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Tumor thrombus in children with cancer

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Thrombosis greatly increases the mortality of cancer patients. Thus, it is important to determine which patients may be at greater risk than others, particularly before starting treatment. Tumor thrombosis has been seen more commonly with Wilms tumor, hepatoblastoma and neuroblastoma in children. The common site of tumor thrombus includes portal vein, inferior vena cava, right atrium and renal veins. Treatment needs multidisciplinary approaches including of pediatric surgeon, pediatric oncologist, cardiac surgeon and radiotherapist. Different cancer types have different degrees of thrombosis. It is very important to differentiate tumor thrombosis from thrombosis due to hypercoagulability state of cancer because tumor thrombus may progress in spite of anticoagulant therapy. Computed tomography (CT) and Doppler ultrasonography are two modalities for diagnosis. Recent literature review showed that, CT is more sensitive than Doppler ultrasonography. The therapeutic method is mainly composed of five types: surgical resection, regional interventional therapy, radiotherapy, combination therapy and targeted therapy. All of these therapeutic approaches should be individualized in patients with tumor thrombus. The decision for managing of tumor thrombus depends on extent of tumor thrombus and chemotherapy response of the tumor. Now, it is generally suggested to use preoperative chemotherapy to a patient presenting with tumor thrombus. This method is helpful to decrease the degree of the vascular thrombus, which eases surgical removal. Nevertheless, in unstable patient, the decision is different and surgery is priority with possible need for cardiopulmonary bypass.

Biography

Nader Shakibazad has completed his MD and Pediatrician degree from Shiraz University of Medical Sciences, Shiraz, Iran. He had Fellowship in Pediatric Hematology and Oncology and has published more than 14 papers in reputed journals.

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