

Epidemiological and Clinical Profile of Cervix Cancer at Bamako Radiotherapy Center

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Abstract

Cervical cancer remains a major public health problem in Africa, particularly in Mali. The goal of this work was to investigate the epidemiological and clinical aspects of cervix cancer seen at the radiation therapy center. This was a descriptive study on the retrospective collection of data on patients found in the Radiation Therapy Centre of Bamako, for invasive cervical cancer between April 2014 and April 2017. The average age of our population was 52 ± 12.5 years with extremes ranges from 18 to 95 years. The most represented age group was [50 - 65 years] with 44.2%. The predominant histological type was squamous carcinoma (CE) with 94.2%. Bleeding were found in almost all patients, most often associated with foul smelling hydrorrhea; 80.3% of our patients were stage III and 12.9% of stage IV according to the FIGO classification. Cervix cancer remains a major public health problem in Mali. The diagnosis is often late, therefore, resulting in late care and unfavorable prognosis. Sensitization, vulgarization of vaccination and systematization of screening could be helpful in the fight against this cancer.

Keywords

Epidemiology, Clinic, Cervix Cancer

1. Introduction

Cervix cancer is the third among whose women are diagnosed with in the world; whose 85% of the cases had been discovered in Developing countries [1]. It's the

fourth leading cause of death among women at the worldwide level. In 2008, Cervix cancer represented 9% of new cancer cases and 8% of cancer deaths in women in the world [2] [3] [4].

In France, with approximately 3000 new cases per year, cervical cancer ranks at the tenth among female cancer patients and one third of them die from it [5].

Cervix cancer remains a major public healthcare problem in Africa, particularly in Mali. It's featured by the diagnosis and therapeutic options limitation due to the failure of the technical plateau. Obviously, that conducts to a high rate of Cervix cancer death in Africa.

With a relative frequency average of 31% and a 20.5 incidence for every 100,000 inhabitants, it is first of others cancers in Mali [6].

At the radiotherapy center of Hopital du Mali, Cervix Cancer seems to be the first listed. Among those "xs" people, patients have been found at the very advanced stages. However, it's admitted today that a late diagnosis could impact the quality of the pick-up charge and the survival of the patients.

The objective of our research was set up to study the epidemiological and clinical aspects of cervix cancer at the Radiotherapy center of Hopital du Mali.

2. Patients and Method

This was a descriptive study on the retrospective data collection, on patients found in the Radiation Therapy Service of Bamako, for invasive cervical cancer between April 2014 and April 2017.

Any patient found in the department of radiotherapy for treatment of a histologically and invasive cervical cancer were included in this study. Non-invasive cancers (CIN, CIS) and unusable records have been excluded. The data were collected from the patients medical records and the register of the department. The parameters of the research covered age, parity, histological type, stage of classification of cancer. Patient classification was based on the clinical examination and the record scope.

The clinical examination specified if possible the size of the tumor, its extensions in the vagina and the infiltration or not of the parameters. The radiological tests performed were most often an abdominal and pelvic Tomography, a chest X-ray, an abdominal ultrasound and rarely a magnetic resonance imaging. We used the classification of the International Federation of OB-GYN (IFOG), for the staging of our patients. The data had been grasped and analyzed with the support of SPSS23.0 software. The qualitative variables had been expressed in effective and percentage, and quantitative variables in average and standard deviation or in median and quartiles.

3. Results

651 patients had been collected during this study.

The average age of our population was 52 ± 12.5 years with wide ranges from 18 to 95 years.

The most represented age group was [50 - 65 years] with 44.2% and 36.3% for the age group [34 - 49 years]. Our target people was in majority in wide multi-part composed of 88.2% of patients having had at least 5 infants whose 25% have had at least 10 infants. The symptomatology of discovery was metrorrhagia in almost all of the cases associated most often with a foul smelling hydrorrhea, pelvic pain and more rarely urinary track infection of dysuria type or digestive conditions like diarrhea or constipation.

Clinically patients were OMS 1 in 80% of the cases. In 98% of the cases clinical examination found the size of tumor greater than 4 cm. Parametriae impairment in 93.2% of our patients and vaginal infiltration reaching the lower third of the vagina in 88.8% of them were also diagnosed. The predominant histological type was squamous carcinoma (CE) with 94.2% followed by adenocarcinoma in 5.1% of cases.

