RESUMOS DOS TRABALHOS CIENTÍFICOS APROVADOS

SLAOP 2018

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Temas Livres: Modalidade Oral

Código: 65974

Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Biologia e Patologia

Título: EXPERIENCIA EN EL USO DE DINUTUXIMAB EN PEDIATRÍA. CUATRO INSTITUCIONES EN ARGENTINA.

Autores: MERCEDES GARCIA LOMBARDI; Mariana Nana; Antonio Cairnie; Rosana Chiabrando; Adriana Arto; Florencia Gutierrez; Maria Cores;

Resumo: Introducción: el uso de anticuerpo antiGD2 junto con ácido cis-retinoico en el tratamiento de pacientes (p) con neuroblastoma de alto riesgo ha demostrado mejorar significativamente la sobrevida a largo plazo. En Argentina no se dispone de la medicación y se requiere su importación desde Europa o EEUU para poder administrarla. Objetivo: reportar la experiencia en el uso de dinutuximab/dinutuximab beta en 4 centros de Argentina, evaluando factibilidad de acceso, tolerancia y toxicidad en p con neuroblastoma alto riesgo tratados entre diciembre de 2016 y enero de 2018 en el Hospital de Niños Ricardo Gutierrez, Sanatorio Anchorena, Sanatorio Franchin y Fundación Hospitalaria.Materiales y métodos: Se indicó dinutuximab a 17.5 mg/m2/día y dinutuximab beta a 20mg/m2/día por 5 días por vía central en infusión prolongada (12 o 10 hs). Ciclos cada 28 días Todos los pacientes se internaron en UTI con goteo de morfina en paralelo y monitoreo.Resultados: La medicación fue provista por seguros sociales (5 p) y por el sistema público (2 p) Se administraron un total de 18 ciclos (11 dinutuximab y 7 dinutuximab beta). Dinutuximab en 4 p y dinutuximab beta en 3 p. El efecto adverso más común fue fiebre (todos los casos en todos los cursos). Dolor neuropático grado 2 en 3 p únicamente en la primera infusión y grado 1 en los demás. Los ciclos se realizaron en tiempo y forma sin demoras.De los 4 p que recibieron dinutuximab, 2 se encontraban en remisión completa y 2 en primera recaída post-TAMO. A los 3 p con dinutuximab beta se les indicó como mantenimiento post-TAMO. Se encuentran en tratamiento habiendo recibido 1- 3 y 3 ciclos.Conclusiones: Si bien la importación de medicación en Argentina requiere trámites burocráticos engorrosos se logró implementar la aplicación según recomendaciones internacionales. Las infusiones fueron bien toleradas y la toxicidad manejable. Se requiere mayor tiempo de seguimiento y cantidad de pacientes para evaluar el impacto en la sobrevida.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Biologia e Patologia

Título: THE ONCOLOGIC PATIENT AND THE EXPERIENCE OF CHRONIC PAIN: ITS SUBJECTIVITY BEYOND THE DISEASE.

Autores: MARIA TEREZA PIEDADE RABELO.; Renata de Toledo Petrilli.; Juliana Molina.; Mariana Cabral Schveitzer.; Ana Laura Prates Pacheco.; Claudio Arnaldo Len.;

Resumo: Introduction: The International Association for the Study of Pain (IASP) characterizes chronic pain as a multidimensional and subjective phenomenon. Studies in the area point out that chronic pain is one of the main causes of incapacity, and hyper-use of the health system, becoming a public health problem. Due to the great demand for treatment, and to the complexity of the painful phenomenon, a multidisciplinary treatment is necessary. In this sense, the psychoanalyst with the specificity of its knowledge can be one of the team members. Research questions: 1) Can the subjective pain factor be related to an unconscious conflict of the subject? 2) Can the analytic listening directed to the subject‘s unconscious demand cause in some cases a decrease in the phenomenon of hyper-utilization of the health system? Objective: This study aims to explain the subjective factor present in chronic pain. Methodology: This is a qualitative research, based on the Bardin content analysis method through semi-structured interviews. The data were discussed in the light of Freud and Lacan‘s psychoanalytic theory. Preliminary data are from an ongoing master‘s degree project at a pediatric oncology hospital. Study population: ten patients aged 14 to 24 years. Results: From the content analysis, three categories were constructed: 1) It is dificult for the subject to see him/herself separated from the Other; 2) The pain may cause a space in the total relationship with the Other; 3) The unconscious position of the subject in front of the demand of the Other. Conclusion: Through the research it was possible to verify that in addition to the weight of the cancer treatment, the subjectivity of the patients interferes in the intensity and way the patient and his family relate to the pain. From the analytical listening present in the interviews, the complaint of pain, previously addressed only to medical knowledge, could be heard in its unconscious dimension. In some cases, patients with pains difficult to control, the elucidation of the unconscious conflict made it possible to address the complaint to the psychoanalyst, with a decrease in the phenomenon of hyper-utilization of the health service.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Efeitos Tardios

