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Clinicopathological Pattern and Management of Primary Lung Cancer in Ilorin, Nigeria

Modèle Clinicopathologique Et Gestion Du Cancer Du Poumon Primaire À Ilorin, Nigeria

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ABSTRACT

Background: Lung cancer incidence and mortality rates have increased in some low and medium-resourced countries.

Objectives: This study aimed to describe the clinicopathological pattern and management of lung cancer seen in our setting.

Methods: We reviewed cases of pulmonary neoplasm diagnosed and managed at the University of Ilorin teaching hospital over eight years. Cases with tissue diagnosis were enrolled in the study and relevant clinical data were collected from the medical record using a proforma.

Design: Hospital-based retrospective study.

Results: Out of the 71 cases of primary lung cancer reviewed, 44(62%) were males and the male to female ratio was 2:1. The mean age was 62±14 years and the occurrence was highest in aged 50-69 years. Thirty (42.3%) with histories of tobacco smoking were males. Adenocarcinoma accounted for 34(54.9%), 23(32.4%) were squamous cell carcinoma, 2(2.8%) were large cell carcinoma and 6(8.5%) were other histological variants. The majority (82.7%) presented at stage III-IV lung cancers, 56.3% had malignant pleural effusion and 74.6% received palliative care. Thirty-eight (53.3%) had chest tube drainage, 19(26.7%) underwent chemical pleurodesis and 22(31.0%) received Cisplatin-based systemic chemotherapy. One patient had curative surgery and none received radiotherapy. At 12 months, 4 (5.6%) were still alive, 14(19.7%) cases had medical records of their death and 53(74.7%) were lost to follow up.

Conclusion: This study has highlighted the clinicopathological trend, high rate of mortality and late presentation of lung cancer in our setting. There is a need to increase the awareness of the warning signs and risk factors to ensure early detection and facilitate curative therapy. **WAJM 2021; 38 (4): 380-386**

Keywords: Clinico-pathological, Pattern, Management, Lung Cancer, Neoplasm, Nigeria

ABSTRAIT

Contexte: L'incidence du cancer du poumon et les taux de mortalité ont augmenté dans certains pays à faibles et moyennes ressources.

Objectifs: Cette étude visait à décrire le modèle clinicopathologique et la prise en charge du cancer du poumon observé dans notre milieu.

Méthodes: Nous avons passé en revue les cas de néoplasme pulmonaire diagnostiqués et pris en charge à l'hôpital universitaire de l'Université d'Ilorin pendant huit ans. Les cas avec diagnostic tissulaire ont été inclus dans l'étude et les données cliniques pertinentes ont été collectées à partir du dossier médical à l'aide d'un formulaire.

Conception: étude rétrospective en milieu hospitalier.

Résultats: Sur les 71 cas de cancer du poumon primitif examinés, 44 (62%) étaient des hommes et le ratio homme / femme était de 2:1. L'âge moyen était de 62 ± 14 ans et la fréquence était la plus élevée chez les 50 à 69 ans. Trente (42,3%) ayant des antécédents de tabagisme étaient des hommes. L'adénocarcinome représentait 34 (54,9%), 23 (32,4%) étaient des carcinomes épidermoïdes, 2 (2,8%) étaient des carcinomes à grandes cellules et 6 (8,5%) étaient d'autres variantes histologiques. La majorité (82,7%) des cancers du poumon de stade III-IV, 56,3% ont eu un épanchement pleural malin et 74,6% ont reçu des soins palliatifs. Trente-huit (53,3%) ont eu un drainage par sonde thoracique, 19 (26,7%) ont subi une pleurodèse chimique et 22 (31,0%) ont reçu une chimiothérapie systémique à base de cisplatine. Un patient a subi une chirurgie curative et aucun n'a reçu de radiothérapie. À 12 mois, 4 (5,6%) étaient encore en vie, 14 (19,7%) cas avaient un dossier médical de leur décès et 53 (74,7%) étaient perdus de vue.

Conclusion: Cette étude a mis en évidence la tendance clinicopathologique, le taux élevé de mortalité, et la présentation tardive du cancer du poumon dans notre milieu. Il est nécessaire d'accroître la sensibilisation aux signes avant-coureurs et aux facteurs de risque pour assurer une détection précoce et faciliter la thérapie curative. **WAJM 2021; 38 (4): 380-386**

Mots clés - Clinico-pathologique, modèle, prise en charge, cancer du poumon, néoplasme, Nigéria

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