Main causes of emergency attention in patients with malignant solid tumors. Experience from a single institution in Mexico City

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Introduction

Patients with cancer are susceptible to emergencies related to cancer or unrelated to it, which endanger their lives. [1]. Emergency departments are often visited by patients with cancer to alleviate symptoms, management of side effects related to treatment, oncological emergencies, comorbidities and/or end of life [1]. There are several studies about the prevalence of symptoms related to treatment in cancer patients and its showed 60% with acute nausea and vomiting [2,3], 96% experience fatigue [4], 50% manifest pain [5] and 40% with peripheral neuropathy [6]. Another study that included 814 patients found that 28% with side effects of the therapy and subsequently medical visit. Many symptoms can be fatal and require immediate attention, but others can not be managed immediately [7-8].

Objetive and Methods:

Objetive: The purpose of this study is to describe the reasons for consulting to medical oncology emergency room.

Methods: Prospective, observational study. We registered the symptom that cause the visit to emergency department at the first semester of 2017; patients included should have cancer diagnosis at any stage, and received any treatment (surgery/radiation/chemotherapy). We analyze the prevalence of symptoms and its association with the treatment, stage, gender, socio-economic status. For the statistical analysis SPSS v.23 was used, the correlations were performed with the Chi square test.

Results

246 patients were evaluated, average age was 54 years (18-91); 76.8% were women; main neoplasms attended were breast 24.4%, ovarian13.4% and cervical cancer 10.2%, 71.4% of the patients were treated with chemotherapy. According with the initial evaluation, 15.5% was classified as an emergency and 84.5% as an urgency. 48.5% of patients reported a single symptom and 51.5% had several symptoms; the most frequent reason for consultation was pain 23.8%, gastro-intestinal chemotherapy toxicity 23.2%, followed by fever in 8.2%. Overall in 39% of cases the symptom was tumor-related, 35.9% toxicity-related. None of the patients died in the emergency room and 26.7% were hospitalized. **Factors lead to hospitalization were severity of symptoms, and manifestations related to unresponsive disease (p = 0.000 and p = 0.033 respectively).**

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A single symptom or Several symptoms

MOST FREQUENT REASON FOR CONSULTATION

Discussion

Patients who have received or are receiving systemic treatment experience many symptoms that lead them to consult in an emergency area. The difficulty of enumerating different symptoms for which these patients consult has already been described [2,9], a systematic review, which evaluated 6 prospective studies and 12 retrospective studies, reported 28 symptoms, the most common was febrile neutropenia, infection, pain, fever, and dyspnea. 16 studies reported hospital admission rates after emergency room visits, and it was around 58%. 11 studies reported mortality rates, 13% were reported [2]. Swenson et al evaluated symptoms in oncological patients and found that gastrointestinal symptoms are the most frequent [9], our study after fever, gastrointestinal problems were the most frequent. Regarding the type of neoplasia in a Brazilian study described that patients with urological and breast tumors are the most frequent in the emergency department [10], in our study were gynecological and breast tumors, possibly due to the frequency of these population in our study. Patients who had tumor-related symptoms and patient with initial triage classification as emergency lend to hospitalization with a statistically significant difference; symptoms associated with toxicity were managed on an outpatient basis. The limitations of this study are given by the number of patients and the short follow-up.

Conclusions

Breast cancer represent the most common cause of emergency attention, the most common symptoms are pain and gastro-intestinal chemotherapy toxicity. One out of three patients required hospitalization to treat the symptom. Factors associated with hospitalization were severity of symptoms and tumor-related symptoms.