

Epidemiological and Diagnostic Aspects of Gastric Tumors in Brazzaville: About 33 Cases

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1. Abstract

1.1. Objectives: to determine the epidemiological and endoscopic particularities of gastric tumors in Brazzaville.

1.2. Material and methods: This was a retrospective descriptive study carried out from January 1, 2019 to August 30, 2021, on adult patients of both sexes hospitalized in the gastroenterology and internal medicine department of the CHUB and in whom a gastric tumor had been diagnosed. For each patient, the following parameters were studied: age, sex, reason for admission and data from gastroesophageal fibroscopy.

1.3. Results: 33 patients had been diagnosed with a gastric tumor in the gastroenterology and internal medicine department of the CHUB; among which 22 men and 11 women, i.e. a sex ratio of 2. The average age of the population was 62.2 ± 11.48 with extremes of 47 and 94 years. Gastrointestinal bleeding was the most represented symptom at 66.7%. The macroscopic appearance of the lesions was dominated by ulcero-budding tumors (27.3%). The most observed locations were the large gastric tuberosity (30.3) and the antrum (30.3%).

1.4. Conclusion: The most represented symptom in our series was gastrointestinal bleeding. Further studies are needed to accurately determine the risk factors and incidence of this cancer.

2. Introduction

Gastric cancer remains a public health problem. In the West, although its incidence is decreasing, it ranks 4th, and is the 2nd cause of cancer

death [1-3]. In Africa, the incidence and frequency of gastric cancer, long underestimated, are clearly increasing [4,5]. In Congo, stomach cancer accounted for 26.2% of primary digestive cancers at the Brazzaville University Hospital in 2004 [6]. By carrying out this study, we wanted to determine the epidemiological and endoscopic particularities of this cancer in Brazzaville.

3. Material and Methods

This was a retrospective descriptive study carried out from January 1, 2019 to August 30, 2021, involving adult patients of both sexes hospitalized in the gastroenterology and internal medicine department of the CHUB and in whom a gastric tumor had been diagnosed. For each patient, the following parameters were studied: age, sex, reason for admission and data from gastroesophageal fibroscopy.

4. Results

During our study, 3997 patients were hospitalized. We included 33 cases of gastric cancer, representing a hospital frequency of 0.8%. Men made up 66.7% and women made up 33.3%. The sex ratio was 2. The average age of the population was 62.2 ± 11.48 with extremes of 47 years and 94 years. Regarding the reason for hospitalization, gastrointestinal bleeding was the most represented at around 66.7%, followed by epigastric pain at 27.3%, vomiting at 24.3% and impaired of general condition at 6% (Table 1). After performing esophagogastrointestinal fibroscopy, the macroscopic appearance of the lesions was dominated by ulcero-budding tumors (27.3%), followed by budding and hemorrhagic tumors (24.2%), ulcero-budding and hemorrhagic tumors (24.2%), ulcerated polypoid lesions (9%), bulging tu-

mors suspected of GIST (9%) and ulceronecrotic and hemorrhagic tumors (6%) (Table 2). The most observed locations were the large gastric tuberosity (30.3), the antrum (30.3%), the lesser gastric curvature (15.1%), the antropyloric region (9%), the region under cardiac (9%), the greater gastric curvature (6%) and the angulus (3%) (Table 3).

Table 1: Breakdown of cases by reason for hospitalization

Reason for hospitalisation	n	%
Gastrointestinal bleeding	22	66,7
Epigastric pain	9	27,3
Vomiting	8	24,3
Change in general condition	2	6

Table 2: Distribution of the macroscopic aspects of the gastric tumor

Macroscopic aspects	n	%
Ulcerobudding	9	27,3
Budding and hemorrhagic	8	24,2
Ulcerobudding and hemorrhagic	8	24,2
Ulcerated polypoid lesion	3	9
GIST	3	9
Ulceronecrotic and hemorrhagic	2	6

Table 3: Distribution of gastric tumor location

Location of gastric tumor	n	%
Fundus	10	30,3
lair	10	30,3
Lesser gastric curvature	5	15,1
Antro-pyloric	3	9
Subcardial	2	6
Greater gastric curvature	2	6
Angulus	1	3

5. Discussion

Africa is located in an area of low prevalence of gastric cancer [7]. The absence of a cancer registry prevents the evaluation of its real incidence in our contexts. The data is hospital. Our study took place in the Hepatogastroenterology and Internal Medicine Department of the University Hospital of Brazzaville, a reference center in Hepatogastroenterology in Congo. Our study framework is similar to that of Bagny and collaborators [8] who had carried out their study in the HGE department of the CHU Campus of Lomé. However, the study population differs because their study focused on all digestive cancers. Kadende and collaborators [5] carried out their study in the 4 hospitals of Bujumbura in Burundi. Other authors [5,6,9] had carried out their studies based on endoscopic reports obtained in the digestive endoscopy department. The study setting has an influence on the recruitment of patients by its reception capacity and its accessibility. This influence will therefore induce a diversity of studies, and explain the differences observed.

A male predominance was found in our study with a sex ratio of 2. Our result is similar to the study by Peko and collaborators in Congo who had found 1.5 [6], as in the series by Bagny and collaborators in Burundi, and Benelkhaïat in Morocco who found 2.3 and 1.5 respectively [8, 10]. Gastric cancer is rare before the age of 50 and the average age at diagnosis is over 70 in Western series [11]. In our series the patients were younger with an average age of 62.2 years. Our results are similar to those reported in other series in Africa [8,12-14]. It could be explained by the youth of African populations and the variability of the factors involved in gastric carcinogenesis. The majority of patients consulted for gastrointestinal bleeding (66.7%). Unlike other African series in which epigastric pain was the most represented symptom [8,12]. The ulcerobudding form was predominant (27.3%), as in the series by Bagny et al. [8]. The antrum was the main site of lesions (30.3%) as reported in other African series and in the literature [5,13,14,16].

6. Conclusion

Gastric cancer is present in our environment. Digestive hemorrhage, a medico-surgical emergency, was the most represented symptom in our series. Further studies are needed to accurately determine the risk factors and incidence of this cancer.

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