Changes in Patterns of Leukaemia in Algeria, 1966-1985

The reports on leukaemias in Jordan [1] and in North-West India [2] show certain differences between developing countries and industrialized countries. Leukaemias in developing countries are more commonly chronic, involve a younger age group, and the male:female ratio is higher. In Algeria, similar observations have been made in the past [3, 4]. However, Indian authors asked whether there will be a change in patterns of leukaemias [2] as it was observed in developed countries, particularly a rise in leukaemia incidence in older age groups and a diminishing male preponderance [5]. Some changes are observed in Algeria over the past 20 years (1966-1985) when comparing the 1966-75 decade to the 1976-85 decade (table I). The rise in the number of cases (893 to 1,010) results from the rise in the number of inhabitants (1966: 12 millions; 1984: 21 millions) and from the improved health care in the country. During the two periods, in our out-patient recruitment, the male:female ratio was identical (0.8), but the percentage of children diminished from 0.26 to 0.16; for this reason, the table makes a distinction between adults and children with regard to acute leukaemias; in chronic leukaemias, the percentage of children is negligible [less than 5% in chronic granulo-cytic leukaemia (CGL), none in chronic lymphocytic leukaemia (CLL)].

There is no change in the mean age for all types. This is not surprising, as the age stratification of the Algerian population remains the same; the higher incidence in older age groups in the USA is considered to be the result of the ageing of the population [5]. The male preponderance diminished abruptly only in CLL, as it did in the USA in the first half of the century [4]. Finally, as observed in the USA [5], the myel-oid to lymphoid ratio of leukaemias in adults diminished significantly (p = 0.005) in both the acute and chronic types.

References