

The Management of Hepatocellular Carcinoma at the Kara Teaching Hospital (Togo)

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ABSTRACT

Objective: To describe the epidemiological, diagnostic, therapeutic and evolutionary aspects of hepatocellular carcinoma at CHU Kara.

Method: This is a retrospective study conducted over a period of 3 years in the Department of General Surgery and Hepato-Gastroenterology of CHU-Kara (Togo). Were included in our study all patients, aged over 15 years old hospitalized for hepatocellular carcinoma.

Results: We recorded 98 cases out of 7237 hospitalized patients, i.e. a frequency of 1.4%. The patients were consisted of 65 men and 33 women with a sex ratio (F/M) of 0.5. The average age was 49 years old. Clinically, painful hepatomegaly was found in all cases; abdominal pain in all cases, poor general condition in 86 patients; collateral venous circulation in 3 cases. Alpha-fetoprotein (AFP) was above 500 ng/ml in all patients.

Abdominal imaging revealed diffuse liver involvement in 85 patients (86.7%), a localized nodular appearance in 13 cases (13.3%). All these patients had received symptomatic treatment combining analgesics and antispasmodics. The survival rate after 12 months was 2,1%.

Conclusion: Hepatocellular carcinoma remains a serious condition and its diagnosis is often difficult. It poses a real problem of care in our developing countries.

Keywords

Hepatocellular carcinoma, Epidemiology, Diagnosis, Evolution, Togo.

Introduction

Hepatocellular carcinoma (HCC) is a primary tumor developed at the expense of hepatocytes, most often on a cirrhotic liver [1]. Liver cancer was cancer most frequent digestive tract in French-speaking Africa 2012 [2]. In sub-Saharan Africa, as in Togo in particular, where diagnostic means are limited, the diagnosis of carcinoma hepatocellular in daily practice is often not easy, and is done at the advanced stage. The management of HCC is

difficult and expensive. Consequently, it cannot be achieved in poor countries like in Togo where it is palliative. In Africa, they recognize several causes dominated by viral hepatitis B or C followed by chronic alcoholism [3]. The objective of this work is to describe the epidemiological, diagnostic, therapeutic and evolutionary aspects at CHU Kara (Togo).

Materials and Methods

This was a retrospective study, conducted in the general surgery and hepato-gastroenterology department of CHU-Kara from January 1, 2018 to December 31, 2020. The inclusion criteria for patients diagnosed with CHC were based on clinical,

biological and ultrasound arguments associating: deterioration in general condition, pain in the right hypochondrium, or painful hepatomegaly with or without signs of portal hypertension, the presence of an alpha-fetoprotein (AFP) elevated at 500 ng/ml, and the presence of hepatic nodule(s) or portal thrombosis on abdominal ultrasound or abdominal CT in the absence of an obvious primary tumor.

Results

Among the 7237 hospitalized patients, 136 presented with digestive cancer including 98 cases of HCC with a hospital frequency of 1.4%. The sample consisted of 65 men and 33 women with a sex ratio (F/M) of 0,5. The average age was 49 years old.

The housewives (33,7%) followed by the unemployed (32,7%) are the most represented social strata (Table 1).

	N	%
Housewives	33	33,7
Unemployed	32	32,7
Workers	24	24,5
Public workers	9	9,2
Total	98	100

Table 1: Distribution of the population according to occupation.

Among the patients, 49 were carriers of the hepatitis B virus, 2 of the hepatitis C virus and 47 of chronic liver disease.

Clinically, painful hepatomegaly was found in all cases; abdominal pain in all cases, poor general condition in 86 patients; collateral venous circulation in 3 cases.

The dosage of alpha-fetoprotein (AFP) was performed in all patients whose values were greater than 500 ng/l.

Abdominal ultrasound was performed in 97 patients and abdominal computed tomography in one case. It had made it possible to highlight diffuse liver involvement in 85 patients (86.7%) and a localized nodular appearance in 13 cases (13.3%) with the size of nodule greater than 5cm.

All these patients had received symptomatic treatment combining analgesics and antispasmodics. None of our patients had undergone surgery, chemotherapy or other specific treatment. The survival rate after 12 months was 2,1%.

Discussion

The prevalence of HCC in our study was 1.4% lower than that of Bouglouga et al in Lomé [3] and that of Diarra et al [4] in Mali was 6.5%, but lower than that of Ibara et al. [5] in Congo. The male predominance in our series has been the rule in the literature [3-5]. Homemakers were the most affected in our series 33.7%. This confirms the data in the literature, according to which HCC would

have a high frequency in underprivileged social strata [4]. This is explained by a poor lifestyle and exposure to the viral hepatitis B virus by transfusion or sexually. The notion of chronic liver disease in our series would be due in our context to alcoholism in 47.9%. This rate is higher than those of Bouglouga et al in Lomé [3] and Ayol-Petty et al in Congo [6]. More than 52.04% of our patients were chronic carriers of hepatitis B and C virus. This further confirms the high prevalence of hepatitis B and C virus infection in the Kara region [7,8].

Clinically, our patients had presented signs of painful hepatomegaly, collateral venous circulation and deterioration of general condition in a context of cirrhosis in favor of advanced stage hepatocarcinoma.

AFP is a marker of hepatocellular carcinoma and embryonic tumors and only has specificity in the diagnosis of HCC at a very high level [9]. It was positive (> 500 ng/mL) in all cases in our series. AFP [3].

Diagnosis is based on histological examination after biopsy. However, the realization of this biopsy is difficult in our context because our technical platform is limited. The diagnosis was made in our context on the presence of hepatomegaly, liver mass and elevation of AFP.

Mortality at 12 months was 97.9% in our series. This rate is higher than those of Bouglouga et al [3], Ibara et al. [5] and Ayol-Petty et al. This is due to the diagnostic delay in our context.

The management was palliative in our context due not only to the late diagnosis at the complication stage but also to the lack of technical facilities and skills to perform a hepatectomy. Chemotherapy is financially inaccessible to patients who are mostly poor.

Conclusion

HCC remains a serious condition, relatively common in our environment in the majority of cases due to hepatitis B and C viruses and alcoholism. Its diagnosis is often not easy. Its treatment is palliative in our context due to the lack of an adequate technical platform. A vaccination against hepatitis B could allow us to reduce the incidence of this in our environment.

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