

Abstract

# The Spectrum of Cardiac Pathology in a Private Hospital in Luanda

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**Introduction:** Cardiovascular diseases are the leading cause of death worldwide and of mortality from chronic noncommunicable diseases in Africa. Data on their prevalence and mortality in Angola remain scarce; however, recent World Health Organization data ranked cardiovascular diseases as the eighth leading cause of death in the country in 2021, with 40.9 deaths per 100,000 inhabitants. **Objective:** To characterize the main causes of hospitalization and the clinical and epidemiological profile of patients admitted to the Cardiology Department of Sagrada Esperança Clinic (CSE). **Methods:** A retrospective descriptive study was conducted to assess the spectrum of cardiac diseases in the Cardiology Department of CSE from October 2024 to October 2025. A total of 234 patients participated in the study, with data obtained from medical records through the hospital information systems “2 Soft” and “Portia.” Patients hospitalized in the Cardiology Department during the study period were included. Patients with a hospital stay of less than 24 hours in the department were excluded. **Results:** There was a predominance of males (n=153; 65.4%), with a mean age of 57±14 years. Cardiovascular risk factors were present in 90% of patients (n=210), with hypertension being the most prevalent (n=96; 45.7%). Nonadherence to treatment was identified in 76 cases (38.4%). The main causes of hospitalization were heart failure (HF) (n=89; 38.0%) and acute coronary syndromes (n=46; 19.6%). Clinically, patients with HF were predominantly classified as New York Heart Association class III (n=73; 82%), hemodynamic profile B (n=75; 85.2%), American Heart Association stage C (n=86; 97.7%), and reduced left ventricular ejection fraction (n=53; 65.4%). The main complication was acute kidney injury (n=34; 14.5%). Regarding outcomes, 24% of patients developed complications (n=56), and mortality was 1.7% (n=4). **Conclusion:** Overall, the findings were similar to those reported in other regions of sub-Saharan Africa. Patients were predominantly relatively young, male, and hypertensive, with more than one-third demonstrating treatment nonadherence. Many presented to the hospital at advanced stages of disease, with structural and functional cardiac abnormalities leading to heart failure and generally associated with poor prognosis. Nevertheless, the rates of complications and mortality were low.