



HOSPITAL MORTALITY DUE TO MALIGNANT NEOPLASIA OF BONES AND ARTICULAR CARTILAGE IN NORTHEASTERN BRAZIL FROM 2014 TO 2018

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BACKGROUND

Malignant bone and cartilage neoplasms account for less than 0.2% of cancer cases and mainly affect children and young adults. The three most common types are osteosarcoma, chondrosarcoma and Ewing's sarcoma. Survival in 5 years varies around 66%, with better prognosis in young people.

MATERIALS AND METHODS

This is a descriptive retrospective epidemiological study, whose data were collected from the database of the Unified Health System (DATASUS), for the period from January 2014 to December 2018, the most recent period available on the platform. Malignant bone lesions by metastasis are common, but here only primary neoplasms of bones and cartilages are considered.

RESULTS

The northeastern region of Brazil presented an average of 3,267 hospitalizations for bone and cartilage cancer per year, with a total of 16,326 in 4 years. In the interval observed, brown patients were more prevalent, with 73.6%, followed by white patients with 7.2%, black patients with 2.3%, 1 indigenous patient and 16.3% of the patients had no informed ethnicity. In relation to gender, there was no significant prevalence, as 52% corresponded to males and 48% to females. Regarding the age group, the peak incidence is observed in patients aged between 10 and 19 years with 41.47% of hospitalizations, so that the other age groups have similar prevalence for neoplasia, except if less than 4 years old, with 2.14%, or more than 70 years old, with 7.46%, who have the lowest hospitalization rates if age is considered. Moreover, considering the hospital deaths due to this cause, there are a total of 736 deaths. These are distributed in similar proportions among patients from 10 to 79 years of age, with a peak in the second decade of life (20.38%) and another in the age group of 50 to 69 years (35, 59%).

CONCLUSION

The present study demonstrated that neoplasia, in the range from 2014 to 2018, did not distinguish by gender and was more prevalent in mulattoes, with more hospitalizations among young people and similar mortality among age groups, with a higher number of deaths among the elderly. Thus, it corroborates the literature that indicates higher survival for young patients, even considering that there are more hospitalizations for this group. Therefore, it is understood that both young and old should be public target of public policies for early detection, because the system burden and high mortality, respectively, are relevant issues.