

The pattern and prevention of Colorectal cancer in Sudan

Abdelrahim MI, Suliman SH, Salim OH, Ibrahim SZ, El Tahir MA, Mudawi HM, Dabora A, Abbas S, Yousif DO, Ahmed KM.

Soba Gastroenterology Research Unit, Khartoum, Sudan

Key words: colorectal cancer, Sudan, screening, flexible sigmoidoscopy.

Background: Screening and early detection (secondary prevention) are important in influencing the outcome in patients with CRC. The main objective of this study was to identify the pattern of colorectal cancer in the Sudanese population with special emphasis on age, gender and site of the tumor. Other objectives were to determine whether there is a need to institute a national wide screening program and to determine the appropriate age group the screening should be targeting.

Methods: A retrospective hospital-based study was conducted on all colorectal cancer (CRC) patients who attended soba university hospital (which is one of the largest central hospitals in Sudan that has integrated gastrointestinal and endoscopy units and receives patients from all over the country) between January 2004 and September 2009 to describe the pattern of CRC by age, gender, and sub location of the tumor. This study is an expansion of Suleiman SH *et al* study of similar parameters at the same hospital in the period between January 2004 and December 2007.

Results: During the study period, 138 patients between the ages of 17 and 89 years with CRC attended both hospital clinical wards and endoscopy units. Female to male ratio was 1:1.19, 63(45.7%) females and 75(54.3%) males. Mean age at diagnosis was 52.9 years. The peak incidences occurred at the age of 50-59 years, 30(21.7%) and it plateau at 60-69 years, 29(21.0%). 21.7% of colorectal cancer occurred in the right colon, 1.4% in the transverse colon, 13.0% in the left colon while 63.8% occurred in the rectum and recto-sigmoid junction, at the reach of flexible sigmoidoscopy.

Conclusion: 39.1% of the patients were found to be below 50 years of age with predominance of distal CRC among all patients. This suggests that screening with flexible sigmoidoscopy starting at the age of 40 years can be of secondary preventive value.