Título: IMPACTOS DO ADOECIMENTO E TRATAMENTO DO CÂNCER INFANTOJUVENIL NO DESEMPENHO OCUPACIONAL DOS SOBREVIVENTES

Autores: GABRIELE QUINTILIANO SARMENTO; WALKYRIA DE ALMEIDA SANTOS; MONICA CYPRIANO;

Resumo: Introdução: No Brasil, foram estimados 12.600 novos casos de câncer infanto-juvenil em 2016. Avanços terapêuticos e o trabalho da equipe multiprofissional contribuiram para a atual taxa de sobrevida de 70%. Entretanto, muitos sobreviventes apresentam complicações significativas decorrentes do câncer e seu tratamento. Para as crianças, o processo de adoecimento pode impactar em vivências e atividades essenciais para o desenvolvimento físico, cognitivo, psicossocial, tal como o brincar e as atividades de vida diária. Objetivo: Identificar se os efeitos tardios do tratamento ou sequelas do adoecimento impactam o desempenho ocupacional dos sobreviventes de câncer infantojuvenil. Métodos: Estudo descritivo com recorte retrospectivo, realizado de abril a outubro de 2016 pelo serviço de Terapia Ocupacional de um hospital de Oncologia Pediátrica, utilizando uma entrevista semi-estruturada baseada na Canadian Measure of Occupational Performance. Resultados: A amostra foi composta por 90 pacientes que que concluíram o tratamento há pelo menos dois anos, sendo 51% homens e 49% mulheres, com média de idade de 18,5 anos e uma média de 12,9 anos fora de tratamento. As neoplasias mais frequentes foram: tumor de sistema nervoso central (SNC) (18%), linfoma (18%), tumor ósseo (14%), leucemia (13%), neuroblastoma (13%) e tumor de Wilms (9%). Referente à situação ocupacional, 27,7% eram estudantes do ensino básico, 23,3% desempregados, 19,0% trabalhadores informais (sem vínculo empregatício) e 30,0% formais. Alterações físicas foram encontradas em 56 pacientes, sendo as mais comuns cardíacas (20), endócrinas (18), ortopédicas (15) e neurológicas (10). Um total de 28 participantes apresentaram alterações no desempenho ocupacional (31% da amostra), sendo que 5 desses não apresentavam sequelas físicas. A área de desempenho com maior prevalência de participantes com alterações foi a de Produtividade (23), seguida de Lazer (14) e Autocuidado (10). Os participantes com alterações na área de Autocuidado apresentaram sempre alterações nas demais áreas. Os pacientes com tumores de SNC apresentaram a maior prevalência de alterações nas três áreas de desempenho, seguido de neuroblastoma e leucemias. Conclusão: Embora 62% dos pacientes tenham apresentando alterações físicas decorrentes do tratamento, apenas 31% apresentaram alterações no desempenho ocupacional. A área de desempenho ocupacional mais afetada foi a de produtividade relacionada as atividades de trabalho e escola.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Efeitos Tardios

Título: LATE EFFECTS ON CHILDHOOD CANCER SURVIVORS: ANALYSIS THE SCHOOLING OF 283 CASES FROM 2014 TO 2017

Autores: CRISTINA LEIKA HORII; Cristina Leika Horii; André Covic Bastos; Monica dos Santos Cypriano; Amália Neide Covic;

Resumo: INTRODUCTION: The Health Sciences literature warns about the possibility of late effects on the treatment of cancer during childhood and adolescence, especially with patients receiving intrathecal chemotherapy and central nervous system (CNS) radiotherapy. Also, the educational research literature shows that social factors affect academic success. The teachers of the Hospital School interviewed 283 out-of-treatment patients aged 8-44 years. This school, which offers educational support, is located in a Brazilian hospital treating child and adolescent cancer. OBJECTIVE: This study aimed to highlight aspects of the Education and Health Sciences that interfere in the process of schooling of patients, after at least two years of treatment completion. METHODS: Exploratory research, with data collected in interviews with cancer survivors who underwent treatment in the period of 1991-2008 and analysis of school and clinical records in the period of 2014-2017. Distribution of the patients according to the classification of childhood cancer: Leukemia (34,8%), Renal tumors (24,8%), CNS (19,5%) and others (20,9%). Data analysis was carried out with the SPSS and the significance level was set at 5%, to investigate possible associations between the variables: place of residence, level of parental education, school type, age patient at the start of treatment, diagnosis, chemotherapy protocol, radiotherapy site, school support during and after treatment and communication between the hospital school and the regular school. RESULTS: We present the two main: a significant lower number of school failure or drop out for those students who reported communication between the Hospital School and the regular school (Spearman p = 0.018) and higher failure rate observed before treatment for parents with less schooling, an event that did not is observed neither during nor after treatment (Ttest p= 0.002 for before treatment and Ttest p>0.05 for during and after treatment). CONCLUSION: The communication between the hospital school and the regular school about the learning conditions during and after treatment results in a significantly lower rate of grade repetition or school drop-out. There is a correlation between school year repetition before treatment and the schooling level of family members. The school action, e.g., orientation to the family, communication with the regular school, educational support, attenuates this social factor for students during and after treatment.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: NURSING CONSULTATION OF THE PEDIATRIC PATIENT BEFORE HEMATOPOIETIC STEM CELL TRANSPLANTATION: AN INSTRUMENT FOR EVALUATION, GUIDANCE AND INTERVENTION TO THE ASSISTANCE

