

# Peds Tumors

## Neuroblastoma 1-4 yrs

- unpredictable
- < age: better prognosis
- Abdominal mass <sup>can cross midline, irregular</sup>
- ↑ sick!
- Bone pain
- weight loss
- fever, sweating, Anemia

dx: - VMA/HVA ↑ in urine  
- X-ray (calcification)

- US  
- CT/MRI: mets <sup>4</sup> LN/bone/BM/skin/liver <sup>4S</sup>  
- biopsy: dark blue round cells "rosette"  
around neurofibrillary core

tx: Sx: resection + chemo  
↓ risk ↘ only      ↗ neoadjuvant: intermediate risk  
                        ↗ neoadjuvant + adjuvant: ↑ risk

3.5 yrs

from metanephric blastema

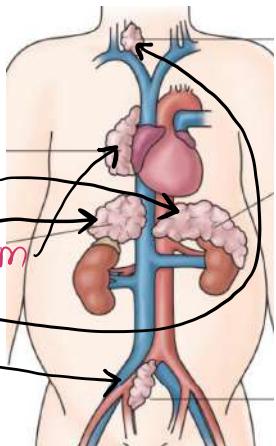


- better prognosis
- mc renal peds tumor
- < age: poor prognosis
- mc: unilateral, solitary
- mc: sporadic
- Asymptomatic (mc)
- Abdominal pain
- Hematuria
- Abdominal mass <sup>smooth, unilateral</sup>
- ↓: fever, VTI, HT, anemia, varicelle, rupture w/ hemorrhage

mc intraabdominal:  
#1 Neuroblastoma  
#2 Nephroblastoma (Wilms')

### sites:

- 1 - Adrenal medulla
- 2 - SANS ganglia
- 3 - post. mediastenium
- 4 - Relvis/neck



Shimada: favorable prognosis

- 1 - mitosis ↓
- 2 - Age ↓
- 3 - differentiation ↑
- 4 - Shwannoma rich

### INSS:

- 1 → 4 worse  
4S: infants w/distant mets:  
↓ spontaneous regression  
skin/liver/BM  
subcutaneous nodules  
hepatosplenomegaly  
+ve Blueberry muffin spots

dx:

- US
- CT/MRI (Renal v. → IVC)
- Echo (Renal A)
- Arteriography (preoperative embolization)
- X-ray (X calcification)
- DMSA - bone/Brain scan (mets)

tx: Chemo & resection  
or  
or  
nephrectomy

if mets: venotomy / hepatic or lung metastectomy

prognostic Factors :

- stage ↑
- Histo a
- Age ↓
- recurrence