2. Distribution of patients according to infectious pathology.

	Effective	Percentage
Malaria	256	33.5
HIV infection	124	16.2
COVID 19	92	12.0
Septic shock/Sepsis	84	11.0
Acute febrile gastroenteritis	68	8.9
Urinary Tract Infection	52	6.9
Meningitis/Meningoencephalitis	26	3.4
Infectious syndrome	21	2.8
Viral hepatitis B, C	16	2.1
Encephalitis / Viral Encephalopathy	14	1.8
Food poisoning	8	1.0
Typhoid fever	8	1.0
Cerebral toxoplasmosis	5	0.7
Pyelonephritis	5	0.7
Abscess	4	0.5

	Effective	Percentage
Candidiasis	2	0.3

Endocrine pathology

It represented 24.1% of the sample. Diabetes was 92% and metabolic encephalopathy 5.4% (Table 3).

Table 3. Distribution of patients according to endocrine pathology.

	Effective	Percentage
Type 2 diabetes	438	92
Metabolic encephalopathy	26	5.4
Metabolic disorders	6	1.3
Thyroid dysfunction	6	1.3

Hepato-Gastro-Enterological Pathology (HGE)

It represented 6.9% of the sample. Cirrhosis constituted 21.9% of cases and gastroduodenal ulcer 17.5% of cases (Table 4).

Table 4. Distribution of patients according to HGE pathology.

	Effective	Percentage
Liver cirrhosis	30	21.9
UGD	24	17.5
Gastritis, Bulbitis, Duodenitis	19	13.9
Hepatonephritis	11	8.0
Hepatic encephalopathy	10	7.3
Digestive hemorrhage	8	5.8
Esophagitis	6	4.4
Hemorrhoid	6	4.4
Functional irritable bowel syndrome	5	3.7
Others*	18	13.1

Others*: fatty liver, gastroesophageal reflux, pancreatitis, esophageal stenosis, toxic hepatitis, acalculous cholecystitis, megaesophagus

Cardiovascular pathology

Hypertensive crisis was diagnosed in 50.0% of cases and heart disease of various etiologies in 25.4% of cases (Table 5).

Table 5. Distribution of patients according to cardiovascular pathology.

	Effective	Percentage
Hypertensive surge	67	50.0
Heart disease	34	25.4
Thromboembolic diseases	14	10.4
Hypertensive encephalopathy	13	9.7
APE *	6	4.5

APE*: Acute Pulmonary Edema

Respiratory pathology

Acute bacterial pneumonia (BAP) and bronchopneumopathies represented 67.4% of cases, asthma attacks 11.6% of cases and pulmonary tuberculosis and pleurisy 7.8% respectively.

Nephrological pathology

They constituted 5.7% of the sample and were dominated by renal failure in 81.4% of cases, nephrotic syndrome in 7.1% of cases and uremic encephalopathy in 5.3%.

Neurological pathology

Neurological pathology accounted for 5.1% of the sample. Stroke was diagnosed in 56.8% of cases and dementia in 19.5% of cases.

Hematological pathology

Hematological pathologies accounted for 2.6% of hospitalizations. Sickle cell disease accounted for 55.7% of cases, leukemia 19.2%, and myelodysplasia 7.7% of cases.

Neoplastic pathology

Prostate neoplasms constituted 55.6% of cases and hepatocellular carcinoma (HCC) 8.9% of cases.

Dermatological pathology

Dermatological pathology represented 2.2% of the sample with erysipelas in 84.1% of cases and necrotizing fasciitis in 9.1% of cases.

Psychiatric pathology

Hysteria accounted for 42.1% of cases and psychoses for 21% of cases.

Poisoning and envenomation

The incidence of alcohol poisoning was 65.2% and drug poisoning was 13%. There were two cases of human rabies and snake bites.

Rheumatological conditions

Lumbosacralgia was found in 6 patients as well as polyarthralgia in 3 patients.

Surgical conditions

They were noted in 12 patients. Hiatal hernia and subdural hematoma were noted in 3 patients each.

Autoimmune pathology

Autoimmune disease represented 0.4% of the sample. There were 2 cases of lupus (28.7%) and 2 cases of rheuma-

toid arthritis, and 1 case of SHARP syndrome.

