

PAEDIATRIC SURGICAL ONCOLOGY

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Neuroblastoma and nephroblastoma are two solid abdominal tumours. Neuroblastomas arise in the adrenal medulla or sympathetic ganglia and present with an abdominal or paravertebral mass. They metastasise to lymph nodes, bone and liver, raising urinary catecholamine levels. Small, localised tumours are excised. Advanced tumours are excised after chemotherapy. Survival exceeds 90% for small, localised tumours but is less than 50% for advanced tumours. Wilms' tumour (nephroblastoma) is a malignant renal tumour derived from embryonal cells and typically presenting with an abdominal mass between 1 and 4 years. A mutation in the Wilms' tumour suppressor gene (WT1) causes some cases. The tumour can extend into the renal vein and vena cava and metastasises to lymph nodes and lungs. Treatment is with chemotherapy and surgery. Survival depends on tumour spread, completeness of excision and histological appearance but exceeds 70% even with advanced tumours. PAEDIATRIC SURGICAL ONCOLOGY

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