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Original Research Paper

Oncology

HEPATOBLASTOMA: 5-YEAR RETROSPECTIVE STUDY. PEDIATRIC ONCOLOGICAL SURGERY SERVICE "GENERAL ONCOLOGY HOSPITAL.SOLÓN ESPINOSA AYALA" SOLCA QUITO- ECUADOR

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ABSTRACT

Objectives: Describe the demographic variables, types of liver tumor, surgeries performed and survival children diagnosed with liver tumor undergoing surgical treatment.Method: A retrospective analysis was performed in patients with pediatric liver tumors undergoing surgical treatment, from January 2010 to December 2015 at the "General Oncology Hospital. Solon Espinoza Ayala".

Results: Data from our study reported a diagnosis of hepatoblastoma in 51.85% of all pediatric liver tumors; 50% are routine controls without evidence of disease, 14.28% have been completed clinical treatment, 21.42% died from a second primary diagnosis with metastasis, and another 14.28% (only surgery) who were not followed up because they were transfers from another health system; with respect to global survival it was 64%. The ages ranged from 0 to 15 years old with an average of 5.5.

Conclusion: It is very important a timely detection and adequate treatment by a specialized center and trained professionals, liver surgery is a very important chapter for the treatment of liver tumors. The surgical approach with tumor-free resection along with multidisciplinary treatment is the goal for healing.

KEYWORDS : c Hepatoblastoma, tumor, liver, Quito, Ecuador

INTRODUCTION

Currently, the number of new cases of cancer have been improving worldwide, the rapid access to a specialized health center / system with availability of trained professionals, medications and physical space being a determining factor, thus improving mortality rates.

Liver tumors in Ecuador according to the national tumor registry ranked seventh in children with a frequency of 2.9% and frequently manifested before 3 years of age.

Hepatoblastoma is the malignant liver tumor, most common in children. Approximately 5% are associated with genetic factors.

Neoadjuvant chemotherapy, surgery with resection-free and adjuvant chemotherapy were treated for this entity, obtaining survival rates consistent with reports in the literature.

METHODOLOGY

We conducted a retrospective study of patients with pediatric liver tumors sometimes with surgical treatment, from January 2010 to December 2015 at the "General Oncology Hospital. Solon Espinoza Ayala"

Clinical records of 27 patients were reviewed, identified in care records by outpatient consultation, records of surgical protocols and post-surgical follow-up in the hospital.

The information obtained from the digital medical records is analyzed using the Excel statistical package.

RESULTS

Of the 27 patients, and medical records analyzed, 14 patients diagnosed with Hepatoblastoma (51.85%), of which 7 in controls without evidence of disease, 2 currently under treatment, 3 deceased per second metastatic primary and non-oncological causes, 2 cases referred from another institution only for surgery.

The overall survival was 64%. The ages ranged from 0 to 15 years old with an average of 5.5.

The surgeries performed were: 7 liver segmentectomies, 6 hepatectomies, 1 liver biopsy. The fetal histopathological type was present in 7 patients (50%), a mixed component in 7 patients (50%). The remaining 13 cases were diagnoses of histoplasmosis, hepatoarcoma, hemangioendothelioma, metastatic lesions.

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TABLE 1. Liver tumors, descriptive analysis

VARIABLE		N	%
TOTAL PATIENTS		27	100
HISTOPATHOLOGY (Total Patients)	HEPATOBLASTOMA	14	51.9
	Others	13	48.1
	Total	27	100
HISTOLOGY (Hepatoblastoma)	FETAL	7	50
	MIXED	7	50
	Total	14	100
HEPATOBLASTOMA TREATMENT (SURGERIES PERFORMED)	SEGMENTECTOMY	7	50
	HEPATECTOMY	6	42.9
	BIOPSY	1	7.1
	Total	14	100
ACTUAL CONDITION (DIAGNOSTIC. HEPATOBLASTOMA)	IN CONTROLS WITHOUT EVIDENCE OF DISEASE	7	50
	CURRENTLY IN TREATMENT	2	14.3
	DEAD (SECOND PRIMARY, METZ, NOT ONCOLOGICAL)	3	21.4
	REFERRED (FROM ANOTHER INSTITUTION FOR SURGERY)	2	14.3
	Total	14	100

DISCUSSION

Hepatoblastoma is the most common liver tumor in children. Neo adjuvant chemotherapy, surgery with resection-free margins and adjuvant chemotherapy were treatment for this entity, it obtaining survival rates compatible with those reported by the literature.

CONCLUSION

The surgical approach with tumor-free resection margins is the goal for healing. Liver surgery is an important chapter in management and should be performed in specialized centers and with professionals trained for pre, trans and postoperative management.

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