

Navigating childhood cancer

A CANCER diagnosis profoundly impacts the entire family, disrupting daily life and often straining finances, but when the diagnosis involves a child, the emotional turmoil can be devastating.

Childhood cancer can be incredibly difficult to detect early, often mimicking common childhood illnesses or presenting vague, seemingly unrelated symptoms.

Unlike adults, children may not be able to articulate their discomfort effectively, and some childhood cancers develop in areas of the body where they are not readily visible or palpable.

However, in many cases it's the mother's instinct that tells her something is "off" with her child.

Mothers often pick up on subtle changes in their child's health that might go unnoticed by others, says Subang Jaya Medical Centre (SJMC) consultant paediatrician Dr Ng Ruey Teng.

"Early detection is vital in improving outcomes for childhood cancers. Parents should be aware of potential warning signs."

These signs include persistent, unexplained fever, fatigue, easy bruising or bleeding, lumps or swelling, persistent bone pain, and neurological symptoms like headaches or visual disturbances.

While these symptoms can have other causes, it's crucial to consult a doctor for prompt evaluation.

"It's equally important for doctors to truly listen to parents, valuing their insights and taking the time necessary to thoroughly investigate their concerns," says Dr Ng.

Neuroblastoma is a cancer that develops from immature nerve cells. While it most commonly develops in the adrenal glands (located atop the kidneys), it can also arise in nerve cell clusters within the abdomen, chest, neck, and near the spine. This

cancer primarily affects children aged 5 and under.

The behaviour of neuroblastoma varies; some cases resolve spontaneously, while others require a combination of treatments.

Neuroblastoma often presents unique challenges, explains SJMC consultant paediatric haematologist Dr Chan Lee Lee.

"Early diagnosis is crucial, but the symptoms can be vague. We often see children presenting with abdominal pain, bone pain, unexplained weight loss, or pallor. Unfortunately, the majority of children present with advanced disease."

Neuroblastoma survival rates vary depending on several factors, including the child's age, the stage of the cancer, the risk group (determined by certain tumour characteristics), and the presence of specific genetic markers.

The five-year survival rate varies from 25 to 95 per cent depending on the stage of the disease and risk group, says Dr Chan.

Younger children with neuroblastoma generally have a better prognosis than older ones and children with localised neuroblastoma (confined to the original site) have a better prognosis than those with metastatic neuroblastoma (spread to other parts of the body).

"Every child's case is unique,

and the treatment plan will be tailored to their specific situation," adds Dr Chan.

Parents should discuss all treatment options with their child's medical team to make informed decisions about their care. Ongoing research is also continually improving treatment outcomes for neuroblastoma, offering hope for children and families facing this challenging diagnosis.

BRAIN TUMOURS

Surgery is a common treatment for many types of brain tumours, both cancerous and non-cancerous. Some common types in children include astrocytomas, medulloblas-

tomas, ependymomas, craniopharyngiomas, germ cell tumours and choroid plexus tumours.

A sudden increase in head size especially in a very young child or widening fontanelle (soft spot in the skull) may indicate the presence of a tumour.

Brain tumours in children require specialised surgical expertise as children have unique psychological and physical needs, says SJMC consultant neurosurgeon Dr Vickneswaran Mathaneswaran.

"The goal is to safely remove as much of the tumour as possible while minimising the risk to surrounding brain tissue and maximising brain potential," he says.

Potential risks include immediate complications such as infection, bleeding, and brain swelling and depending on the tumour location, surgery might lead to weakness, balance problems, seizures, or changes in personality or behaviour.

Long-term effects may include learning difficulties and hormone problems, or delayed development can sometimes occur after surgery.

"Surgery is often the mainstay of the management of paediatric brain tumours but has become safer and routine especially in the presence of paediatric oncologists, paediatric intensivists, paediatric neurosurgeons and other specialised medical and support personnel," says Dr Vickneswaran.



Dr Chan Lee Lee



Dr Vickneswaran Mathaneswaran



Dr Ng Ruey Teng

For the best treatment outcome, the collaborative team must take into consideration multiple factors such as the type of tumour, its size and location, the child's age and overall health, and the presence of any other medical conditions.

Despite ongoing challenges, advancements in research, treatment, and supportive care offer hope for a brighter future for children with cancer. While cure rates vary by cancer type, childhood cancers are highly treatable, and complete remission can often be achieved.

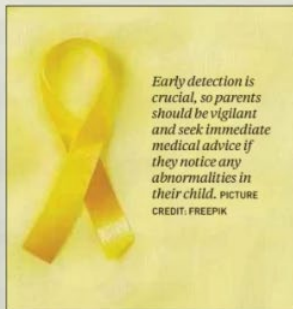
Early detection is crucial, so parents should be vigilant and seek immediate medical advice if they notice any abnormalities in their child.

The dedication and expertise of a multidisciplinary team, combined with the unwavering support of families and communities, are crucial in the ongoing battle against childhood cancer.

meera@nst.com.my

Childhood cancer can be incredibly difficult to detect early, often mimicking common childhood illnesses.

PICTURE CREDIT: FREEPIK



Early detection is crucial, so parents should be vigilant and seek immediate medical advice if they notice any abnormalities in their child. PICTURE CREDIT: FREEPIK