The physician's hands and early detection of neuroblastoma

EDITOR.—The data from some developed countries show that within the past 25 years, the five year survival rates in neuroblastoma have increased two-fold from the initial 25%. The outlook for patients presenting over 1 year of age with stage IV remains dismal (20% five year survival). The drop in mortality rates is related to more frequent detection of the tumour before their disease is advanced as well as more frequent incidental detection of the neoplasm (2) (see also Carlsen(4) for further references).

Among the X years 1943–80 in Denmark, the percentage of incidentally detected neuroblastoma increased from zero to 14%. Among children with incidentally detected neuroblastoma, stages I and II predominated (16 low stages, 2 stages IV). The total of 20 children so treated for neuroblastoma was 250, and nearly one half of all 53 log term survivors were found incidentally or had 'spontaneously regressing' tumours. In Germany, a systematic analysis of chest radiographs has revealed a tumour in the sixth patient with this tumour. Out of 65 children at stage I and 60 patients at stage II, incidental detection of neuroblastoma occurred, respectively, in almost every second and third patient with this disease. This may suggest that a systematic approach, a greater awareness of the relatively high incidence of this tumour (the most common solid tumour in children), and the need for good abdominal examination in the sixth patient with this tumour. Out of more than one half of the patients, a careful abdominal examination is of great importance in neuroblastoma (the primary tumour is in 75–95% of the cases located within the abdomen).

The hands and eyes of a physician have always been and continue to be the most important tools in detecting diseases. A physician may notice slight, rare symptoms of low stages, such as a rise of serum level of neuroblastoma, such as Horner's syndrome and associated heterochromia, the watery, diarhoea syndrome and the dancing eyes and dancing feet, which may increase the detection of children with neuroblastoma before the onset of symptoms. The shift to diagnosis at earlier ages and stages may result from more frequent chest radiographs and use of ultrasound scanning in the western world. Sawada et al. also found that even a small abdominal tumour of neuroblastoma can be detected by careful examination. Out of 253 infants suspected of neuroblastoma on the basis of urinary screening, physical examinations revealed a tumour in more than one half of the patients. A careful abdominal examination is of great importance in neuroblastoma (the primary tumour is in 75–95% of the cases located within the abdomen).


At last—a book about my craft which I can identify with and recommend to trainees and others who may be wondering what we actually do. For me this book fills a gap, amplifying those textbooks that have focused only on one aspect, for example, describing the various conditions or predicaments which we deal with as child and adolescent psychiatrists. The aim of this book is to help paediatricians and other doctors address the psychiatric aspects of children's health problems. The editor, Professor Elena Garralda, adds that she hopes this book will be of interest to not only doctors but also teachers, social workers, and to our own psychiatric trainees. She also hopes that the book will help in the referral of disturbed children to specialist services. The contributions have all been reprinted from the series in the Archives entitled 'Types of Psychiatric Treatment', and which ran for 14 issues.

The first two contributions deal with the identification of psychiatric disorders in children followed by a brief overview of the types of available psychiatric treatment, as well as the all important question of efficacy. The remainder of the book then amplifies the types of treatment and management approaches which we use. I cannot pick out one or two chapters for special mention, which is an indication of the high level of each of the...