

Unlimited Pages and Expanded Features on and treatment outcome in children with nephroblastoma in Kenya

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Abstract:

OBJECTIVE: To review the clinical presentation and management of children with nephroplastoma and the factors influencing the outcome at Kenyatta National Referral and Teaching Hospital (KNH). DESIGN: This was a retrospective case series study based on secondary data accumulated between 1990 and 1996. SETTING: The relevant data were extracted from records of all children aged 12 years and below, admitted for cancer at KNH, Nairobi. RESULTS: Out of 803 children with cancer, 71 (8.8%) had histologically proven nephroblastoma. At presentation, 1.5% were in stage I, 13.2% stage II, 36.8% stage III, 41.2% stage IV and 7.4% stage V. Eighty five per cent presented with stage III-V disease. Ninety five per cent had nepherectomy and received chemotherapy. Radiotherapy was given to 50.7% of the patients. Nine patients died before commencement of chemotherapy, two of whom died in the immediate post-operative period. The median duration between admission and surgery was 41 days. Pre-operative chemotherapy was given to 42% of the patients. Approximately 25.5% of the patients received little or no induction chemotherapy due to unavailability of drugs while only 2.8% received the prescribed maintenance treatment with the remainder getting erratic or no treatment. Overall, only 34.7% remained disease free two years from time of diagnosis. CONCLUSION: Late presentation, poor availability of cytotoxic drugs and frequent treatment interruptions for various reasons have contributed to the poor outcome of nephroblastoma in Kenya