Autores: CINTIA MONTEIRO; Adriane Silva Santos Ibanez; Virginio C. A. Fernandes Junior; Renata Fittipaldi Guimarães; Ana Cristina Mendonça; Vanessa Silva Souza Avelino; Vanessa Quintiliano; Leticia Ribeiro Fargiorgio; Luara Cristina Simoni de Souza; Sarita Villaverde Lopes; Cristiane Menez Vitoria Alferi; Jakeline Plamezano Crispim de Souza Bufoni; Juliana Barbosa da Costa; Victor Gottardello Zecchin; Marilisa Moreno de Oliveira; Natalia Maria Tavares Ferreira Borges; Cylia Oliveira Guedes Pereira Serique;

Resumo: Introduction: The nursing consultation is an important tool that can benefit everyone involved in the care process. It makes possible to build a bond with both patients and families, teaching and guiding them throughout the hematopoietic stem cell transplantation (HSCT) process. It also helps the multidisciplinary team understanding the patient in biopsychosocial and spiritual needs; as for the nurse group, it translates an assistance based on excellence of care. Objective: To report the experience of performing a nursing consultation of the pediatric patient before HSCT. Methodology: Descriptive experience report study of specialist clinical nurses (SCN). Results: From September 2015 to June 2017, were performed 122 nursing consultations, with an average of 6 consultation per month, and 106 (86.8%) patients were submitted to HSCT. The flow for this care occurs as follows: after prior contact with the patient's home doctor and medical report submission, each case is widely discussed in a multidisciplinary meeting with the HCST group where the indication and all the planning are reviewed (type of transplantation, best donor choice and conditioning regimen). Subsequently, all patients are evaluated in nursing consultation. It consists of patients´ anamnesis; physical exam; stages of HSCT and the consent form explanations. All appointments with the multidisciplinary team are made and then, they are guided through a visit to the HSCT Unit. Anamnesis involves medical history both prior (gestational, hospitalizations and comorbidities, childhood diseases; vaccine schedule; allergies) and of the current disease (clinical condition, diagnostic exams, treatment, complications and disease status prior to HSCT). The patient's complications history are focused in the need of intensive and/or invasive care; microbiological insolation; surgical and anesthetic antecedents; venous devices and blood transfusion needs. Further, social and behavioral family history are also included. Guidance tools are used as illustrative materials about bone marrow, HSCT, bone marrow infusion, side effects, and nursing and hygiene care. Conclusion: It allows demystifying some concepts and fears of the patients and families, gives a holistic view of the patient, providing specific information of each singular case. It provides an important bond, which will positively affect all members involved in the care, and consequently, favors better adherence to treatment.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: PROTOCOL OF SURGICAL POSITIONING AT A HOSPITAL SPECIALIZED IN PEDIATRIC ONCOLOGY

Autores: JULIANA PEPE MARINHO; JULIANA PEPE MARINHO; CAROLINE FELIPE FERNANDES; VANESSA APARECIDA DE SÁ FERIGATO;

Resumo: Surgical Positioning aims to expose and facilitate access to the surgical site, accommodating the patient at the operating table, preventing skin or nerve injuries. Based on the protocol developed at a Pediatric Oncology Institution, in the City of São Paulo, patients treated at the Surgical Center are classified at low or high risk for developing skin lesion due to surgical positioning. This classification is done by the nurse through the Score of the Braden/Braden Q scale and the estimated surgical time. After classification, it is up to the nurse to prescribe the type of protection used during positioning. Patients at high risk of pressure injury are submitted to a specific care plan and evaluated in the Immediate Postoperative. If there is an injury at the Immediate Postoperative, the nurse will follow the patient after 1, 6 and 24 hours of the procedure. If, after 24 hours after the end of the surgery, the patient maintains a pressure lesion, an event notification and follow-up. To present the Protocol of Surgical Positioning developed and used in a Hospital specialized in Pediatric Oncology located in the City of São Paulo, as well as the results obtained with this protocol in 2017. This is an experience report. Between 2017 January 1st and December 31rd, 163 patients were admitted to the Surgical Center as a high risk of pressure injury associated with surgical positioning. 100% of the patients received Maximum Protection to avoid the development of lesions. 14 patients (8.5%) presented pressure lesions, all of them being Grade I reactive hyperemias. 10 of de 14 patients were male, mean age was 10 years and 2 months. 13 patients underwent neurosurgery and 1 under orthopedic surgery, and 65% of the patients remained in the ventral position for surgery. The minimum surgical time was 09 hours and 20 minutes and maximum was 15 hours and 45 minutes. Lesions were resolved using Essential Fatty Acids before discharge from these patients. We concluded that establishing a protocol for the prevention of pressure injury associated with the surgical procedure for pediatric cancer patients was extremely important in order to standardize care and avoid the development of Grade II, III and IV lesions. It is necessary to maintain the studies on this subject because there is no scale in the literature evaluating the risk of pressure injury associated with pediatric surgical patients.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: THE INFLUENCE OF SPIRITUALITY IN THE CARE OF PARENTS TO CHILDREN WITH CANCER

