INTRODUCTION
Wilms tumor is the most common primary renal tumor of childhood. It is derived from primitive metanephric blastema and characterized by histopathologic diversity. Alpha-fetoprotein (AFP) is the most thoroughly characterized onco-developmental antigen and the production of AFP in children with hepatic malignancies and germ cell tumors has been well known. Herein, elevated AFP level and fall following nephrectomy has been described in a child with Wilms tumor.

CASE
An eighteen-month-old girl with a palpable mass below the right costal margin was admitted to our department. Abdominal ultrasound and computerized tomography scan showed a mass measuring 10 x 14 x 15 cm in the right abdomen arising from the right kidney. Laboratory tests were within normal limits but serum alpha-fetoprotein (225.2 ng/ml). He was given preoperative chemotherapy including actinomycin-D for 5 days and vincristine weekly. After the preoperative chemotherapy AFP level was 199.8 ng/ml. The right kidney was removed en bloc with no rupture. Histologic examination led to the diagnosis of Wilms tumor of favorable histology. Seven days and four weeks after the surgery, the serum AFP levels were 35.2 ng/ml and 12.2 ng/ml respectively.

DISCUSSION
Wilms tumor is the most common genitourinary malignancy of childhood. The case of a patient with Wilms tumor of the kidney and associated elevated AFP concentration is reported. The elevation of AFP mildly responded to chemotherapy and decreased to normal only with tumor resection. To our knowledge, very few cases of renal tumor with elevated AFP concentration have been reported but it is not associated with very high serum AFP levels beyond the physiologic range and rapidly returns to normal limits after surgery.