



December 23rd, 2011

Medical Summary - Vinturis David Stefan

We reviewed the CT scan provided on the child Vinturis David Stefan.

Am analizat investigatia CT (Computer Tomograf) a copilului Vinturis David Stefan.

We did not have access to important clinical information (Was a biopsy performed? What were the serum alpha-feto-protein levels? Is there a history of a high birth-weight or other features suggestive of Beckwith-Wiedemann syndrome?). Our recommendations are thus somewhat limited.

NU am avut acces la informatii clinice importante (A fost facuta vreo biopsie? / care au fost nivelurile de proteine limfatice alpha-feto? / Exista vreo istorie de nastere supraponderala sau alte caracteristici ce sugereaza sindromul Beckwith-Wiedemann?). Recomandarile noastre sunt astfel oarecum limitate.

The CT scan shows a large lesion occupying most of the right lobe of the liver, and several pulmonary lesions compatible with pulmonary metastases.

Investigatia CT arata o leziune mare ce ocupa o mare parte din lobul drept al ficatului si mai multe leziuni pulmonare compatibile cu metastaze pulmonare.

Based on the CT scan and the patient's age, the most likely diagnosis is stage 4 hepatoblastoma. Dr. Eitan Gross, head of the Pediatric Surgical Oncology unit at Hadassah, thought that the lesion was not resectable. Given the chemosensitivity of hepatoblastoma, we think that the best course of action would be (following a biopsy to confirm the diagnosis- this is absolutely essential) to administer chemotherapy (a platinum/doxorubicin based regimen), repeat the CT scan after 3-4 cycles of chemotherapy, and – given that significant tumor reduction is achieved - proceed to surgical resection, followed by additional chemotherapy. The cure rate for stage 4 hepatoblastoma with this approach is in the range of 60%.

Bazat pe investigatia CT si varsta pacientului, cel mai probabil diagnostic este stadiu 4 hepatoblastom. Dr. Eitan Gross, seful unitatii pediatrice de Oncologie chirurgicala din Hadassah, a crezut ca leziunea nu era rezecabila. Luand in considerare chimiosenzitivitatea hepatoblastomului, credem ca cel mai bun curs de actiuni ar fi (dupa efectuarea unei biopsii care sa ateste diagnosticul – este absolut esential) administrarea chimioterapiei (regim bazat pe platina/doxorubicin), repetarea CT-ului dupa 3-4 cicluri de chimioterapie, si – dat fiind indeplinirea unei reduceri semnificative a tumorii – efectuarea unei rezectii chirurgicale, urmata de chimioterapie aditionala. Rata de vindecare a hepatoblastomului in stadiu 4 este in jur de 60 %.

In some cases of hepatoblastoma, where pre-operative chemo-reduction is insufficient to allow tumor resection, an additional option is hepatic intra-arterial chemo-embolization (HACE) which may achieve better tumor shrinkage and allow resection.

In unele cazuri de hepatoblastom, unde reducerea pre-operativa prin chimio este insuficienta pentru a se putea permite rezectia tumorii, o optiune aditionala este HACE (chimio-embolizare intra-arteriala hepatica) care poate atinge o mai buna micsorare a tumorii si permiterea rezectiei.

If the biopsy shows the tumor to be a hepatocellular carcinoma (less likely at this age), then the success rate of chemoreduction is low. One might attempt hepatic intra-arterial chemo-embolization, or have to consider more radical surgery, including the option of liver transplantation. The cure rates for HCC are much lower.

Daca biopsia arata ca tumoarea este carcinom hepatocelular (putin probabil la aceasta varsta), atunci rata de success a chimioterapiei este mica. S-ar putea incerca HACE, sau sa se ia in considerare o operatie mai radicala, cum ar fi transplantul de ficat. Sansele de vindecare pentru HCC sunt mult mai mici.

Thank you for allowing us to review this case,

Multumim pentru permisiunea de a analiza acest caz.

Sincerely



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Pentru siguranta corectitudinii traducerii 100%, apelati la un medic specialist