Autores: JULIANA CRISTINA MEDEIROS PEREIRA; LUCIANA SOUZA DE CASTRO; Roberta Dantas Breia de Noronha; ALEXEI RODRIGUES GOMES;

Resumo: INTRODUCTION: To deal with the suffering caused by childhood cancer, The patients and their families use different coping strategies, among which, the spirituality seems to be a way to minimize possible damage. OBJECTIVE: The aim of the present study was to analyze the influence of spirituality in the care of the parents of children with cancer. METHOD: For this, we performed a review not systematic of articles on the electronic databases of national and international (SciELO, PubMed, and Latin American Literature and Caribbean Health Sciences) using the search terms "spirituality" child "and" cancer ", as well as other resources available.After the search, 20 articles met the eligibility criteria and were included in the final sample.RESULTS: Our review showed that the relationship between spirituality and health has recently become a subject of growing interest among researchers, as a positive influence of spirituality in the well-being of the people was observed.Studies that were retrieved using the search strategy mentioned in electronic databases, evaluated independently by the authors according to the systematic review, showed that spirituality emerges as a driving force that helps pediatric patients and their families dealing with câncer.CONCLUSION: however, it is necessary to improve their knowledge on the subject. The research highlighted that spirituality is considered to be a source of comfort and hope, contributing to a better acceptance of their chronic condition by the child with cancer, as well as by the family. Are, therefore, required further studies to be up to date on the subject.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: THE USABILITY OF A MOBILE SOFTWARE OF HEMATOPOIETIC STEM CELL TRANSPLANTATION BY THE FAMILY PERSPECTIVE

Autores: ADRIANA M. DUARTE; Adriana Maria Duarte; Myriam Aparecida Mandetta; ;

Resumo: Background: families of children/adolescents undergoing hematopoietic stem cell transplantation (HSCT) need information to better cope with this situation, considering that the acquisition of information is one of the most used resource for them to cope with the illness experience. The provision of clear and true information, with respect of the time of the family is a challenge for health professionals. Virtual environment has been used in many health fields and in different manners. We developed an informative mobile software for families of children/adolescents with cancer who were undergoing HSCT, based on the theoretical and methodological frameworks of Patient-and Family-Centered Care Model and the User-Centered Design respectively. Objective: to evaluate the usability of the mobile software by the family perspective. Method: a qualitative case study was conducted with a family of a child initiating the process of HSCT at a pediatric oncology institute in Sao Paulo, Brazil. All ethical aspects were guaranteed. Initially the family was invited and after having agreed to participate, they received a tablet to use while living the HSCT. At the end, before discharge, an in-depth interview was conducted by two researchers with the parents to understand how they used the information's available at the tablet. The Qualitative Content Analysis was applied to conduct data collection and analysis. Results: the parent´s narrative reveals that they perceived the mobile software useful because it eases the access of information; generates power to deal with the situation and strengthen their self-confidence. They recognized that they were strengthened with the information they acquired, which enabled them to better cope with the experience. Conclusions: The mobile software was evaluated by the family as very useful, and a potential strategy to help them to achieve information on their own time, facilitating the coping process in a strengthened way.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Nutrição

Título: APPLICABILITY OF A NUTRITIONAL SCREENING TOOL FOR PEDIATRIC ONCOLOGY IN THE INDICATION OF NUTRITIONAL SUPPORT

Autores: ADRIANA GAROFOLO; Cristiane Ferreira Marçon; ADRIANA GAROFOLO; Priscila dos Santos Maia-Lemos;

Resumo: INTRODUCTION: The identification of nutritional risk is important for the implementation of a early and effective nutritional support. OBJECTIVE: To evaluate an applicability of a nutritional screening tool developed for pediatric oncology - Screening Tool for Childhood Cancer (SCAN) – in the indication of nutritional support (INS). MATERIAL AND METHOD: Cross-sectional study with patients of both sexes, younger than 19 years old, with malignant neoplasms undergoing treatment at a referral center in São Paulo from January 2016 to May 2017. The variables age, gender, diagnosis, cause of admission, nutritional risk by SCAN, nutritional status, arm muscle area (AMA) and INS were assessed. The subgroup with central nervous system (CNS) tumor diagnosis was evaluated separately. Statistical analyzes were performed using IBM® SPSS® Statistics software 23. RESULTS: Of the 130 patients, 54.6% were at nutritional risk, 69.2% had adequate nutritional status and 54.6% had appropriate AMA. In the subgroup of 32 patients with CNS tumor, 50% presented nutritional risk, only 56.3% had adequate nutritional status and 72.7% had appropriate AMA. INS was observed in 55% of all cases, while only 34.4% of CNS subgroup presented it. There was no correlation between nutritional risk and status. The correlation was low between INS and nutritional status (0.32, $p<0.001$), INS and AMA (0.25, $p=0.015$) and between nutritional risk and INS (0.32, $p<0.001$). In the CNS tumors subgroup, there was a better correlation between nutritional risk and INS (0.72, $p<0.001$). Among the six items that compose SCAN tool, a significant correlation was observed between INS and low food intake (0.21, $p=0.018$), weight loss (0.30, $p=0.001$) and clinical signs of malnutrition (0.29, $p=0.001$). In the CNS tumor subgroup, only low food intake and weight loss showed significant correlation with INS (0.46, $p=0.008$ and 0.36, $p=0.04$, respectively). CONCLUSION: Nutritional risk by SCAN has a low correlation with INS, therefore this method should not be used alone. In the CNS tumor subgroup, the screening tool seems to have greater sensitivity to predict INS, because a better correlation between the variables in this group was observed. Sample size may be a limitation of these results.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Nutrição