During the course of the clinical examination, an extension assessment was carried out in all patients, which allowed them to be classified based on the IFOG standard where 80.3% were classified as stage III and 12.9% as stage IV (Table 1).

4. Discussion

Cervical cancer in addition of being the lead in gynecological cancers ranks as the first in Mali and first among patients in our department representing more than 50% of our activities. Its incidence is 20.5 for 100,000 inhabitants with a relative frequency of 31%. In Morocco [6]

This is the second female cancer with respective incidences of 13 for 100,000 inhabitants in Rabat and 14.4 for 100,000 in Casablanca [2] [7].

The cervical cancer is ranked first of gynecological pathologies by various studies carried out at the Academic clinics of Kinshasa [8] [9]; it occupies the 8th-9th place of woman cancers in the Developing Countries [9] [10]. It occupies the 8th place of woman cancer in the USA [9], and the 10th place in France [11].

The average age of our population was 52 ± 12.5 years with a median age at 51 years; this seems similar to the age of patients in France who have a median age of 51 years with a peak incidence at 40 years [5] [11]. Our results appear similar to those reported by Congolese series of Pongi *et al.* [9] Mbala *et al.* [8], with average ages of 48 years and 53 years [6] [9]. The most incriminating age group in our series was that of 50 - 65 years, while in the Congolese series it was 35 - 49 years and 40 - 59 years [7] [8] [9].

The most striking observation of our study is that our patients in almost all cases are seen at very locally advanced stages. Similar results are found in other retrospective studies where series of 190 South American patients found 93.7% of stages II and IIIB [4] [12]. The Moroccan series had diagnosed 88% of advanced stages while in the Korean series we noted 43.8% of the locally advanced IB2-IV stages [9] [13]. These results contrast with those found in France with

Table 1. Characteristics of the target people.

Characteristics	Effective (n = 651)	Percentage %
AGE		
Average	52 ± 12.5 years	
Middle level	51 years	
Extrem	18 - 95 years	
AGE SLICE		
[18 - 33]	38	5.8
[34 - 49]	236	36.3
[50 - 65]	288	44.2
[66 - 81]	81	12.4
[82 - 97]	8	1.2
Total	651	100.0
HISTOLOGICAL TYPE		
Carcinomic Epidermoide	613	94.2
Adenocarcinome	33	5.1
Carcinome a clear cell	3	0.5
Leiomyosarcome	1	0.2
Sarcome stromal	1	0.2
Total	651	100.0
Symptomatology discovery		
Metrorragy	601	92.3
Hydrorrh�e or Leucorrh�e only	11	1.7
Pelvic pains	8	1.3
Dysury	2	0.3
Digestive signs (Diarrhea or constipation)	5	0.7
Mix symptoms	24	3.7
Stadification FIGO		
IB	5	0.8
IIA	9	1.4
IIB	30	4.6
IIIA	94	14.4
IIIB	429	65.9
IVA	57	8.8
IVB	27	4.1
Total	651	100.0

73.4% of localized IB stages [10] [14]; A large Asian series (n = 1399) found in 57.1% of cases a localized stage I [11]. So unlike the developing countries, in developed countries, these cancers are often discovered early, with a more favorable prognosis and are in steady decline in their incidence through the generalization of screening and vaccination programs [15]. In Developed Countries,

graceful to the organized screening test program we detected rather pre cancerien lesions more easy to treat.

In Mali the late diagnosis resulting in the treatment of patients at very locally evolved stages could be explained by the poor understanding of cancer and the popular mentality that considers cancer as bad fate or an act of witchcraft. With such comprehension the first caregiver is usually a traditional therapist instead of trained medical specialist [16]. The absence of screening test added to the lack of immunization programs, inadequate awareness and standardized testing can also explain the late discovery of the condition in our patients. Our study reports the experience of new Radiotherapy center with an insufficient decrease. The high number of contact lost patients didn't permit an objective evaluation of the prognostic of our diagnosis.

5. Conclusion

Cervical cancer, first cancer among others in Mali, remains a major public health problem. The patients are seen when the tumor is usually at very locally advanced stages where late treatment is ineffective and prognosis of survival is very low. Prevention by intensifying sensitization, the extension of vaccination and the systematization of screening could be helpful in the fight against this cancer.

Conflicts of Interest

The different authors declare not having conflict of interest.

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