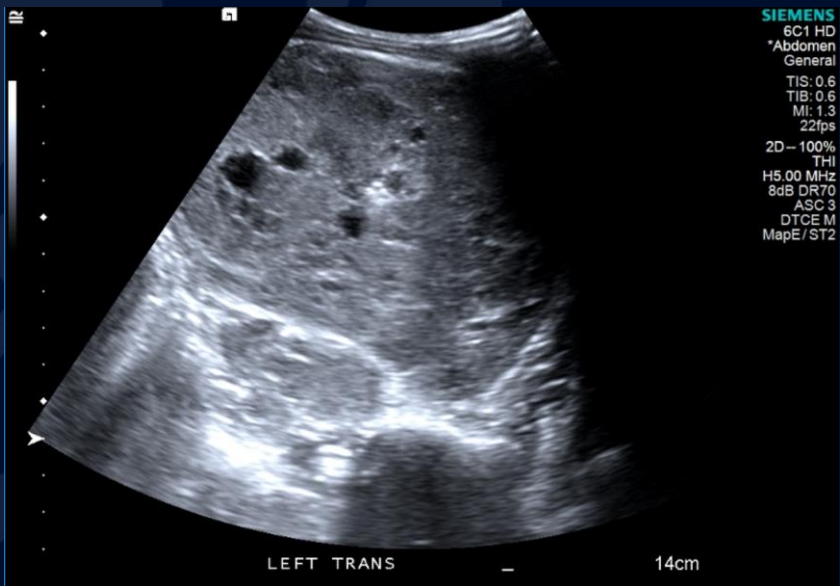
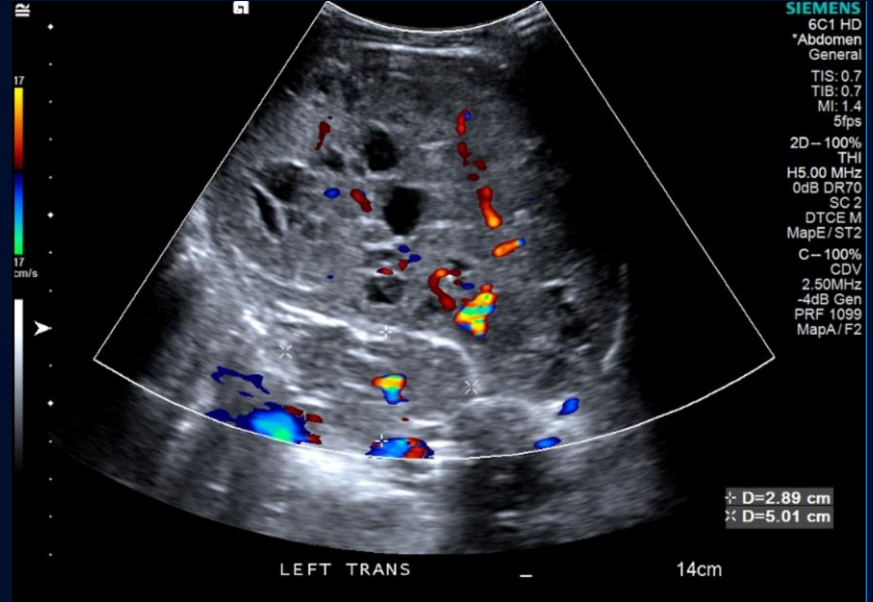
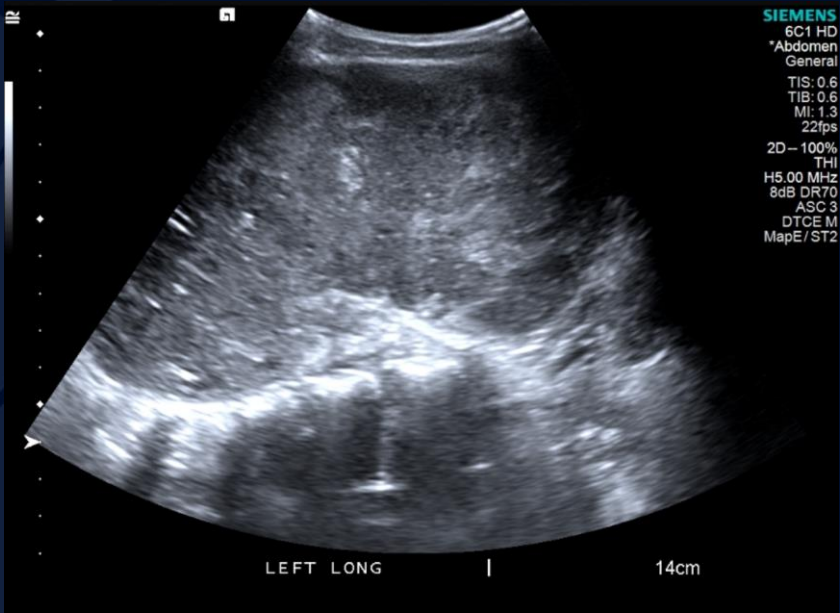
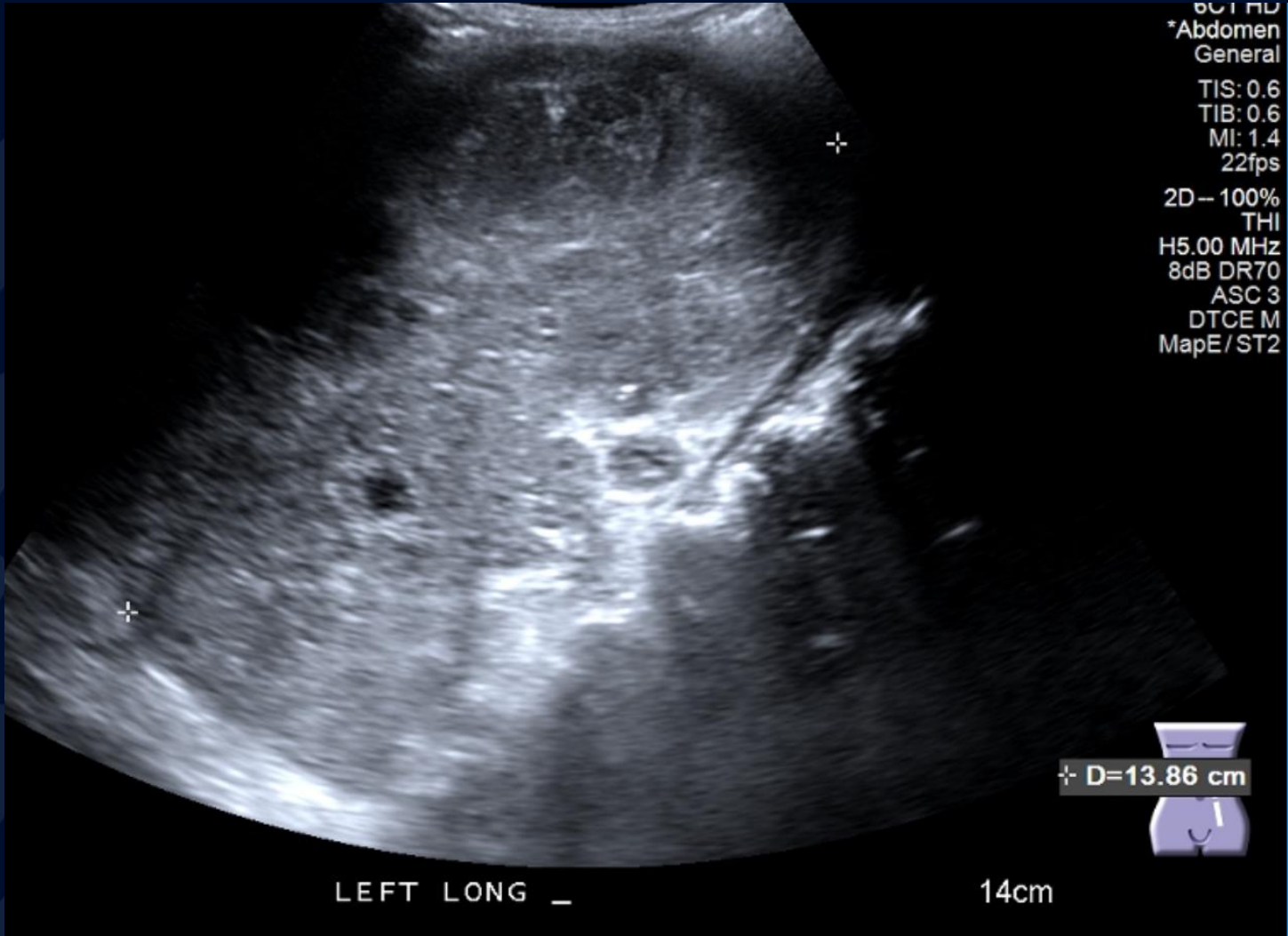
