Letters to the Editor

Wilms Tumor Arising in a Horseshoe Kidney

We read with interest the above report (l). Children with Wilms tumor (WT) arising in horseshoe kidney (HSK) may not differ clinically from, those with tumors arising in a normal kidney. However, presence of HSK does alter the patient's management and hence the prognosis (2).

Completeness of surgical excision is a very important factor in determining the ultimate outcome. For bilateral WT (Stage V or bilateral State I) it is necessary to perform nephrectomy on the side of maximum affection and partial excision on the other side(3). The purpose is to achieve complete surgical excision while leaving behind maximum normal functioning kidney tissue.

This principle needs to be applied to WT in HSK as well. We agree that pre-operative chemotherapy was the right approach in this case. But did the chemo-therapy reduce the tumor size? If so then by how much? This crucial information is missing from the case report.

Since the same chemotherapeutic drugs were continued post operatively, we pre-sume the initial response was satisfactory and gave sufficient tumor regression. If such was the case, complete surgical resec-tion should have been possible. We are also left guessing about what the extent of surgery was.

Since the tumor was arising from the isthmus of a HSK, surgery outlined above could have been done.

Leaving behind residual disease (Stage III) makes post operative radiotherapy mandatory. The authors have given an incorrect impression that radiation field should include the lumbar spine only when isthmus is the site of origin (or affection). Actually, even for WT in a morphologically normal kidney, the full width of the lumbar spine is always included to prevent assymetrical growth of the vertebrae.

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