Other conditions, syndromes and symptoms

They represented 213 cases in total, or 10.8% of the sample, and included various conditions, syndromes and symptoms. There were: 204 cases of unlabeled anemia (95.7%), 7 cases of adverse post-immune manifestations (APIM) (3.3%), 2 cases of polyseritis (1%).

3.4.2. Main Conditions Encountered in Internal Medicine at the Lomé University Hospital Campus

The first conditions encountered during our study were dominated by diabetes (22.1%), malaria (12.9%) and HIV infection (6.3%).

4. Discussion

Our study focused on 1978 records of patients hospitalized in the MI department of the CHU Campus from 2021 to 2022. It allowed us to divide the different conditions into large pathological groups and to determine the frequency of the latter. The average age of the patients in our study was 50.2 ± 19.0 years with a female predominance, i.e. a M/F sex ratio of 0.8. The main reason for consultation was asthenia (40.0%), followed by fever which represented 29.9% and vomiting (22.8%). HBP was the main medical history (33.0%) followed by diabetes (21.6%). Thus, infectious pathology was the most diagnosed (38.6%) followed respectively by endocrine pathology (24.1%) dominated by diabetes, and HGE pathology (6.9%) dominated by cirrhosis. The average hospital stay was 5.5 ± 4.0 days. The outcome was favorable in the majority of cases, i.e., 78.3%. The overall mortality rate was 21.2%. These results illustrate the achievement of the objective we set at the beginning of this work.

This study has strengths, limitations and biases that must be taken into account for a good interpretation of the results. Given the retrospective nature of our study, an information bias should be noted, linked to the incompleteness and incomplete information of the files. The limitations encountered were: the study setting, the poor conservation and the poor maintenance of medical records. The study setting being monocentric, the results obtained cannot therefore be easily generalized to the entire Togolese population. The poor conservation of records linked to the absence of an archive room, caused some file losses. In addition, the insufficient clinical information in some files made them unusable.

However, the results of this study carried out on a representative sample (1978 medical records of hospitalized patients) allow us to validate the study and to have an idea on the frequency of the different pathologies treated in MI at the CHU Campus of Lomé. It is also the first of its kind at the CHU campus of Lomé.

4.1. Epidemiological Data

The mean age of our patients was 50.2 ± 19.0 years and the age group 41-60 years was the most represented (34.3%). Similar results were reported by Fomba in his study in Bamako who found that the age group of 41-60 years represented 33% of cases [10], and Agbetra *et al.* who reported a mean age of 53.8 years [9]. This mean age is higher than that reported by Ouédraogo *et al.* who noted a mean age of 43.1 ± 12.2 years and an age group of 30 to 39 years which represented 22.8% of cases [10], as well as Dovonou *et al.* in Benin who found the average age to be 40.5 ± 17.6 years [11]. The age group of 41-60 years is the most active in the population according to the age pyramid of Togo, just as in African countries with a predominance of the young adult population.

A female predominance of 55.4% was observed in our population with a sex ratio of 0.8. This result is similar to that reported by Agbodande *et al.* in Benin in 2015, who observed a female predominance (51.1%) with a sex ratio of 0.96 [12], and Khelil *et al.* in Tunisia in 2021, who noted a female predominance (51%) with a sex ratio of 0.95 [13]. Conversely, Drabo *et al.* reported a male predominance of 61.8% [2], as did Ouédraogo *et al.* (54% men) with a sex ratio of 1.16 [6]. The result of our study is consistent with the female predominance in the Togolese population. There is also the fact that in our societies, women tend to go to the hospital quickly when they feel unwell. In our study, 82.2% of patients came from an urban environment. This could be explained by the fact that the CHU Campus, one of the national reference centers, is located in an urban area, and that the surrounding areas are urban. Consequently, the surrounding population would be more inclined to come for a consultation.

4.2. Clinical Data

The frequency of admission through the emergency department was around 60.2%. Khelil *et al.* in Tunisia in 2021 also noted a high proportion of admission to internal medicine through the emergency department (65.5%) [13]. Similarly, Delforge *et al.* in a multicenter study in France in 2015 reported that 56.2% of patients came from the emergency department [3].