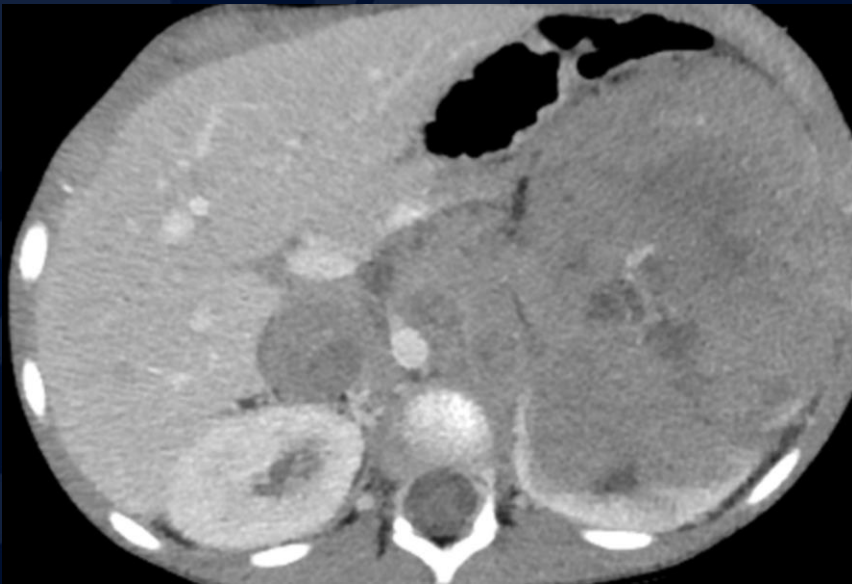
A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide, partially overlapping the text.

