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SPLENIC ABSCESS: A RARE SURGICAL EMERGENCY OBSERVED DURING INDUCTION OF ACUTE LYMPHOCYTIC LEUKEMIA (ALL) THERAPY.

Cecchetto G., Perilongo G.*, Gamba P.G., Luzzatto C., Messineo A., Zanon G.F..
Pediatric Surgical and *Pediatric Department-ITALY-University of Padova.

A 2 years old boy was brought to medical attention because of a few week history of increasing anorexia, lethargia, persistent fever and large hepatomegaly. On admission, the spleen was not palpable and its normal volume and appearance were conformed by abdominal ultrasonography (U.S.). Because of pancytopenia the child had a bone marrow aspirate which revealed an LI-ALL. Despite the immediate beginning of the appropriate therapy (Vincristine, Prednisone, Daunomycin and L-Asparaginase), the child's general conditions deteriorated, the hepatomegaly and the fever persisted despite a broad spectrum antibiotic coverage and multiple negative blood coltures. Two weeks after, a left lower pulmonary infiltrate (chest XRay) and a rapidly increasing in size splenic lesion of reduced echogenicity (abdominal U.S.) became evident. Based on those findings a splenic abscess was suspected and under general anesthesia a percutaneous echoguided drainage of the lesion was performed. No fungal or bacterial agents were cultured from the purulent material. This conservative procedure and the concurrent broad spectrum antibiotic coverage were curative for this child who is now progressing successfully throught his ALL therapy at 4 months from diagnosis. It seemed appropriate to report this case of splenic abscess a) to alert clinicians of this unusual surgical emergency observed in induction of ALL therapy and b) to describe the successful use of a conservative procedure to treat it which avoided the risks of perioperative complications, abscess spillage and particularly the splenectomy in a young immunocompromised child.

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INDWELLING CENTRAL VENOUS ACCESS DEVICES (ICAD): COMPARISON BETWEEN EXTERNALIZED CATHETERS AND IMPLANTED PORTS: A RETROSPECTIVE ANALYSIS IN CHILDHOOD.

Rosenthal J[1], Weyl Ben Arush M[1], Sweed Y[1], Efrat M[2].
Rambam Medical Center[1], Lady Davis Carmel Hospital[2], Haifa, Israel.

From 1/1987 through 3/1992, 51 externalized subcutaneously tunnelled catheter (EC) were placed in 48 patients (pts) and 30 implanted port (IP) in 27 pts with a total of 13530 and 6720 catheter-days respectively. There were no statistical differences in distribution of primary disease diagnosis, age, sex, and ethnic origin. A total of 22 proven infections were documented in pts with EC 0.17 proven infections per 100 catheter-days. Three cases of proven infection were documented in pts with IP (12%), a risk of 0.06 per 100 catheter-days. Occlusion or other mechanical problems accounted for removal of 5 EC (11%). Early removal of IP due to mechanical malfunction was attributed to dislodgement (n=2), and occlusion (n=1). The infection free interval for IP was longer than that for EC (P 0.05). Otherwise there were no significant differences between the two ICAD. We conclude that the choice of ICAD should be made on an individual basis taking into consideration patient's, family and physician preference.

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INCIDENCE OF CHILDHOOD MALIGNANT SOLID TUMOR IN NORTHERN ISRAEL, 1973-1990.

Rogeen A, Weyl Ben Arush M, Reinart G, Rosenthal J.
Rambam Medical Center, Haifa, Israel.

A retrospective analysis of 515 pediatric (0-14 years) cases of malignant solid tumor, diagnosed in northern Israel during 1973- 1990, suggested regional epidemiologic patterns in incidence and disease type. Overall incidence was 77.1/1,000,000 with a 1.5/1.0 male:female ratio 46.2% of all patients were under 5 years of age. Incidences for Jews were 79.7 and for non-Jews, 74.1. Females had higher frequencies of osteosarcoma, gonadal neoplasm, epithelial tumors and astrocytoma while males had more lymphoma, medulloblastoma, neuroblastoma and soft tissue sarcoma. Age under five years was associated with neuroblastoma and Burkitt's lymphoma, and age over five with Hodgkin's disease. Jews in general had more soft tissue sarcoma, CNS tumors (notably neuroblastoma), osteosarcoma, and epithelial tumors. Ashkenazi Jews were more often afflicted with retinoblastoma, osteosarcoma and CNS tumors while Sephardi Jews had more soft tissue sarcoma. Non Jews had a higher incidence of both lymphoma and retinoblastoma. Differences from the national pattern as reported in the Israel Cancer Registry may reflect the lower proportion of Jews in the population of the north.

