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Wilm's tumor: past, present and future

Wilm's tumor or nephroblastoma is the most common renal tumor in children and is associated with different congenital anomalies and syndromes. Aniridia as well as hypospadias could be indices of first mutation according to Knudson and strong hypothesis i.e., PubMed. The name came from German surgeon Max Wilms who first described about child kidney tumor. Wilm's tumor (WT) is affecting one in 10,000 children in average population. 75% of all tumor occur among the normal children, remaining 25% are with other syndrome or congenital other defects. The frequency of Wilms' tumor (WT) in relatives was estimated to be less than 0.4% in sibs, 0.06% in uncles and aunts, and 0.04% in first cousins. Girls have higher risk than of boys ratio is 0.89:1. Age-WT is most common in young children; with an average age being about 3-4 years. The tumor is less common in elder children and rare in adults. Black communities are more affected than Caucasian and Asian Communities. Mostly unilateral kidney is affected but less commonly bilateral kidney also affects. 90% of WT are unilateral, 5% are of bilateral kidney involvements. Children with WAGR syndrome have about 30% to 50% chance of having a Wilm's tumor. Birth defects like aniridia, hemi-hypertrophy, cryptorchidism, hypospadias, etc., have a link of Wilm's tumor. So per research has not found any strong links between WT and environmental factors either during a mother's pregnancy or after child birth. A significant number of studies in genetics and molecular biology have improved our understanding of this malignancy discovering as well how different genes play a critical role in the organogenesis process. Surgery is obviously followed by chemotherapy. Recent studies from Europe have suggested that in some cases chemo may not be needed to continue as previously thought. It is also one of the successes of Pediatric Oncology with long term survival above 90% for localized disease and 75% for metastatic disease. Successful management of Wilms' tumor necessitates meticulous attention to correct staging of the tumor and a collaborative effort between Pediatric Oncologists, Specialist Surgeons, Radiologists, Pathologists and Radiation Oncologists. The poor outcome for patients with Wilms' tumor (WT) in developing countries has been predicated on late presentation, poverty and low rate of chemotherapeutic access.

Biography

Mir Anwar has done his graduation in Medicine from Bangladesh in 1975. He did his Post-graduation in Pediatrics from Ireland in 1982. He has done his second Post-graduation in Public Health from the University of Massachusetts, USA in 2003. He has worked as a Pediatric Consultant and Public Health Specialist in WHO/ UN around the world including Asia, Middle East, Africa, Pacific Island, Ireland and USA. Since 2007, he has been working in different provinces of South Africa with the Department of Health. Presently, he is working as a Clinical and Medical Manager in Richmond Chest Hospital, South Africa. His main research interest is childhood TB with HIV in Sub-Saharan Africa. He was honored by the American Academy of Pediatrics, Royal College of Health, UK, and International College of Pediatrics, etc., for his work. He is an active member of different international and national pediatric organizations. Currently, he is one of the honorary Member of Editorial Board for the *Journal of Pediatrics & Neonatal Biology*.

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