

Increase in the Frequency of Pancreatic Cancers at the Brazzaville Hospital and University Center

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ABSTRACT

Introduction: As in several regions of the world, in Brazzaville, pancreatic cancer seems to be increasing in recent years. We carried out this work with the aim of verifying this observation and determining the current patient profile.

Patients and Methods: This was a retrospective descriptive study, carried out over the period from January 1, 2018 to June 30, 2024, in the Gastroenterology and Internal Medicine department of the Brazzaville Hospital and University Center. Data were collected from medical records. The diagnosis of pancreatic cancer was made on the basis of a combination of clinical, biological and morphological arguments, or on a histological examination. Data entry was carried out using Excel software. Data are expressed as percentages for quantitative variables and means or medians for quantitative variables.

Results: During the study period 5,605 patients were admitted to the department. Among them, 83 had pancreatic cancer, representing a hospital frequency of 1.5% of hospitalizations. There were 43 women and 40 men, giving a sex ratio of 0.9. Depending on the year, 10 cases (2.8%) were diagnosed in 2018 and 13 cases (2.8%) in mid-year 2024. The mean age of the patients was 58.8 ± 15.6 years, with extremes of 17 and 91 years. The classic risk factors were rarely found, alcohol in 45.8% of cases ($n=38$), tobacco in 28.9% ($n=24$) and diabetes mellitus in 24% ($n=20$). The clinical manifestations were dominated by the classic typical triad associating cholestatic jaundice, a large liver and a large gallbladder, in approximately 50% of cases. Tumor markers were rarely used in diagnosis.

Abdominal ultrasound visualized the tumor in approximately 73% of cases ($n=23$). CT was not performed in all patients. In almost 15% of cases, the tumor was exteriorized at the level of the duodenal papilla, diagnosed at digestive endoscopy. Histological proof of diagnosis was only available in three patients. In the majority of cases the diagnosis is made at a very advanced stage, explaining the occurrence of death during the first hospitalization in 50 patients (60.2%).

Conclusion: Pancreatic cancer appears to be increasing, particularly among females. The average age seems to be declining, and mortality remains very high.

Keywords

Cancer, Pancreas, Frequency, Profile, Brazzaville.

Introduction

In terms of incidence, pancreatic cancer ranked X among cancers

worldwide in 2012 [1,2] and in 2012 it represented the 7th cause of cancer mortality in the world [3]. Forecasts at that time placed this cancer 12th in terms of incidence and 7th in mortality in the world [3]. In terms of incidence, pancreatic cancer ranked X among cancers worldwide in 2012 [1,2] and in 2012 it represented the 7th

cause of cancer mortality in the world [3]. Forecasts at that time placed this cancer 12th in terms of incidence and 7th in mortality in the world [3]. Current data confirms these predictions since according to Globocan [4] pancreatic cancer occupies the T rank of cancers and the T rank of the most fatal cancers. The progression is particularly marked among women, with an average increase of 3.8% per year between 1990 and 2018, compared to 2.7% among men over the same period [1]. In Africa, pancreatic cancer has long remained one of the least common digestive cancers, but one of the most fatal [1,3]. National incidence and mortality data are rare. It is in this context that we carried out this work to lay the foundations for epidemiological surveillance of this cancer in Congo. The specific objectives were to determine the annual frequency of pancreatic cancer and to describe the epidemiological, clinical characteristics and progressive modalities of this cancer in Brazzaville.

Patients and Methods

We carried out a retrospective descriptive study, during the period from January 1, 2018 to June 30, 2024, in the Gastroenterology and Internal Medicine department of the Brazzaville Hospital and University Center. Data were collected from medical records. The diagnosis of pancreatic cancer was made on the basis of a combination of clinical, biological and morphological arguments, or on a histological examination. Data entry was carried out using Excel software. Data were expressed as percentages for quantitative variables and means or medians for quantitative variables.

Results

During the study period 5,605 patients were admitted to the department. Among them, 83 had pancreatic cancer, representing a hospital frequency of 1.5% of hospitalizations.

There were 43 women and 40 men, i.e. a sex ratio of 0.9. The average age of the patients was 58.8 ± 15.6 years. Figure 1 shows the distribution of patients according to sex and age. Depending on the year, 10 cases (2.8%) were diagnosed in 2018 and 13 cases (2.8%) in mid-2024. The distribution of patients according to the years of diagnosis is shown in Figure 2.

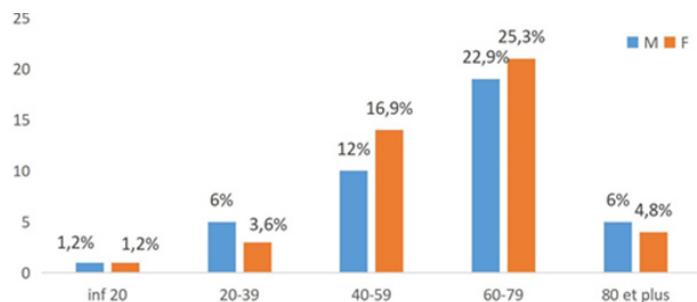


Figure 1: Distribution for population by age and sex.