3-year-old boy presents with incidental palpable mass while being bathed

John J. DeBevits IV, MD










?

A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. The leaf has a prominent central vein and several smaller veins branching off it. The background is a solid dark blue.

Wilms Tumor

Findings



“Claw sign” confirming the parenchymal origin of the mass within the left kidney

Findings



Tumor thrombus within IVC

LARGE, heterogeneously enhancing mass

Tumor thrombus within L renal vein

Wilms Tumor (Nephroblastoma)

Third most common childhood renal mass: hydronephrosis, multicystic dysplastic kidney, Wilms Tumor

Most common malignant abdominal neoplasm in children 1 to 8 years of age

Third most common malignancy in childhood: acute leukemia, intra cranial malignancies, Wilms tumor

Peak incidence 3-4 years of age, 80% before age 5 Bilateral in 4-13%

Associated with other congenital abnormalities and syndromes (10 – 14%)

- Cryptorchidism (2.8% of cases)
- Hemihypertrophy (2.5%)
- Hypospadias (1.8%)
- Sporadic aniridia, 33% of sporadic aniridia develop Wilms Tumor

Associated with WAGR syndrome (**W**ilms tumor, **A**niridia, **G**enitourinary abnormalities, mental **R**etardation)

Typically presents as abdominal distention or painless palpable mass

Treatment: complete surgical resection

- Preoperative chemo for unresectable / bilateral tumors or tumor thrombus above hepatic vv.
- Postoperative chemotherapy and radiation

>90% 5-year survival for localized disease

References

- <http://pubs.rsna.org/doi/pdf/10.1148/radiographics.20.6.g00nv051585>