Título: INFLUÊNCIA DE VARIÁVEIS CLÍNICAS E DO ESTADO NUTRICIONAL NAS ALTERAÇÕES DAS MEDIDAS DO ÂNGULO DE FASE EM PACIENTES SUBMETIDOS AO TRANSPLANTE DE CÉLULAS TRONCO HEMATOPOIÉTICAS

Autores: ADRIANA GAROFOLO; Claudia Harumi Nakamura; Adriana Garófolo; Victor Gottardello Zecchin; ;

Resumo: Introdução:bioimpedância elétrica (BIA) é um equipamento utilizado para a avaliação da composição corporal. Entre outros, este determina o ângulo de fase (AF), que reflete o estado da integridade da membrana celular e tem demonstrado ser um indicador de prognóstico e preditor de sobrevida. Objetivo:estudar as alterações do AF em pacientes submetidos ao Transplante de Células Tronco Hematopoiéticas (TCTH) e a possível relação com a condição nutricional e outros fatores no pré-condicionamento e no dia da infusão. Métodos:estudo analítico, observacional de coorte prospectiva, realizado de março/17 a fevereiro/18 no Grupo de Apoio ao Adolescente e à Criança com Câncer, que internaram para o TCTH. Resultados:estudamos 60 pacientes submetidos à avaliação antropométrica e bioimpedância. A idade média foi de 8,9 anos, sendo 58,3% do gênero masculino. 35 pacientes realizaram TCTH autólogo (58,3%), 12 alogênico não aparentado (20,0%), 8 haploidêntico (13,3%) e 5 alogênico aparentado (8,3%); 30% eram portadores de leucemia (n=18), 13% linfoma (n=8), 11,6 % neuroblastoma (n=7), 10% retinoblastoma (n=6), 8% meduloblastoma (n=5), 26,6% outros (n=16), sendo 7 pacientes não oncológicos (11,6%). Nove pacientes apresentaram risco nutricional (15%); e 7 (11,6%) apresentaram déficit na área muscular do braço. Não houve diferenças entre os valores das médias do AF comparando esses grupos para os dois períodos da análise (4,64º e 4,54º e 4,95º e 4,34º, respectivamente). A análise global, mostrou diferença (p=<0,001) nos valores do AF entre o pré-condicionamento (mediana de 5,01º) e Dzero (mediana de 4,53º). Houve diferença também em relação à faixa etária nesses dois períodos: no pré-condicionamento <10anos apresentaram mediana de 4,65º e >10anos 5,4º; e no D zero os <10anos 4,2º e os >10anos 4,8º (p=0,0003 e p=0,00004, respectivamente). Não houve diferença entre o AF e os tipos de TCTH, apesar de os pacientes no pré-condicionamento do TCTH alogênico apresentarem valores superiores (mediana 5,3º vs 4,85º; p=0,06) em relação ao autólogo. Diferenças foram encontradas entre os diagnósticos hematológicos e sólidos (mediana 5,3º vs 4,65º; p=0,02). Conclusão:os dados sugerem uma redução do AF após a fase de condicionamento. Esse resultado pode estar associado ao maior estresse metabólico e oxidativo e ao catabolismo, relativo ao TCTH. A idade do paciente, bem como o estado nutricional, também pode influenciar esses valores, apesar do último não apresentar diferenças nesta análise.

