SAS Journal of Medicine
Abbreviated Key Title: SAS J Med
ISSN 2454-5112
Journal homepage: https://saspublishers.com

OPEN ACCESS

Epidemiological, Clinical and Therapeutic Aspects of Pancreatic Cancer in the Internal Medicine Department of the Point G Hospital

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DOI: 10.36347/sasjm.2021.v07i07.003 | **Received:** 05.06.2021 | **Accepted:** 08.07.2021 | **Published:** 13.07.2021

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Abstract **Original Research Article**

It's is primary or secondary malignant neoformations developed at the expense of the structures of the pancreas. Most pancreatic cancers are damage to its exocrine unit: more than 90%against 5 to 10% of islet tumors and they occur twice as often in the head of the pancreas than in the body or of the tail. Cancer is responsible for 9 million deaths each year, the disease is thought to affect 17, 5 million people worldwide. In Mali, Pancreatic cancer accounts for 1, 7 and 0, 8 percent of all cancers in men and women respectively; the five-year survival rate is between1and 10 percent although the diagnosis seems straightforward. However the big one majority of cases are seen at an advanced stage. This gloomy prognosis is to a large extent also linked to the clinical latency not allowing to make the diagnosis at the initial stage of the disease. Ductal adenocarcinoma appears to be the most common 80 percent. Pancreatic endocrine tumors arouse gret interest because of their physiopathological and prognostic characteristics, a heterogeneous evolutionary potential. This condition has been very little studied in Mali.

Keywords: Pancreatic cancer epidemiology, clinical, paraclinical and therapeutic aspects.

INTRODUCTION

Exocrine pancreatic cancer is the fifth leading cause of death in the United States with 24,000 deaths per year. In France, it is considered that around 4000 deaths per year are attributable to pancreatic cancer [1].

The one- and five-year survival rates are still only about 1 to 10/100 respectively [1] even though the diagnosis seems straightforward.

Endocrine tumors of the pancreas are of great interest due to their pathophysiological and prognostic characteristics, a heterogeneous evolutionary potential.

With new diagnostic methods, we realize that this pathology is much more frequent than we suspected.

In Mali, pancreatic cancer accounts for 1.7 and 0.8 of all cancers in men and women respectively [2].

This condition has been studied very little in Mali. The purpose of this work is to determine frequency of pancreatic cancer in the internal medicine department, to write clinical, para-clinical and case management to the point CHU G.

METHODOLOGY

It was an ambiguous study, retrospective from January 2015 to December 2018 and prospective from January 2019 to June 30, 2020 in the internal medicine department of the Point G hospital. The selection criteria were:

- Patients with a complete file for the retrospective study and patients examined in the prospective phase.
- In the absence of a histological diagnosis, proof of a pancreatic tumor on ultrasound, on CT or during surgery.

We have used the service records and medical records obtained after full clinical examination. Folders and meet or patients do not our criteria were excluded.

The data were collected on Survey forms and analyzed using SPSS 10.0 for Windows software. These results which were significant for a probability $p < 0.05$.

RESULTS

During our study period we recorded 2287 hospitalizations in the internal medicine department of CHU du Point G.

Pancreatic cancer was found in 14 cases, or around 0.6% of hospitalizations. Cancers in general constituted 11% of hospitalizations with 261 cases.

Malignant digestive tumors made up 43% of hospitalizations for cancer. The frequency of the disease increased with age with a peak between 41-60 years 50%. The average age of the patients was 60 years.

Epidemiological aspect

Table-I: Distribution of patients by sex

Sex	Workforce	Percentages %
Male	8	57.14
Feminine	6	42.8 6
Total	**14**	**100**

Fifty-seven point fourteen percent of patients were men, sex ratio 1.33 in favor of men.

Table II: Distribution of patients by age

Age (years)	Workforce	Percentages %
20 - 40	2	14.2 9
41- 60	7	50
61- 80	5	35.71
Total	**14**	**100**

The frequency of the disease increased with age with a peak between 41-60 years 50%

Table III: Distribution of patients according to risk factors

Patient history	Workforce	Percentages %
Diabetes	6	42.85
Tobacco	4	28.57
Alcoholism	2	14.28
Coffee	5	35.71
Familial pancreatitis	1	7.14

Forty-two point eighty-five percent of the patients were diabetic, twenty-eight point fifty-seven percent of our patients were smokers. History like diabetes and smoking seemed to play a role in this cancer.

Clinical Aspect
Clinical Signs

Table-IV: Distribution of patients according to clinical signs

Clinical signs	Workforce	Percentages %
Itching	8	57
Jaundice	10	71.4
Pain	13	92.8
Weight loss	14	100
Ascites	5	35.7
Venous thrombosis of the lower limbs	7	50
Diarrhea	1	7.1

Dolour with or without palpable mass (ninety-two point eight percent 92.8%), and impaired general condition (one hundred percent) were almost constant followed by jaundice (seventy-one point four percent).

Hyperglycemia is noted in 35.57% of cases. Hyperglycemia existed in 35.57% of patients before the discovery of the disease.

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It was high in all patients, i.e. 100%. We performed this as say in 14.3% of patients.

