



UCI

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According to the Uganda Cancer Institute (UCI), several factors contribute to the high burden of oncologic emergencies in Uganda, with late diagnosis being among the most significant. Many patients seek medical care only when symptoms become severe, often after tumours have grown large or spread to vital organs. Limited screening programmes for cervical, breast, prostate, and colorectal cancers mean early-stage disease frequently goes undetected, delaying timely treatment.

Access to specialised care is another major barrier. Many rural health facilities lack oncology services, advanced diagnostic imaging, blood banks, and intensive care units. Patients often travel long distances to Kampala or regional referral hospitals, delaying critical interventions. Financial constraints compound the problem, as out-of-pocket costs for investigations, medicines, and transportation can prevent patients from seeking care promptly, turning manageable complications into life-threatening emergencies.

Emergencies and their toll

Cancer-related emergencies in

Uganda's struggle with late-stage disease



Uganda take many forms. Severe anaemia and uncontrolled bleeding are common, particularly in patients with advanced cervical or gastrointestinal cancers. Some patients arrive with life-threatening haemorrhage requiring urgent transfusions, yet shortages in blood supplies can delay lifesaving care. Spinal cord compression from cancers such as prostate, breast, or lung can cause sudden paralysis, loss of bladder control, and severe pain; without timely surgery or radiotherapy, paralysis may become permanent.

Chest tumours can block major blood vessels, causing superior vena cava syndrome. Patients experience facial swelling, breathing difficulties, and reduced blood flow, all requiring urgent imaging and radiotherapy, resources often scarce outside major hospitals. Metabolic emergencies like tumour lysis syndrome, most common in blood cancers such as leukaemia and lymphoma, release high levels of potassium and uric acid, risking kidney failure or fatal

heart disturbances. Severe infections remain a constant threat, especially in patients undergoing chemotherapy, as weakened immunity can allow infections to progress rapidly to sepsis, which requires immediate antibiotics and supportive care.

Referral hospitals, including Mulago National Referral Hospital, manage many of these emergencies alongside UCI. However, emergency departments are routinely overwhelmed with trauma, obstetric crises, and infectious diseases, leaving limited capacity for complex oncologic cases. In district hospitals, the lack of CT scans and MRI machines hampers rapid diagnosis of complications like spinal cord compression or internal bleeding, turning delays into life-or-death situations.

Children with cancers such as leukaemia or Burkitt lymphoma are particularly vulnerable, often deteriorating quickly from anaemia, infections, or airway obstruction. While paediatric oncology services in Uganda have expanded, emergency

stabilisation remains difficult, especially outside major urban centres.

The human cost of these emergencies is substantial. Families frequently must purchase emergency medicines, pay for diagnostic tests, or search for blood donors, while travelling long distances adds both financial strain and psychological stress. Sudden complications like paralysis or breathing difficulties can be deeply traumatic for patients and caregivers alike.

Addressing cancer-related emergencies in Uganda requires urgent, coordinated action. Expanding screening and early detection programmes would allow cancers to be identified before complications arise. Training district health workers to recognise warning signs, including neurological deficits, uncontrolled bleeding, and infections, can speed up timely referrals. Strengthening blood banking systems, expanding imaging services, and increasing intensive care capacity are also critical. Routine follow-up through primary health care services can help detect complications early and prevent escalation.

As Uganda's cancer burden grows, emergency preparedness must be central to national cancer control strategies. Cancer is no longer solely a chronic disease managed over months or years; it increasingly presents as an acute, life-threatening condition. Ensuring patients receive timely, lifesaving care demands coordinated action from policymakers, clinicians, and communities alike.

The writer is the executive director, Uganda Cancer Institute