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Código: 66011

Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Psicologia

Título: AJUSTAMENTO PSICOLÓGICO DE CRIANÇAS BRASILEIRAS QUE SOFRERAM RECIDIVA DE CÂNCER

Autores: AMANDA MUGLIA WECHSLER; María del Carmen Bragado-Álvarez; María José Hernández-Lloreda; Elisa Maria Perina; Luiz Fernando Lopes;

Resumo: No Brasil, poucos estudos investigaram os aspectos psicológicos de crianças com câncer e quando se abordam as crianças que sofreram recidiva de câncer, os estudos são quase inexistentes. Portanto, o objetivo desta pesquisa foi avaliar o ajustamento psicológico de crianças brasileiras que haviam sofrido uma ou duas recaídas de câncer, comparando-as com crianças sobreviventes desta doença e com um grupo controle. Além disso, foram analisadas possíveis associações entre variáveis sociodemográficas e médicas e medidas de psicopatologia. Participaram deste estudo 180 crianças (6 a 14 anos de idade) divididas em três grupos (recaída, sobreviventes e controle). Os instrumentos utilizados foram a escala de auto-relato Behavior Assessment Scale for Children, a Escala Revisada de Ansiedade Manifesta em Crianças e a Escala de Autoconceito de Piers-Harris. Não foram encontradas diferenças significativas entre o grupo de recidiva e o controle ou entre o grupo de sobreviventes e o controle em relação a problemas psicológicos. No entanto, os resultados demonstram o papel protetor do nível educacional parental e da renda familiar no ajustamento psicológico das crianças. As conclusões enfatizam a resiliência das crianças que sofreram recaída de câncer.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Psicologia

Título: EVALUATION OF DISTRESS IN FAMILY CAREGIVERS OF CHILDREN WITH CANCER

Autores: JULIA BRESSAN DA COSTA; JULIA BRESSAN DA COSTA; ERICA BOLDRINI;

Resumo: Childhood cancer, in comparison with the kinds of cancer that adults are often diagnosed with, is considered a rare illness. Despite the good chances of cure, the diagnosis of this disease tends to make families unstable and it may also cause distress, anxiety and depression in family caregivers. Distress is an oncology terminology defined as an unpleasant emotional and multifactorial experience that may have psychological, social and/or spiritual origins. On the other hand, anxiety and depression are disorders in which the main symptom is a swing in mood and affection. In order to analyze and correlate these psychiatric disorders, the caregivers of children and adolescents recently diagnosed with cancer answered three different sets of questions: a social-demographic questionnaire, the Distress Thermometer and the Hospital Anxiety and Depression Scale (HADS). The first questionnaire contains social and economic questions about the caregiver. The Distress Thermometer shows the level of distress and its possible causes, whereas the HADS is a tool used to investigate the symptoms related to anxiety and depression. Through a partial descriptive analysis of the study, it was found out that among the 27 interviewees, 82.8% were female, 34.5% were between 20 and 30 years old, 41.4% had already graduated from high school, 69% were married or lived with a partner, 82.2% were mothers, and 65.5% had a family income from 1 to 3 minimum wages. As for the patients, 59.3% were male, 63.6% did not have fair skin, 62.9% had hematological cancer and 37% had a solid tumor. The result obtained by Pearson's correlation between the score of anxiety and the score of depression - both of them obtained through HADS, was 0.796, which means that there is a positive relation between them. The correlation between the Distress Thermometer and the score of anxiety is 0.664, and the correlation between the Distress Thermometer and the score of depression is 0.611, that is, there is a moderate relation between them. Using Pearson's correlation, it was also observed that the Distress Thermometer increases for the caregivers who experience fear, nervousness, sadness and have difficulty sleeping ($p<0,05$). Therefore, in this part of the study, we managed to conclude that the higher the scores of anxiety and depression, the higher the distress of the family caregivers. And among the various problems mentioned in the Distress Thermometer, four of them are the cause of this emotional disorder.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Psicologia

Título: NON-PHARMACOLOGICAL INTERVENTION FOR PAIN RELIEF IN CHILDREN UNDERGOING PAINFUL PROCEDURES

Autores: NÁTALI CASTRO ANTUNES CAPRINI OLIVEIRA; Maria Beatriz Martins Linhares;

Resumo: Introduction: Pain is a stressful experience that can have a negative impact on child development. Aim: The present study was aimed to evaluate the efficacy of a non-pharmacological intervention of distraction for acute pain relief in hospitalized children undergoing painful procedures. Method: The study design was a crossover randomized controlled trial. The sample comprised 40 inpatients (6-11 years) who underwent painful puncture procedures. The participants were randomized into two groups, and all children received the intervention and served as their own controls. Stress and pain-catastrophizing assessments were initially performed using the Child Stress Scale and Pain Catastrophizing Scale for Children, with the aim of controlling these variables. The pain assessment was performed using a Visual Analog Scale and the Faces Pain Scale-Revised after the painful procedures. Group 1 received audiovisual distraction before and during the puncture procedure, which was performed again without intervention on another day. The procedure was reversed in Group 2. Audiovisual distraction used animated short films. A 2 X 2 X 2 analysis of variance was performed, with a 5% level of statistical significance. Results: The two groups had similar baseline measures of stress and pain-catastrophizing. A significant difference was found between periods with and without distraction in both groups, in which scores on both pain scales were lower during distraction compared with no intervention. The sequence of exposure to the distraction intervention in both groups and first vs. second painful procedure during which the distraction was performed also significantly influenced the efficacy of the distraction intervention. Conclusion: The intervention of audiovisual distraction was efficacy in reducing the perception of pain intensity during routine acute painful procedure in hospitalized children. The findings of the present study endorse that distraction is a simple and efficacious non-pharmacological management for acute pain relief, which could be implemented in clinical practice of pediatric care settings.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Psicologia

Título: PRELIMINARY HOSPITAL INTERVIEW: AN ADAPTATION FROM THE NEW CASE INSTRUMENT.