Paraclinical signs s

Table-V: Distribution of patients according to CT signs

Scan abnormalities	Workforce	Percentages %
Dilation of the common bile duct	7	50
Head of the pancreas	5	35, 71
Pancreatic body	1	7.14
Tail or diffuse	1	7.14
Liver metastases	4	28.5 7

As for the scanner, it's diagnostic efficiency was (seventy-one point four percent). Ultrasound abdominal -pelvienne helped guide the diagnosis (78.5%) cases. The diagnosis was once per operative following an acute lithiasic cholecystitis.

Therapeutic aspects: care, follow-up and future of the patient

- Management: consisted of the administration of level 2 and 3 analgesics. Antidiabetic treatment was instituted in 2 patients, in (14.3%) of cases; 6 patients were transferred for surgery (42.8%).

In the absence of an early diagnosis, management is dominated by palliative treatment.

- Survival 99.42 of the patients died with in a month.

DISCUSSION

According to the epidemiological aspect

In 5 years, 14 cases of pancreatic cancer were identified out of a total of 2287, ie a frequency of 0.61%.

In this study, 57.14% of the patients were men with a sex ratio of 1.33; which is similar to that of Bengue *et al*., [3]. Who had a sex ratio of 1.80.

The average age was 50 years in our study with extremes of 26 to 74 years. The most represented age group was that of 41-60 years with 50%. Bengue *et al*., [3] found an average age of 60 years. This result could be explained by the high age which constitutes a factor of poor prognosis in the realization of a CPD (cephalic duodeno pancreatectomy).

Among the art history and risk factors, the diabète represented 42.85% of patients with overt diabetes or syndrome polyuria polydipsia before the discovery of the tumor.

The vast majority of studies demonstrated a relative risk of pancreatic cancer of around 5 in diabetics compared to non-diabetic subjects [1]. Of the family and chronic pancreatitis diabète accounted s 14.28% respectively, and 7.14% of cases.

In the literature, the risk of pancreatic cancer in chronic pancreatitis is 30% for Lesur *et al*., [1] and 40% according to The World Cancer Report [4].

According to this study, 28.57% of patients were smokers. The role of Tobacco in the genesis of cancer seems evident as in the literature [1]. However, quitting smoking for more than 15 years seems to bring the risk of cancer back to a level close to that observed in the population of non-smokers [4].

According to clinical aspect

Pain

92.8% had atypical solar or abdominal pain in our study, a result close to the results of the literature. 90% Lesur G *et al*., [1] generally reflects a locoregional invasion.

Weight loss

The deterioration of the general condition can be explained by the delayed management of the patients, the advanced age and also by the evolution of the tumor. It is present in 100% of cases. It is almost constant in affection [1, 4, 5].

Retentional jaundice

Is an almost constant sign in the cephalic localization. In our study we found it in 71.42% of cases. These results are similar to those of Bengue *et al*., [3] with 74.5%. Jaundice is the activity of bile by obstruction of the main bile duct.

Venous thrombosis or edema of the lower limbs

Half of the patients or 50% had unilateral or bilateral edema in our study. This sign is inconsistent according to the data in the literature. Thrombophlebitis occurs in less than 10% of pancreatic cancer cases [6].

Biological signs

Hyperglycemia

35.57% of patients had hyperglycemia before the discovery of the disease. The onset of diabetes no family history as well as unexplained worsening of existing diabetes mellitus has to s u specter pancreatic cancer [1, 7]. It seems obvious that the diabetes-pancreatic tumor association remains valid because 21.42% of patients were known to have diabetes. No marker has emerged in the diagnosis of pancreatic cancer [1].

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Ca 19-9 was measured in 14.28% of patients with elevation in all cases. The literature reports a sensitivity of 80%. V serum alue would be proportional to my tumor ss [1]. Only one patient benefited from the ACE dosage. Useful in monitoring and therapeutic follow-up [9].

Radiological signs

Abdominal ultrasound

It made it possible to evoke the diagnosis in 78.5% of cases. This result is close to that of Landi T *et al*., [10] who found a pancreatic tumor in 70% of cases and that of Bengue *et al*., [3] in 68.8% of cases.

In our study the localization was cephalic in 71.42%, corporeal in 7.14 % of cases there was no caudal localization.

Abdominal computed tomography

Performed in 50% of cases, it makes it possible to evoke the diagnosis in 42.8% of cases, we found the presence of indirect signs in 50% of cases.

In recent series, the sensitivity of the scanner is 90% according to Landi T et al [8]. Our patients did not benefit from other diagnostic means such as: helical CT, ERCP, MRI and especially endoscopic echo which is currently the most reliable diagnostic means.

Histological signs

1.4% performed Fine Needle Puncture of tumor or ascitic fluid.

From a therapeutic point of view

The patients have received treatment antalgique. 28, 57% of patients had anti diabetic treatment. 28.57% of our patients benefited from a bilio - digestive diversion. Thirteen out of fourteen patients died within a year, or 99.42%.

This mortality too high is explained by the â advanced age of patients and late diagnosis.

CONCLUSION

Pancreatic cancer therefore remains a drama with a grim prognosis that can affect any mature adult. L'are risk factors such as tobacco and alcohol appear to play a role in this disease. Diagnosis is becoming increasingly easy with high-performance imaging techniques. The care remains multidisciplinary.

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