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MYELOMA (COMy)

Multiple myeloma among elderly patients in sub-Saharan Africa : an example from Senegal

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Introduction

Malignant hemopathies increase with age and multiple myeloma (MM) is one of the most common. The elderly population represents a particular group with varying degrees of age-related conditions, responsible for vulnerabilities that can affect therapeutic choice, as well as evolution and survival. Despite advances on the subject, the literature devoted to it remains limited in sub-Saharan Africa. The aim of our study was to describe the profile and survival of elderly patients with myeloma in Dakar, Senegal. We conducted a retrospective study over a 10-year period (from January 1, 2014 to December 31, 2023) in the clinical hematology department of the Dakar National Blood Transfusion Center, which included patients followed for myeloma and aged at least 65 years.

Results

Table I: sociodemographics and comorbidities

Variables	Frequence (N=52)	Percentage (%)
Sex		
Female	19	36.5
Male	33	63.5
Hypertension	22	42.3
Diabetes	8	15.4
Hepatitis B	2	3.8
Chronic kidney disease	11	21.2
Heart failure	3	5.8
Coronary artery disease	2	3.8
Herbal medicine	7	13.5
Chronic medication	20	38.5
Irregular follow-up	24	46.2

Table II: presentation at diagnosis

Variables	Frequence (N=52)	Percentage (%)
Performance status		
0-1	5	9.6
≥2	47	90.4
Complication	50	96.2
Type of complication		
Renal	16	30.8
Bone	45	86.5
Hypercalcemia	14	26.9
Anemia	39	75
Infection	17	32.7
Salmon et Durie		
2A	2	3.8
2B	2	3.8
3A	34	65.4
3B	12	23.1
Monoclonal protein		
IgA	9	17.3
IgG	15	28.8
IgM	1	1.9
Unknown	27	51.9

