

Pancreas Cancer: Epidemiological, Clinical, Morphological Aspects, and Therapeutic Modalities: Result of a Moroccan University Centre

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Abstract

Introduction: Cancer of the pancreas is one of the most aggressive solid tumors often discovered at a locally advanced or metastatic. Adenocarcinoma is the most common histological type. The aim of our study was to analyze the profile of pancreatic cancer by the various imaging techniques.

Materials and methods: Descriptive retrospective study over a period of 7 years including all patients who were followed for pancreatic cancer. The epidemiological data, clinical, morphological and treatment were collected, all the patients were hospitalized. The therapeutic decision was taken after a multidisciplinary meeting between the different specialists in the Department of Gastroenterology and liver diseases, medicine C, ibn sina hospital, Rabat, Morocco.

Results: Over a period of 7 years, 67 patients were collected. These 37 men and 30 women with a sex ratio of 1.23. The average age was 60 years (26-93 ans). 37% of patients had a history of diabetes. Clinically 43% of patients had cholestatic jaundice, 28% had abdominal pain. Clinical examination revealed an abdominal mass in 23% of cases. Abdominal ultrasound showed dilatation of the biliary tract in 67% of cases, the abdominal scanner allowed the diagnosis of pancreatic cancer in 88% of cases. The tumor site was cephalic in 67% of cases, corporeal in 7% of cases and caudal in 25% of cases. Magnetic resonance imaging (MRI) was reported in 11% of patients for suspected intra-ductal papillary mucinous neoplasms (IPMNs) or as a complement to the diagnosis. Echoendoscopy was performed in 11% of the patients as part of the locoregional extension. The average size of the tumor was 48 mm. CA19-9 was only dosed in 26 patients. It was positively positive in 65% of patients and normal in 35% of patients. Histologically, 83% had adenocarcinoma, 3% had lymphoma, 3% had neuroendocrine tumors, and 5% had degenerated IPMNs. Cancer was resectable in 9 patients (13%). The main operative contraindications were

Chicago, IL). All patients consulted with a private gastroenterologist and then sent to the department of gastroenterology medicine C. During this hospitalization the epidemiological, clinical and morphological data are recorded in electronic files. It should be noted that this study was authorized by the head of the department and the director of Ibn Sina Rabat Hospital, Morocco.

Results

Epidemiological data

The total number of patients in this study was 67 (n=67). The average age of patients was 60 years, with a low male predominance of 55% (n=37). The sex ratio was 1.23. 25 patients (37%) had a history of diabetes, 9 patients (13%) had a history of smoking and 3 (4%) had a history of alcoholism. No history found in 28 patients.

Clinical data

Among all patients 29 patients had cholestatic jaundice, which was isolated in 12 patients and associated with other symptoms in 17 patients. Abdominal pain was present in 19 patients (28%), isolated in 4 patients and associated with other symptoms in 15 patients, and 02 patients were asymptomatic. Clinical examination revealed abdominal mass in 15 patients (23%), hepatomegaly in 5 patients (8%), ascites in 4 patients (7%), and a large gallbladder in 02 patients.

Morphological data

Out of total patients 80% of the patients (n=54) had an abdominal ultrasound. She showed the pancreatic process with a double duct sign in 67% of the cases (n=45). In 13% of the cases (n=9) ultrasound showed an isolated dilatation of the bile ducts intra and extra-hepatic without obstacle. One patient had ultrasound signs of associated segmental portal hypertension. Abdominal CT scanner was required in 61 patients. She diagnosed pancreatic cancer in 96% of the cases (n=59). Magnetic resonance imaging (MRI) was performed in 11% of cases (n=8).

Imaging techniques	Number of patients	Visualization of pancreatic cancer	Bile ducts		Duct of Wirsung	
			Dilated	Not dilated	Dilated	Not dilated
Abdominal ultrasound	54	45	42	9	30	-
Abdominal CT scanner	61	59	59	0	59	-
Abdominal MRI	8	8	8	-	8	-
Endoscopy Ultrasound (EUS)	8	8	8	-	8	-

Pulmonary and hepatic metastases and the indication of palliative chemotherapy were posed. T e

Resected cancers alone account for 10 to 20% of pancreatic cancers [19] (13% in our series), while unresectable cancers account for 35% and 50% of pancreatic cancers. In our study we found 82% of cancers diagnosed at the metastatic stage (n=52). And 10% (n=6) at the locally advanced stage. Exercise surgery, is the only curative treatment, thus concerns only 20% of the patients. This surgical treatment, which allows for a five-year survival rate of around 10% in multi-center trials, can no longer be used in isolation. Indeed, adjuvant chemotherapy makes it possible to double the survival rates to five years in two phase III trials it has become a standard and recommended in operated patients regardless of the lymph node status. Two options are possible, 5FU modulated by folic acid, or gemcitabine. On the other hand, adjuvant or neoadjuvant radio-chemotherapy has not shown any benefit in terms of survival and is no longer recommended [20]. Biliary and duodenal prostheses are an alternative to palliative surgery for the treatment of biliary and/or duodenal stenosis.

Conclusion