

DELAYS IN DIAGNOSIS OF CANCER, WHAT ARE THE 'RED HERRINGS'?

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The incidence of malignant diseases in Europe is about 15-16/100000 children under 14 years of age. One third of these is represented by leukemia, another one third by brain tumors followed by Hodgkin and non-Hodgkin lymphomas. The tumors left are distributed among soft tissue- and bone tumors. The significance of childhood malignancies comes from the fact that they are the second main cause of death after the accidents in this age-group. To decrease the number of cancer-related deaths we have to make efforts to prevent the malignant diseases and diagnose them as early as possible.

Our responsibility is to assess adequately the history and early clinical symptoms that may be indicative of a malignant process: weakness, paleness, irritability, skin bleeding, recurrent infections, bone pain, abdominal distension, lymphadenopathy etc. Some of these result from disturbed function of normal blood cells (in leukemia) and/or of various organs (in solid tumors), others from proliferation of malignant cells and general toxic effect respectively. These – mostly non-specific – signs and symptoms can frequently be observed in other non-malignant diseases, distracting our attention from the underlying malignant process. It is not the single symptoms that should call our attention to the possibility of a neoplastic disease but the simultaneous appearance of symptoms and the global clinical picture. This should be emphasized for general paediatricians and non-paediatric specialists who treat the children with the above symptoms (bone pain, anaemia, recurrent infections etc.) perhaps for several months before referring them to a haematologist.