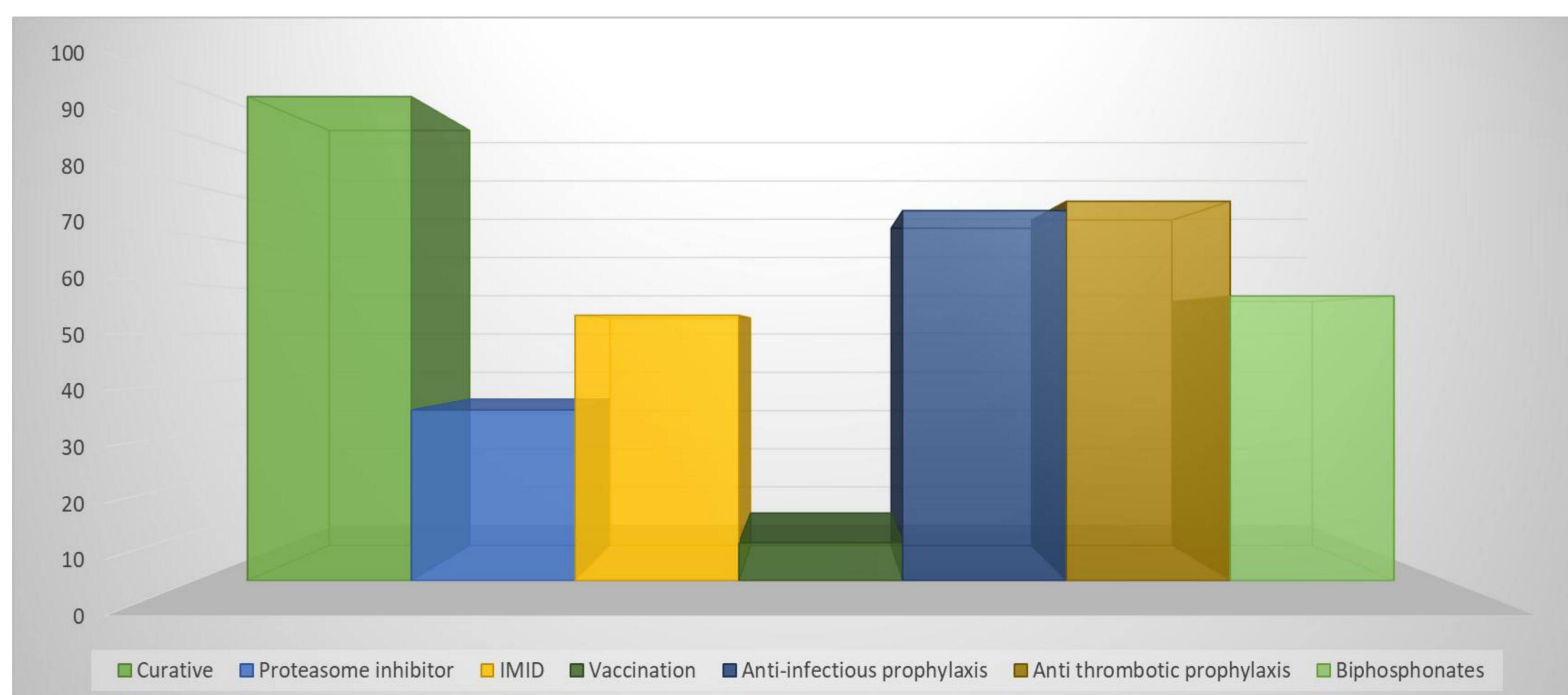


Figure 1: management

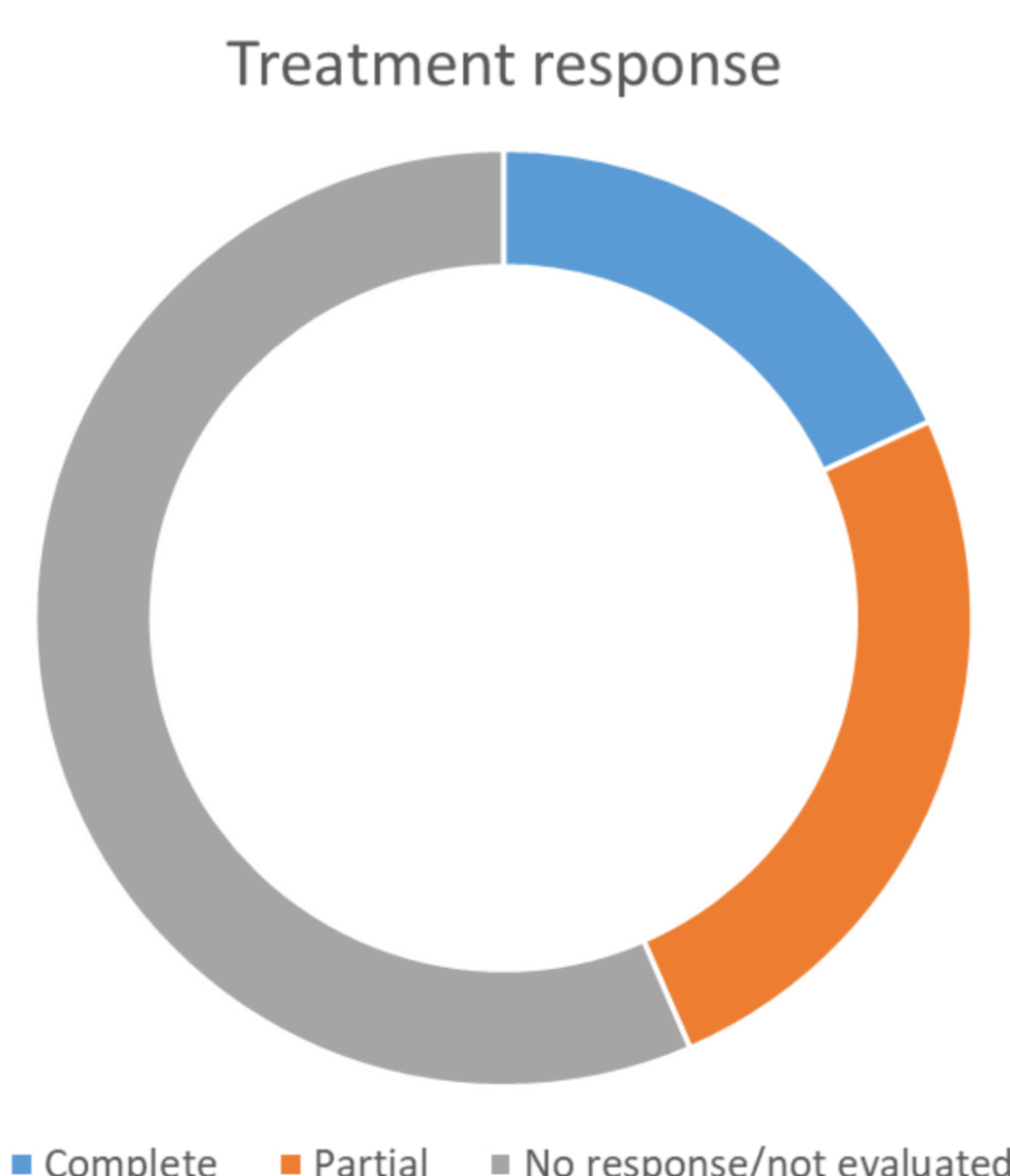


Figure 2: treatment response

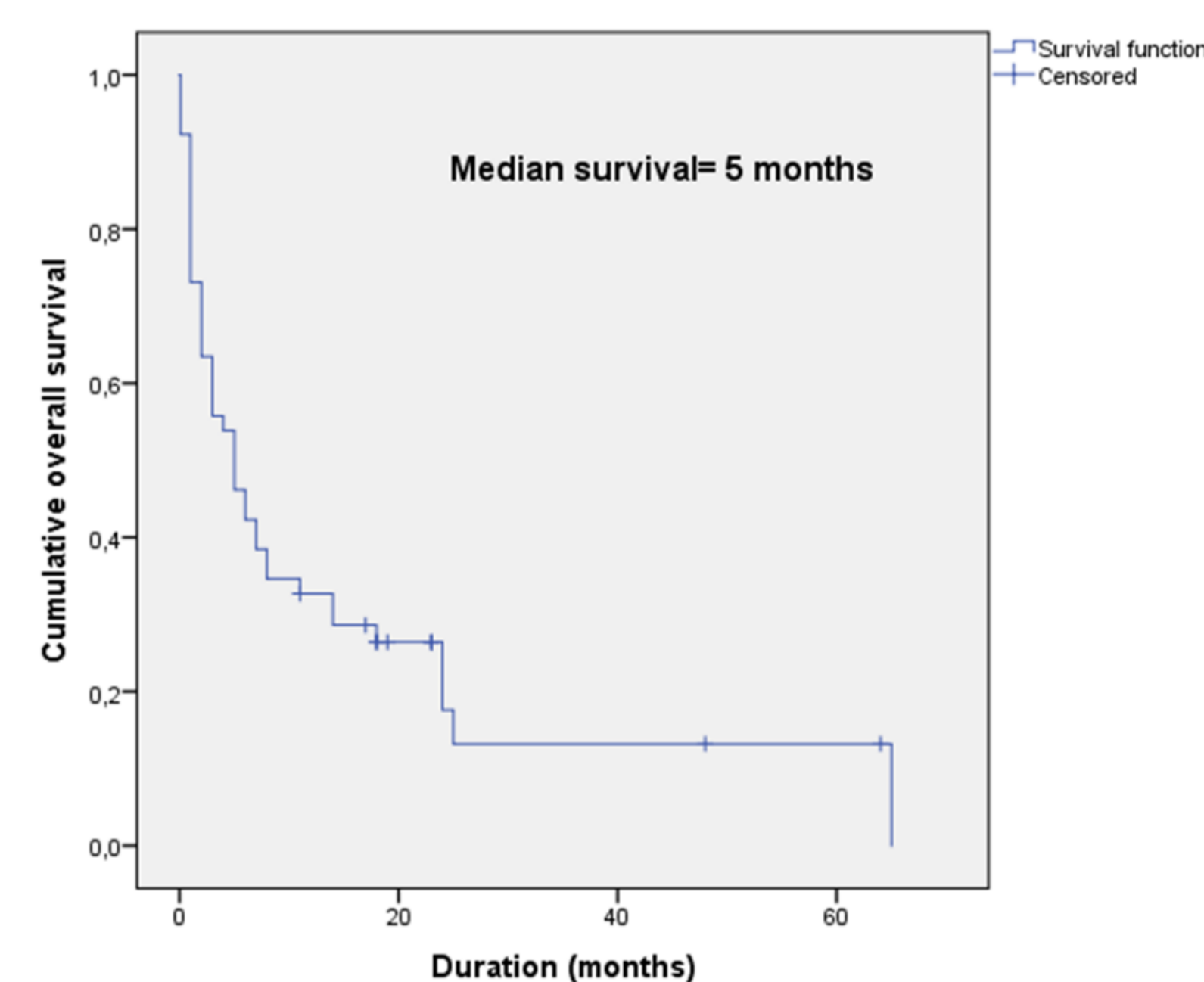


Figure 3: overall survival

Conclusion

Our study highlights the fact that elderly subjects with myeloma in Dakar present at a late stage. This reflects an impaired general condition and the presence of numerous complications at the time of diagnosis. Survival is poor and could be explained by the fragility of this population due to age, comorbidities, hematological disease and limited access to treatment.

References

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