

## HCC

# #P16 - Epidemiological, clinical, therapeutic and prognostic features of hepatocellular carcinoma in a subsaharan country

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### Background & Aims

Hepatocellular carcinoma (HCC) represent a significant cause of mortality worldwide, particularly in sub-Saharan Africa. We therefore set ourselves the general objective of describing the epidemiological, clinical, therapeutic and prognostic features of hepatocellular carcinoma in four hospitals of the city.

### Methods

We conducted a descriptive retrospective cross-sectional study from December 2015 to December 2022. All medical records of patients diagnosed with HCC, including epidemiological, clinical, paraclinical, therapeutic and prognostic data, were included in our study. Medical records lacking the variables of interest were excluded. Data analysis was performed using SPSS software. Quantitative variables were expressed as mean +/- standard deviation and median according to distribution.

### Results

A total of 227 medical records were recorded, 160 for men and 67 for women. The sex ratio was 2.4, with a median age of 53 (38-68) years. The hospital frequency of HCC was 1.5% and 1.4% in hepatogastroenterology and oncology respectively. Viral hepatitis was the main cause of HCC (77.5%), of which 41.4% was viral hepatitis B (VHB) and 32.1% viral hepatitis C (VHC), followed by alcohol (11%). HCC was mostly discovered at the symptomatic stage (89.9%), with the onset of a tumor syndrome (72.5%). The clinical features were dominated by: altered general condition, WHO stage 2 (31.3%), physical asthenia (73.3%), weight loss (55.9%), anorexia (47.1%), abdominal pain (92.5%) and hepatomegaly. Abdominal ultrasound was performed in 70.9% of patients, and abdominal CT in 69.2%. Multinodular (53.1%) and massive (85.2%) forms were the most frequent. Pathology was performed in 7.9% of patients. Metastases were present in 14.53% of patients, for whom the preferred site was the lung (81.1%). Management was mainly palliative (31.3%), with Sorafenib the most commonly used chemotherapy molecule (85.6%). Median survival was 93 days.

### Conclusions

the HCC patient was a relatively young man (53 years), consulting at an advanced stage of the disease, with HVB and presenting mainly with abdominal pain and hepatomegaly. Management is usually palliative, with a poor prognosis.