A patient could present several reasons at the same time. The dominant reasons for consultation were asthenia (40.0%), fever (29.9%) and vomiting (22.8%).

Agbetra *et al.* in Togo reported that the main reasons for consultations were dyspnea (14.76%), fever (11.52%) and weight loss (9.36%) [9]. Fomba in Mali reported as main reasons for consultations dyspnea/cough, asthenia/weight loss and abdominal distension/OMI [10].

This divergence of results may be linked to the diversity and multitude of pathologies treated in internal medicine.

4.3. Major Groups of Pathologies

Infectious pathology with 38.6% was the most represented, followed by endocrine pathology 24.1%, HGE pathology 6.9%, cardiovascular pathology 6.8%, respiratory pathology 6.5%.

This predominance of infectious pathologies is shared by Ouédraogo *et al.* who reported a rate of 37.02% on 5362 patients through their study carried out from 2007 to 2009 in the same department [6]. Fomba had reported 26.78% of infectious pathology, followed by endocrine pathology 25.44% and HGE pathology 19.76% [10]. Elsewhere Zannou *et al.* in Benin had noted that infectious pathology was at the top with a frequency of 60.5% on 750 cases in their study in 2009, followed by respiratory pathology 29.5% and tumors 15.1% [14]. A national survey carried out in France in 2004 had reported that the main pathological problems in hospitalization are infectious, hematological and cancerous [4].

This particularly high frequency of infectious diseases is consistent with the characteristics of morbidity in sub-Saharan African countries, of which Togo is not on the margins. However, this seems to contrast with the epidemiological transition marked by the emergence of non-communicable diseases, especially cardiovascular diseases [15].

On the other hand, our results were different from those of Diallo in Senegal [16], who observed in his study as the dominant pathology, diabetes with 33% out of 3022 cases, followed by respiratory pathologies 10.2%, infectious pathologies 8.1%, and neoplastic pathologies 8%. Agbetra *et al.* in Togo [9], reported that the main pathologies observed were cardiovascular (26.24%), endocrine (20.16%) and infectious (17.12%). This difference could be due to the orientation of each internal medicine department.

Infectious pathology

In this pathological entity, malaria was in first ^{place} and was found in 33.5% of cases, followed by HIV infection in 16.2% of cases.

These results are similar to those of Drabo *et al.* in Burkina Faso in 1996 [2] who reported a predominance of malaria and HIV infection in this pathological entity; and Odile R. in Madagascar in 2004 [17] who reported a predominance of malaria constituting 52.8% of the infectious pathology in his study. Zannou *et al.* [14] noted a real impact of HIV (20.1%) or a third of the infectious and parasitic pathologies in their series, as did Fomba in Mali in 2012 [10] who reported a predominance of HIV infection (27.13% of the infectious pathology), followed respectively by tuberculosis and malaria.

In sub-Saharan Africa, infectious diseases represent a major public health problem. These diseases are dominated by tuberculosis, HIV infection and malaria [18]. This could explain our results.

Endocrine pathology

It is dominated in 92% of cases by diabetes which consti-

tuted 22.1% of hospitalizations in internal medicine. The results reported by Fomba in Bamako [10] are similar to ours and also highlight the high frequency of diabetes not only among endocrine pathologies (91.9%), but also in the entire population studied. Similarly, Agbetra et al. [9] in Togo in 2014, reported that diabetes was the most found etiology (19.89%); as well as Ka et al. [19] in Senegal in 2021, which reported 18.12% of cases of diabetes. This increase is due to the aging of the population, economic development (the budgetary precariousness of many African countries does not allow them to cope with this new epidemic) and increasing urbanization. All these elements lead to changes in the lifestyle of populations: sedentary lifestyle, poor eating habits linked to obesity, tobacco consumption, etc. [20].