Alcohol consumption was found in 45.8% of cases (n=38), tobacco in 28.9% (n=24) and diabetes mellitus in 24% (n=20). The average consultation time was 3.2 months (or 96 days), with extremes of a few days and eight months. Six patients consulted less than a

month after the onset of symptoms. The clinical manifestations were dominated by the typical triad associating cholestatic jaundice, a large liver and a large gallbladder, in 43 cases (51.8%). Tumor markers were rarely used in diagnosis.

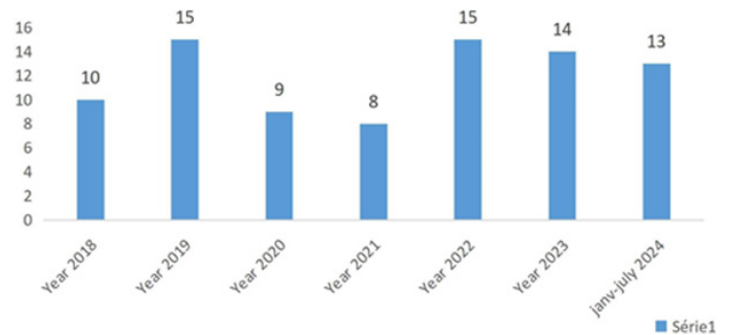


Figure 2: Distribution of patients according to year of diagnosis.

Abdominal ultrasound visualized the tumor in approximately 73% of cases (n=23). CT was performed in 38 patients (45.8%). In 12 patients (14.4%), the tumor was exteriorized at the level of the duodenal papilla, visualized by upper digestive endoscopy, and allowing biopsies to be performed. However, histological proof of diagnosis was only available in three patients (3.6%). In the majority of cases the diagnosis is made at a very advanced stage, explaining the occurrence of death during the first hospitalization in 50 patients (60.2%). Table 1 represents the distribution of patients according to the outcome of the first hospitalization.

Table 1: Distribution of patients according to the outcome of hospitalization.

Scalable modalities	Number	Frequency
Out alive	31	37,3%
Lost to sight	1	1,2%
Deceased	51	61,4%

Discussion

This was a retrospective investigation, which presents the limitations of any retrospective work, including the possibility of missing data and missed cases due to the lack of digitization of medical records.

The frequency of pancreatic cancer was 1.5% of all hospitalizations. Pancreatic cancer is a cancer of the elderly. Its age of onset is generally above 65 years in developed countries [1]. The average age of our population, 58 years, is close to the literature data which place the age of diagnosis between 60 and 70 years (1.2, 5,6,7). However, the extreme lower age, very young, is often found in African series [5-11]. Pancreatic cancer generally affects males more than females [6-11], but this classically described male predominance is not found in our population, on the contrary we find more women affected than men. Indeed, various studies report that there is an increase in the incidence of pancreatic cancer worldwide and that this increase concerns women more than men [3,11]. Alcohol, tobacco and diabetes mellitus were the risk factors found in our series, similar to those described by other authors.

Ndjitoyap also reported a notion of taking coffee, not found in our series [8]. Elena describes a significant link with acute pancreatitis and diabetes mellitus [5].

Tangokonomo reports a notion of alcoholism and smoking in a patient respectively [12]. Indeed, these factors are potentially associated, but are not sufficient to explain the occurrence of the disease. The average consultation time of 96 days is close to that described by SANO D in Burkina Faso [9] as well as other authors [13,14]. The often incomplete clinical picture is dominated by jaundice, abdominal pain and weight loss [6,8,11], sometimes cholangitis [7]; in Bambara, jaundice was the main sign [10]. In our series jaundice was the dominant sign, and 50% of patients had the typical picture associating jaundice, large liver and large gallbladder in a patient with an altered general condition. Abdominal ultrasound, a very accessible radiological examination in our context, was the reference examination which visualized the tumor in all patients, as described by Ngatiribiri in Burundi [11] and Ndjitoyap in Cameroon [8]. This was located mainly at the level of the head of the pancreas [8,11]. CT is only performed as second intention. The pancreas being a deep, retroperitoneal organ, its symptoms are latent for a long time, explaining the late stage of diagnosis. In our study population, diagnosis was late and death was early, during hospitalization in more than 60% of cases, before specific treatment was instituted. Indeed, mortality from pancreatic cancer is still reported to be very high, ranking it as one of the deadliest cancers [1,2]. Bambara in Burkina reported that in his series, patients received urgently had received an emergency surgical procedure, then neither chemotherapy nor radiotherapy could be carried out [10], as described by Ngatiribiri [11]. Coulibaly reported that 76% of patients had undergone surgery, of which 28% had received a palliative procedure [6]. Bambara reported a mortality of 9% after surgery [10]. Tankogmo reports an average survival of six months after surgery [13-15]. Sano reported a perioperative mortality of nearly 9% postoperatively [9]. Pancreatic cancer is one of the deadliest cancers worldwide [1,2]. According to these authors, pancreatic cancer is increasing worldwide. Our study, although monocentric and of short duration, seems to show a trend towards variation in the characteristics of this cancer, going in the direction of global predictions, that is to say, an increase in the frequency predominant in the subject of female sex and a reduction in the age of diagnosis (the lower extreme ages being very young) [1,2].

Conclusion

Despite the therapeutic progress made worldwide, we are witnessing an increase in the incidence of pancreatic cancer worldwide and its mortality. This prompts rigorous local monitoring. In our country a change in epidemiological characteristics seems to be observed in the direction of an increase in incidence, particularly in women, and a decline in the age of onset of this cancer.

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