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SOFT TISSUE SARCOMA (STS) IN CHILDREN:THE NORTHERN ISRAEL CANCER CENTER EXPERIENCE, 1970-1992.

Rosenthal J[1], Weyl Ben Arush M[1], Kuten A[1], Meller I[2], Bialik V[1], Bar Maor JA[1]. Rambam Medical Center, Haifa[1], Soroka Medical Center, Beer Sheba[2], Israel.

Fifty three children were diagnosed with a variety of STS between 1970-1992. Twenty four patients (pts)(45%) were diagnosed with Rhabdomyosarcoma (RMS),14(26%) had Fibrosarcoma (FBS), 7(13%) had Synovial Cell Sarcoma (SCS) 8(16%) had a variety of rarer tumors.There were 32 boys (60%) and 21 girls (40%). There is a higher proportion of Jewish pts (68%) compared to the distribution in the general population. 56% were diagnosed with stage I or II, 34% stage III, 10% stage IV. Twenty five pts (47%) underwent radical resection of the tumor, 7(13%) had a debulking procedure followed by chemotherapy (CT) or radiation therapy (RT), 21(40%) had a biopsy followed by CT or RT. Thirty pts were treated primarily by CT,15 pts (50%) received the VAC/VACA regimen, 5 pts received an Ifosfamide/VP-16 combination. The overall 10-year survival was 55%: 30% SCS, 93% for FBS,44% for RMS. Survival rates improved from 51% and 33% prior to 1980 to 61% and 60% from 1981 through 1992 for STS and RMS respectively. The improvement in survival warrants a combined agressive approach in treatment of STS.

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IMMUNOLOGIC CHANGES IN CHILDREN WITH BONE AND SOFT TISSUE SARCOMAS

Kebudi R,Ayan I,Darendeliler E,Ağaoğlu L,Yağcı T, Pişkin S,Bilge N. University of Istanbul,Oncology Institute, Çapa,Istanbul 34390,Turkey

In this study, conducted between Nov.1991 and Jan.1993, the cellular and humoral immunity(leucocyte, granulocyte, lymphocyte counts,total T,T4,T8 cell percentages,T4/T8, lymphoproliferative response to PHA,natural killer cell activity, IgG,IgM,IgA levels) parameters of 14 (8M/6F) children with nonmetastatic bone and soft tissuesarcomas (6 osteosarcomas,4Ewing sarcomas,4 rabdomyosarcomas) at diagnosis with a median age of 10(5-14)yrs were investigated. The T4 lymphocyte percentage (39±12vs45±6%) and the PHA response (SI 140±33vs.244±77) were significantly decreased ($p<0.05$) in comparison with values obtained from 12 healthy children. There was no significant difference in the Ig values ($p<0.05$). Thus, in children with nonmetastatic bone and soft tissue sarcomas a depression in cellular immunity was observed.

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ANTI-EMETIC EFFICACY OF ONDANSETRON IN PEDIATRIC CHEMOTHERAPY PATIENTS: AN INTERIM EVALUATION

Olgun N., İrken G., Türkmen M., Kurul S., Çevik N.
Dokuz Eylül Univ. Hosp. Dept. of Ped. Hematol.-Oncol., İnciraltı-İzmir, TURKEY

Safety and efficacy of 5HT3 antagonist Ondansetron in pediatric chemotheraphy patients has been the subject of this ongoing study in connection with appetite, activity, nausea, retching and episodes of vomiting accompanying treatment in 9 patients with solid tumours and 2 with acute lymphoblastic leukemia, given a total of 50 (12 cisplatin and 38 non-cisplatin) chemotherapy cures: 5 mg/m² IV three times on day 1, to be repeated twice a day orally for 5 days for the cisplatin group and 5 mg/m² IV 15 min. before and repeated orally twice a day for 3 days in others. Comparison of results with those of an earlier regimen with metoclopramide and dexamethasone shows complete+major response to be significantly higher in both cisplatin and non-cisplatin groups 77% and 96% respectively as oppesed to 45.2% and 78.2% in the control group, overall number of emesis-free days being 227/240 (84%) compared with 42/102 (41%) in the latter. No significant side effects were observed outside transient elevation of SGPT in 2 patients, whilst one patient in the control group developed dystonia. Preliminary results are thus encouraging as to the safety, efficacy and minimal side effects of Ondansetron.