HGE Pathology

It represented 6.9% of hospitalizations. Liver cirrhosis was at the top of the list of HGE pathologies with 21.9% and constituted 1.5% of hospitalizations. It was followed by UGD with 17.5%. In Burkina Faso in 2023 Sawadogo et al. [21] in their study carried out in an MI department, reported a frequency higher than ours 13.15% concerning HGE pathologies which were dominated by liver cirrhosis constituting 7.19% of hospitalizations. Similarly Fomba in Mali [10], found a frequency of 19.76% for HGE pathologies with a predominance of liver cirrhosis 37.47%, representing 7.4% of hospitalizations. This low proportion in our study may be linked to the fact that HGE pathologies are preferentially directed towards the HGE department.

Cardiovascular pathology

This group constituted 6.8% of hospitalizations and was dominated by hypertensive surge 50.0%. On the other hand, in Odile's study in Madagascar in 2004 [17] cardiovascular pathologies were in 1st place, representing 32.2% of admissions and dominated by HBP and its complications (71.1% of cardiovascular pathologies). Similarly, Agbetra et al. in Togo in their study [9], reported a preponderance of cardiovascular pathologies (26.24%).

Respiratory pathology

In 5th place (6.5%), this nosological group was dominated by pneumonias constituting 67.4% of cases, followed respectively by asthma attacks 11.6% and tuberculosis 7.8%. These results are far lower than those of Zannou et al. [14] in Benin in their study carried out from 2002 to 2003, who reported that respiratory pathologies with 29.5% occupied 2nd place and were represented in half of the cases by tuberculosis. Similarly, Diallo in Senegal in 2020, in his study [16], reported a frequency of 10.2% of respiratory pathologies with a predominance of tuberculosis, followed by pneumonias and bronchopneumopathies. It should be noted that the management of this main respiratory pathology, tuberculosis, is carried out in a dedicated specialized center.

Other conditions, syndromes and symptoms

They were dominated by unlabeled anemia, diagnosed in 10.3% of patients. Balaka et al. in Togo [22], in 2016 report-

ed that the prevalence of anemia was 6.7% in the internal medicine department of the SO University Hospital in their study carried out from 2011 to 2013. Faye et al. in their study in Senegal in 2021 [23], estimated the prevalence of anemia at 32.5% in an MI department.

4.4. Main Conditions Encountered in the Department

The most common conditions in our study were: diabetes with 22.1%, followed by malaria (12.9%) and HIV infection (6.3%) of hospitalizations. In the Fomba series in Mali in 2012 [10], diabetes was the most common pathology followed by HIV infection and liver cancer. Sawadogo et al. [21] reported that opportunistic infections due to the human immunodeficiency virus (HIV), infectious pneumonias and liver cirrhosis were the main pathologies diagnosed with respectively 10.39%; 9.94% and 7.19%. Agbodande et al. [12] in Benin reported that intestinal infectious diseases (diarrheal diseases) (14.1%), HIV-related diseases (13.3%) and strokes (13.2%) were the main conditions observed during their study.

This divergence in results could on the one hand be linked to the diversity of pathologies treated in internal medicine as well as to the vast field of practice of this specialty which remains poorly defined.

5. Conclusion

We conducted a study in the internal medicine department of the CHU Campus on 1978 patient files with the aim of determining the nature and frequency of the different groups of pathologies in hospital. The female subject aged 41 to 60 years was the most represented. The main groups of pathologies were infectious pathology (dominated by malaria and HIV infection), endocrine pathology (dominated by diabetes) and HGE pathology (dominated by cirrhosis). However, taken individually, diabetes, malaria and HIV infection were the main diagnosed conditions. This study highlights the importance of continuing the national policy to combat infectious diseases. At the same time, awareness campaigns on non-communicable diseases, particularly diabetes, should be intensified.

Abbreviations

APE	Acute Pulmonary Edema
APIM	Adverse Post – Immune Manifestations
COVID 19	Coronavirus Disease 19
HBP	Hight Blood Pressure
HGE	Hepato-gastroenterology
HIV	Human Infection Virus

Author Contributions

TT and KM developed the study concept. TT, VJAK collected and collated the data and carried out the statistical analysis. LD, ST, AB did the literature search and prepared and contributed to the primary manuscript and all made critical contributions to the manuscript. All the authors read and agreed to publish the manuscript.

Conflicts of Interest

The authors declare no conflicts of interest.

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