

# Antenatal diagnosis of renal tumor: An opportunity lost

Sir,

I read Jain V, Mohta A, Sengar M, Khurana N. Is antenatal detection of Wilms' tumor a bad prognostic marker? Indian J Med Paediatr Oncol 2011; 32:214-6 with interest. Firstly, I disagree with the authors that the tumor was in advanced stage at initial presentation. Secondly, there was no excuse for not having done a fine-needle aspiration cytology (FNAC) as figure 2 shows distinct solid areas. In fact, I would have resorted to tru-cut biopsy of the tumor; the UKW3 trial has shown no evidence to suggest that performing such a biopsy should affect tumor staging or subsequent treatment.<sup>[1]</sup> Thirdly, I believe that the management was not well planned. The child's nutrition status should have been improved preoperatively. Personally, I would have opted for upfront chemotherapy for such a large tumor. Radiotherapy should be started within 10 days of surgery, so it has to be planned before undertaking surgery, even if a preoperative histological diagnosis is not available. One cannot hide behind the logistic reasons for not administering radiotherapy in time. The infant has obviously succumbed to the toxicity of the chemotherapy used.

Contrary to authors' assertion, excellent survival has been reported for all types of renal tumors other than rhabdoid tumor of kidney diagnosed antenatally,<sup>[2,3]</sup> especially for NWTSG/COG stage I Wilms' tumor. I may also add some more references for the antenatally diagnosed renal tumors here.<sup>[4,5]</sup> I conclude by reiterating that appropriate management of solid tumors involves a multidisciplinary

approach, judicious use of the well-established protocols and diligent compliance.

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## REFERENCES

1. Vujanić GM, Kelsey A, Mitchell C, Shannon RS, Gornall P. The role of biopsy in the diagnosis of renal tumors of childhood: Results of the UKCCSG Wilms tumor study. *Med Pediatr Oncol* 2003;40:18-22.
2. Leclair MD, El-Ghoneimi A, Audry G, Ravasse P, Moscovici J, Heloury Y; French Pediatric Urology Study Group. The outcome of prenatally diagnosed renal tumors. *J Urol* 2005;173:186-9.
3. Powis M. Neonatal renal tumours. *Early Hum Dev* 2010;86:607-12.
4. Beckwith JB. Prenatal detection of a Wilms' tumor. *Pediatr Radiol* 1999;29:64.
5. de Oliveira-Filho AG, Carvalho MH, Sbragia-Neto L, Miranda ML, Bustorff-Silva JM, de Oliveira ER. Wilms tumor in a prenatally diagnosed multicystic kidney. *J Urol* 1997;158:1926-7.

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