



Gastric Adenocarcinoma at the Joliot Curie Institute in Dakar: Epidemiological, Diagnostic and Therapeutic Aspects about 54 Cases.

Dr. Kanta Ka,

Doudou Diouf, Sidy Ka, El Hadj Amadou Sall, Daniele Presti, Mamadou Moustapha Dieng, Papa Macoumba Gaye, Ahmadou Dem

Abstract

Objectives: To contemplate the epidemiological, indicative, remedial and prognostic parts of gastric adenocarcinoma at the Joliot Curie Institute in Dakar.

Materials and Methods: We directed a review concentrate over a seven-year time frame from January 2010 to December 2017 at the Joliot Curie Institute in Dakar. All instances of gastric adenocarcinoma demonstrated by fibroscopy followed by histology or demonstrated on the histological examination of a careful example were considered. The boundaries considered were age, hazard factors, phases of the sickness, therapy and guess. Results: There were 54 instances of gastric adenocarcinoma over a time of 7 years. The normal age was 54.74 years with limits of 25 and 84 years. A male prevalence was noted (35/54). The principle hazard factors found were liquor (5/54), tobacco (13/54), *Helicobacter pylori* (4/54), gastric ulcer (12/54). Epigastralgia was the most incessant clinical indication. FOGD was completed in 77.8% of patients. Histology was acquired before a medical procedure in 40 patients (74.1% of cases) and on the working room in 14 patients (25.9%). Patients were named stage II in 2/54 cases, stage III in 5/54 cases and stage IV in 47/54 cases. Gastro-entero-anastomosis was the principle surgery performed. Outer radiotherapy was acted in 1/54 patients. Chemotherapy was done in 52/54 patients, 96.3% of the cases. It was palliative in 66.7% of cases, neoadjuvant in 1.9% of cases, adjuvant in 24.1% of cases, perioperative in 3.7% of cases. Mortality was 79.6%. Patient endurance times were moderately short: in under a half year 24/54 cases, 13/54 cases between 6 - a year, 5/54 cases between 13 - two years and 6/54 cases past two years. 6/54 patients were lost from see. End: Gastric adenocarcinoma is analyzed recently in our conditions. It is answerable for a high death rate. Palliative treatment is frequently the solitary choice on account of the deferral in finding.

Biography

Dr Kanta Ka is a radiation oncologist at the National University center of Dalal Jamm in Senegal. He is currently doing translational and clinical research at the Institute Gustave Roussy in Paris after a one-year internship in the radiotherapy department. Dr Ka also has a diploma in radiobiology, radiotherapy of head and neck cancers, master of Biology health. I am currently leading 2 research projects of the brachytherapy group of the French Society of Oncological Radiotherapy.

Publications

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