Autores: DANIELA SILVA DE LARA; Diene Garcia Gimenes; Samara Ayoub; Renata Petrilli;

Resumo: The preliminary interview is a concept of the psychoanalysis of the French school, which rescues what Freud called 'trial treatment', which is the initial moment in which bond formation and establishment of structural diagnosis will take place. Preliminary interviews in the clinical setting, although finite, do not have time defined a priori; but in the hospital context, institutional dynamics and temporality limit the achievement of the psychic diagnosis. Aiming to contemplate such specificities, the psychology department of a pediatric oncology hospital provides the New Case (NC) as the fundamental and essential instrument in the admission of the patient to the follow up at the institution. In this matter, the NC rescues the concept of preliminary interview adapting it to the hospital context, in that it proposes to carry out a situational diagnosis, with limited time and from the offer of listening. Considering these aspects, the objective of the present work is to present a theoretical-clinical articulation between the preliminary interviews in the clinical setting and institutional setting, highlighting three points: a possible initial complaint, the temporal dimension and the possible diagnosis. The method used was clinical care with the execution of the three NC interviews, referenced to the psychoanalytic theory, on which the discussion of this work was based. It was possible to perceive that the concept of preliminary interview is articulated in an effective way to the hospital scope and it is reconciled to the needs of the institution. Upon admission to the hospital, the patient and his family seek a response to an organic disease and are faced with the offer of psychic listening beyond illness, allowing the (re) positioning of the subject facing the new health condition. It was concluded that NC favors the understanding of subjective unconscious aspects that help the psychology service in the management of points related to illness, and also allows working together with other professionals in order to contribute to patient adherence to treatment, management of distress, support to the family in the diagnosis and assistance to the multi-professional team regarding the relationship with patient and family and also in the conduct of the cancer treatment.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Psicologia

Título: PSYCHOLOGIST INTERVENTION IN RADIOTHERAPY TREATMENT FOR PATIENTS WITH OR WITHOUT ANESTHESIA/SEDATION: REPORT OF A BRAZILIAN EXPERIENCE IN A RADIOTHERAPY UNIT IN PEDIATRIC ONCOLOGY

Autores: LÍVIA CRISTINA VIANA; Laís Sionti Cortez; Naira Janeiro Antunes; Tamires Wedekim DE Toledo; Fernanda Belize Garcia; Taianara Martins Macedo; Thatiane Vichiato Breda; Renata de Toledo Petrilli;

Resumo: Introduction: The literature states that parents´ anxiety, child temperament, age, and previous medical experiences are factors that increase anxiety before anesthesia/sedation (A/S) and suggests the use of methods to decrease it and facilitate radiotherapy (RXT). Thus, a pre-RXT psychological screening was developed for the patient and his / her relative, applied after the first consultation with the physician for the specific conduct program. Objective: To present the results of the psychologist's intervention in an RXT unit in Pediatric Oncology for the treatment with or without (A/S). Method: report of experience. A total of 111 screenings and psychological interventions of the patients served between March / 2016 and January / 2017 were analyzed, with ages ranging from 1 to 18 years. Screening investigates treatment history and procedures, traumas, and coping capabilities. Results: Of the 71 (64%) patients who underwent treatment without (A/S), 30 (42.25%) needed psychological intervention to avoid the use of anesthesia, with a predominance of 19 (41%) of them with ages from 5 to 11 years old. Of the 40 (36%) patients who underwent the anesthesia treatment, 12 (30%) patients required psychological intervention that interfered directly with the anesthetic process and / or initial radiotherapy treatment and 5 (12.5%) thereafter. Indicators for intervention: Age; treatment time in RXT; anxiety of parents and / or child; difficulty of separation; negative associations with RXT and / or A / S; neurological factors; history of procedures; difficulty with immobilization, fasting, pain, fear of death; communication failure with staff. The psychological interventions were: psychological care with family and patient, management of communication with the family, patient and team, case discussion with the team and audiovisual resource. Conclusions: The Psychologist intervention resulted in the development of indicators that suggest the need for psychological support and could promote the reduction of the use of anesthesia in 42.25% of cases. This reveals how important is to humanize the treatment for patients and families, reducing physical and psychological risks, and automatically costs.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Disciplinas / SLAOP - Radioterapia

Título: PROFILE OF PATIENTS WITH RADIODERMATITIS DEGREES III AND IV OF A PEDIATRIC RADIOTHERAPY SERVICE

Autores: JULIANA PEPE MARINHO; GISELE PERES MARQUES; ANA PAULA PASSARELI;

