

INTRATHORACIC MASSES IN CHILDREN AND ADOLESCENTS: A SINGLE TERTIARY PEDIATRIC INSTITUTION EXPERIENCE

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BACKGROUND:

The Cancer and Hematology Division of the PCMC receives an average of 24 cases per year of pediatric intrathoracic masses. Comprehensive data on the demographic status, clinical profile, management, and outcome are still not available.

OBJECTIVES:

To determine the clinical features, diagnosis, management and outcome of children and adolescents with intrathoracic masses in a pediatric tertiary hospital from 2017 to 2019

METHODS:

Analytical cross-sectional design was utilized. Data were collected by doing a chart review. Possible associations between the clinical features and outcome were described.

Keywords: pediatric mediastinal mass, pediatric thoracic mass, leukemia, lymphoma

RESULTS:

Sixty-eight (68) cases were referred from January 2017 to December 2019. Mean age at diagnosis is 8.8 years with a 2.4:1 male to female ratio. Severe wasting was seen in 21%. All subjects were symptomatic at presentation, 50% with respiratory compromise. Anterior mediastinal lesions are observed at 82% of cases. Elevated LDH was seen in 50% of the patients. Malignant hematologic lesions are the most common etiology. Steroid pretreatment was given in 40% of patients. Only a small percentage (<20%) underwent definitive treatment. Patients were symptomatic for 18 days on average before consult. An average of 18 days for a case to be diagnosed definitively, and 10 days from the diagnosis to start of directed treatment. Mortality rate was high at 57.4%.

CONCLUSION AND RECOMMENDATIONS:

Patients with intrathoracic mass and malnutrition is 1.4x more likely to die. Diagnosis is the most significant factor associated with death. Observed data can be used as basis to formulate protocols which can streamline the diagnostic and therapeutic approach in these patients.