

 ORIGINAL ARTICLE

Cancer mortality does not differ between migrants and Danish-born patients

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INTRODUCTION

The aim of this study was to compare cancer mortality among migrant patients with cancer mortality in Danish-born patients.

MATERIAL AND METHODS

This was a historical prospective cohort study. All non-Western migrants ($n = 56,273$) who were granted a right to residency in Denmark between 1 January 1993 and 31 December 1999 were included and matched 1:4 on age and sex with Danish-born patients. Cancer patients in the cohort were identified through the Danish Cancer Registry and deaths and emigrations through the Central Population Register. Using a Cox regression model, sex-specific mean hazard ratio (HR) for all-cause mortality were estimated by ethnicity; adjusting for age, income, co-morbidity and disease stage.

RESULTS

No significant differences were observed in mortality for gynaecological cancers between migrant women (HR = 1.12; 95% confidence interval (CI): 0.70-1.80) and Danish-born women. Correspondingly, migrant women (HR = 0.76; 95% CI: 0.49-1.17) showed no significant differences in breast cancer mortality compared with Danish-born women. Regarding lung cancer, neither migrant women (HR = 0.79; 95% CI: 0.45-1.40) nor men (HR = 0.73; 95% CI: 0.53-1.14) presented statistical variances in mortality rates compared with Danish-born patients. Similarly, for colorectal cancer, migrant women (HR = 0.64; 95% CI: 0.27-1.55) and men (HR = 1.58; 95% CI: 0.75-3.36) displayed no significant differences compared with Danish-born patients.

CONCLUSION

Different trends were observed according to cancer type, but cancer mortality did not differ significantly between migrants and Danish-born patients. This may imply that the Danish health-care system provides equity in cancer care.

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 ORIGINAL ARTICLE

Diagnostic challenges in otogenic brain abscesses

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INTRODUCTION

Otogenic brain abscess (OBA) is a rare complication to otitis media, but one with a potentially devastating outcome. Early diagnosis of OBA is crucial for successful treatment. The objective of this study was to determine the incidence of OBA in a Danish population and to describe its clinical manifestation, management and outcome.

MATERIAL AND METHODS

A total of 93 patients were retrospectively enrolled by diagnosis codes for brain abscess from 1999 to 2010. Records were reviewed to register age, symptoms, clinical findings, co-morbidity, imaging, microbiology and treatment.

RESULTS

Seven were found to have had an otogenic focus of infection. The incidence of OBA was 1/million, and the mean age was 43 years, ranging from ten to 81 years. Five patients had acute otitis media and two had infectious cholesteatoma. Four had previously suffered a head trauma. The young patients presented with symptoms indicative of meningitis and the elderly patients with symptoms resembling a stroke. None of the patients were treated with antibiotics before admission to hospital. No mortalities occurred, but three had sequelae in the form of hearing loss and/or neurological impairment.

CONCLUSION

The OBAs manifested with symptoms mimicking meningitis in young patients and stroke in elderly patients. Absence of fever does not rule out OBA; and regardless of any present ear symptoms, an ear nose and throat examination should be performed without delay to locate the focus of infection and to facilitate targeted treatment.

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