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## Tumor Willms-Nephrobllastoma

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**Introduction:** Wilms' tumor (nephroblastoma) is the second most common malignant retroperitoneal tumor. It is the most common primary renal tumor of childhood.

**Purpose:** It was preterm newborn baby, 36 gestational week, male, presents in delivery room with birth weight: 3100 g, A/S: 5/6. Signs of respiratory distress, Skin: cyanotic, hematoma in the right forearm, Abdomen: distended, in the left epigastric region palpable mass. Other systems within referral range.

Materials & Methods: Prenatal history shows polihydroamnion; Amniocentesis: Kariogramin Investigations include: Biochemical examinations showed within normal range of Chatecholamines-negativ; X ray chest and abdomen- Echo of abdomen: right kidney normal but with adrenal hypertrophy Left kidney polycystic, with a heterogenic mass approximately 50 mm. CT of abdomen with contrast: left kidney presents with a solid mass with axial dimensions 65 mmx70 mm, suspected for expansive process right kidney presents with hypodense oval mass maybe with adrenal origine, 30 mm(pseudocyst) "The possible condition outcomes can be either Organised Hoematoma or Bilateral Nephroblastoma (these are radiologist discriptions)". MRI of abdomen: Expansive process in the left kidney and no evident lesions in the right adrenal gland.

**Results:** Surgery was done in Albania. Child underwent total left nephrectomy Biopsy of kidney: Wilms tumor stage II. At the age of 1.5 months presents in our ward Body weight: 4300g, Body Length: 56cm, S: 0.25m2. Weight percentile: 50. Length percentile: 75 Blood pressure: We treatment, Chemotherapy (ACT- D, VCR), with 50% of doses according to protocol, until age of six months then to give 2/3 of doses per m2. First 16 weeks of chemotherapy with 50% of dose From 17th week with 2/3 of doses. The whole treatment went with no side effects or complications. Follow up with biochemistry, FBC, MRI of abdomen within normal range.

**Conclusion:** Based on the diagnosis and in our experience this case was the youngest one until now that was treated in our ward. It was a real challenge for the patient and for the stuff. According to follow up, child is in a stable health condition within normal range for age. The child is in the regularly controls in our ward.

## **Biography**

Rufadie Maxhuni is working as a pediatrician in Pediatric Clinic in Prishtina, Hematology and Oncology. She is specialist in Hematology Oncology department of Pediatric Clinic in Prishtina with 12 years experience. She has published papers in reputed journals and attended may of the national and international educational programs.

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