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Case Report Open Access

Metastasizing Neuroblastoma in an Infant Girl in Nigeria

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Abstract:
In his great text on The Spread of Tumours in the Human Body, Willis adverted to neuroblastom as frequently yielding secondary growths in the lymph nodes. Accordingly, this paper confirms this view in an infant in keeping with the vibrant view that the establishment of a histopathology data pool facilitates epidemiological analysis. This case is considered using worldwide literature search

Key Words : Neuroblastoma, Girl, Lymph Node, Biopsy, Data Pool, Nigeria

Introduction:

Willis (1), in his The Spread of Tumours in the Human Body, asserted thus: "Neuroblastomas frequently yield secondary growths in the lymph glands." Now, Birmingham (UK) authors asserted that the establishment of a Histopathology data pool facilitates epidemiological analysis (2). Therefore, how did such a pool function among the Nigerian ethnic group (3)? The answer to this particular issue was aided by the Regional Pathology Laboratory established by the Eastern Region Government, seeing that I became the pioneer pathologist from 1970.

Case Report

BE, a 7-month-old girl, was brought to the co-author (GU) at the Pediatric Surgery Department of The University of Nigeria Teaching Hospital, Enugu, the mother's complaint being her right eye swelling as well as that of the right thigh. On examination, there was proptosis as well as bilateral firm non-tender inguinal lymph nodes. One of them was biopsied.

My report concerned a 2 cm partly incised lymph node. On section, it showed irregular patchy brownish areas. On microscopy, lymphoid tissue was scarcely apparent. However, cellular definition was enough to reveal tumor cells invading fat. Ball-like clusters were apparent in parts, the rest of the small round tumor cells forming sheets poorly supported by stroma. These appearances were in keeping with **Fig 316** of Winston Evan's Histological Appearances of Tumours (4).

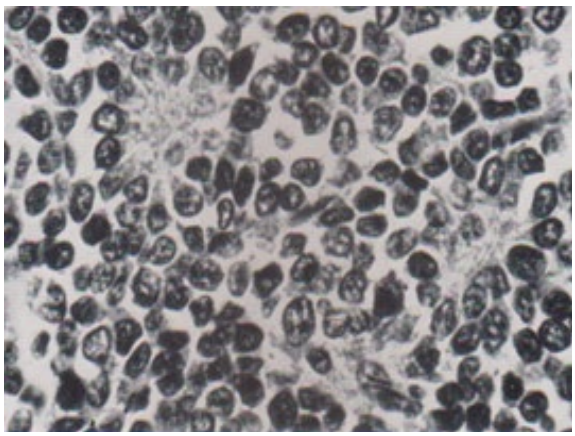

Fig. 316: Shows the characteristic appearances of the neuroblastoma.

Discussion

It is of interest that I then remarked as follows: "Aspiration and cytological examination may be rewarding." Unfortunately, follow-up is not easy in this developing community.

Turning to the world literature, most children with lymph node metastases do not survive up for 2 years (5). Incidentally, an Indian group (6) added that this tumor shows "a perplexing behavior with varied range of presentation and outcome." Also from Austria (7), the recommendation was in terms of "exploration of biologic factors determining the pattern of metastatic spread."

In conclusion, concerning the associates of Ninane (8), they advised sub-classification into 'node-positive' and 'node-negative' groups. In their own words, such groups "will help to define those who might benefit from improved adjuvant post surgical treatment."

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