

Wilms' Tumor for the Pediatric Patient

What is Wilms' tumor?

Wilms' tumor is a malignant tumor of the kidney. Approximately 2% of Wilms' tumors are inherited. Wilms' tumors grow rapidly and may reach considerable size before they are detectable. They can spread (metastasize) to other parts of the body via the blood stream or lymphatic system. The most common site of metastasis is the lung. The liver, the other kidney, or the bones may rarely be affected.

Wilms' tumor is most common in children between 1 and 5 years old. It is slightly more common among African-American children than Caucasian children, and it is slightly more common among females than males.

What are the symptoms of Wilms' tumor?

The most common sign of Wilms' tumor is an enlarged abdomen or bloated belly in an otherwise healthy-looking child. It is usually noticed by parents while bathing or dressing the child. Other general signs include belly pain, tiredness, blood in the urine, nausea, and vomiting.

How is Wilms' tumor diagnosed and treated?

If your child has symptoms of Wilms' tumor, the doctor may order several diagnostic tests, including blood and urine tests, a biopsy, an ultrasound, a CT scan, an MRI, a chest x-ray, and occasionally bone x-rays. These tests will help determine the size and location of the tumor and whether it has spread to another part of the body. This is called staging. It is important to know the stage of the disease to plan treatment.

Three types of therapy are commonly used to treat Wilms' tumors: surgery (partial, simple, or radical nephrectomy), chemotherapy, and radiation. The type of therapy chosen depends upon the age of your child and the extent of the disease.