The management of gastric cancer at the Mohamed VI University Hospital of Marrakech, Morocco

A.Farouk, A.Diffaa, Z.Samlani and K.Krati
Department of Gastroenterology, Faculty of Medicine Cadi Ayyad University, Morocco

Introduction: The gastric cancer is an aggressive cancer with great geographic disparity. In Morocco, its frequency represents 33% of digestive cancer. This cancer be characterized by a severe prognosis, and the survival at 5 years is about 15%. The purpose of our study is to analyze the epidemiological, anatomopathological, clinical, and therapy profile of gastric cancers in the CHU Mohammed VI Marrakech.

Methods: We report in this study a retrospective series of 258 cases of gastric cancer collected between 2006 and 2010 in the Mohammed VI University Hospital, Marrakech, Morocco.

Results: Gastric cancer took the first place of digestive cancers (358.2%). The sex ratio was 1.8. The mean age was about 54.4 years old for both males and females with an age bracket from 20 to 89 years old. The clinical symptoms were dominated by epigastric pain (86.2%), The diagnosis was confirmed by the endoscopy and biopsy practiced in all the patients. Gastric cancer was more often located in the antropyloric region (52.7%), ulcerobuded in 47.3% of the cases. Adenocarcinoma was from a far the most frequent histological type (89.7%) with predominance of the poorly differentiated type (33.5%). Further diagnostic showed hepatic metastasis in 25.6%, and ascitis in 30.7%. The diagnosis of gastric cancer was so assessed in advanced stage. Only 27.9% of the cases were treated with curative surgery. Curative chemotherapy was used in 26.3% of the cases and as palliative therapy in 24.8%. Adjuvant radiochemotherapy was practiced in 4.6% of the cases.

Conclusion: Comparing our results with the literature allowed us to conclude that our patients had been taken in charge at an advanced stage of their disease. This series shows us that detection at an early stage is mandatory to achieve 5 years survival rates of up to 90%, necessitate a primary prevention and this implies a systematization of endoscopic examinations and a close follow-of high risk patients.