Changes in Patterns of Hodgkin's Disease in Algeria, 1966–1985: Influence of Health Care Delivery System

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Descriptive epidemiology of Hodgkin's disease (HD) has led to the identification of several patterns, attributed to the interplay of environmental and host aetiologic factors. Pattern I (high rate in children, predominance of mixed cellularity histologic subtype) prevails in developing countries, whereas pattern III (initial pronounced peak in young adults, predominance of nodular sclerosis histologic subtype) is prevalent in affluent, wealthy, urbanized countries. The intermediate pattern II is observed in rural areas of developed countries [1]. We studied the epidemiologic characteristics of all Algerian patients with HD who were recorded at our clinic from January 1966 to December 1985. During this period, the age and sex stratification of the Algerian population remained identical, but the percentage of children in our outpatient department diminished from 0.26 to 0.16 [2]. The data are summarized in the table I.

The most striking features are: (i) a decrease in the number of children, as a consequence of the development in the Algiers area of a network of paediatric oncology units, for adult patients age stratification remained similar; (ii) a significant shift of clinical stages

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Table I. Changes in patterns of Hodgkin's disease in Algiers, 1966–1985

A = Patients without systemic symptoms; B = patients with systemic symptoms; LP = lymphocytic predominance; NS = nodular sclerosis; MC = mixed cellularity; LD = lymphocytic depletion.

228

Colonna/Belhadj-Merzoug/Henni/Andrieu

from advanced to limited ones, with a significant decrease in patients with systemic symptoms; (iii) a significant increase of lymphocytic predominance nodular sclerosis and histologic subtypes, with a significant decrease in mixed cellularity and lymphocytic depletion types.

All the observed trends, including the change in histologic types and lower stages, are probably the result of early diagnosis due to easier access to the health care delivery system. During the same period, an increasing fraction of the Algerian population lived in urban areas (figures from the three censuses of 1966, 1977 and 1987 are 20, 40 and 55%, respectively) where most of

health care facilities are, and the number of physicians increased dramatically (number of inhabitants per physician: 8,738, 4,937 and 1,653, in 1966, 1975 and 1985, respectively). Such 'environmental' changes seem sufficient to explain the observed changes in HD in Algeria, in contrast to other trends which were described elsewhere [3, 4].

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