Resumo: Even with the development of technologies that aims to minimizing the side effects of radiotherapy, radiodermatitis is still the most prevalent. Classified in grades ranging from 1 to 5, through the Common Toxicity Criteria published by the National Cancer Institute, it may be primarily responsible for discontinuing radiotherapy sessions. After extensive bibliographic research, we observed that the expected rate of radiodermatitis for pediatric patients treated is not published in the world literature, which instigated the nursing team of the Radiotherapy Sector of a hospital specialized in pediatric oncology to make a study of the treated population. Retrospective study performed between 2015 January 1 and 2017 December 31, of the public below 21 years, treated with doses above 2000 cGy presented radiodermatitis Degrees III and IV. A total of 526 patients with a dose above 2000 cGyS were treated, all of whom were submitted to the institution‘s radiodematitis prevention protocol. 11 patients presented Grades III or IV radiodermatitis, requiring interruption of treatment for this reason. Six patients were female, with a mean age of 14 years and 2 months, 70% of whom had Ewing‘s sarcoma and all were located in the pelvic region and limbs. Defining our population at risk for the development of degrees III or IV radiodermatitis was of great importance for us to propose specific care to these patients in an attempt to avoid discontinuation of treatment, improving the quality of care provided.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Cerebrais

Título: SUBGROUP SPECIFIC LONG-TERM SURVIVAL AND NEUROCOGNITIVE OUTCOMES IN POSTERIOR FOSSA EPENDYMOMA

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Resumo: Background: Posterior fossa ependymoma comprises two groups, PFA and PFB with stark differences in outcome. However, the long-term outcomes of PFA ependymoma and the pattern of relapse have not been fully described. We aimed to identify predictors of survival and neurocognitive outcome in a large consecutive cohort over three decades. Methods: A consecutive prospective cohort of childhood posterior fossa ependymoma were subgrouped and correlated with long-term survival and neurocognitive outcomes. Results: Seventy-three posterior fossa ependymoma were identified, of which 89% were PFA. There were no relapses observed amongst the PFB cases. Ten-year progression free survival of PFA was poor overall at 37 +/- 7%. Analysis of consecutive 10 year epochs revealed a significant improvement in PFS and OS over time (2005-2014 compared to 1985-1994 and 1995-2004). This pertains to the rate of GTR increased from 35% to 77% and use of upfront radiation increased from 65% to 96% over observed period in PF ependymoma. A multivariable model showed that extent of surgical resection and upfront radiation were very strong predictors in outcome in PFA ependymoma, with patients treated with radiation sparing approaches harbouring very rapid progression. The pattern of relapse also changed over time, with a significant proportion of gross totally resected PFA relapses metastatically. Analysis of longitudinal neuropsychological outcomes in a mixed linear model shows continuous declines in IQ over time with upfront conformal radiation, which are particularly pronounced in infants under the age of 3. Conclusions: Data from a molecularly informed large prospective cohort of posterior fossa ependymoma clearly indicate improved survival of posterior fossa ependymoma over time, related to more aggressive surgery and upfront radiation. However, for the first time in a subgrouped cohort, we show that this approach results in reduced neurocognitive outcomes over time. Our data suggests that all children with posterior fossa ependymoma should receive upfront radiation and be concomitantly prioritized for early neuropsychological testing and intervention.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Cerebrais

Título: VISUAL FUNCTION ASSESSED BY VISUALLY EVOKED POTENTIALS IN OPTIC PATHWAY LOW-GRADE GLIOMAS WITH AND WITHOUT NEUROFIBROMATOSIS TYPE 1

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Resumo: Introduction: Optic pathway low-grade glioma (OPLGG) is a peculiar presentation of LGG. Neurofibromatosis type 1 (NF1) is usually linked to the occurrence of OPLGG, but sporadic cases can also be found. Despite its benign pattern, severe handicaps including irreversible blindness can occur.Pattern reversal visually evoked potential (PRVEP)is a non-invasive method broadly employed to identify driven-signs of visual pathway dysfunction in neuro-ophthalmological conditions. Objective: To assess visual function by PRVEP in patients affected by OPLGG with and without NF1. Methods: Participants were OPLGG children and adolescents referred for visual function evaluation, linked (NF1-OPLGG) or not to NF1 (Non-NF1-OPLGG). An age-adjusted control group was included for comparison. Monocular 15‘ and 60‘ PRVEPs were recorded from each eye. Peak-to-peak N75-P100 amplitudes(μV)and P100 peak-times(ms) were measured. Cut-offs for PRVEPs parameters were determined from controls. The association of age, disease duration, gender and NF1 with P100 amplitude reduction and P100 peak time delay was explored by Firth logistic regression modeling. Results: Participants were 30 patients (15 males, 60% Non-NF1) with ages from 3.6 to 19.9 years (mean±SD= 9.2 ± 3.8 years; median =8.4 years) and 19 controls (12 males) with ages from 3.7-19.9 years (mean±SD= 10.4+4.9 years; median=9.5 years).Cut-offs for PRVEPs were ≥9.0 μV and ≤103.0 ms. Overall, 68% presented reduced P100 amplitudes for both check sizes (46% in the NF-1 and 83% in the Non-NF1) and delayed P100 for both check sizes (38% in NF1 and 89% in Non-NF1). Absence of NF1 adjusted for age, gender and disease onset was significantly associated with: a)reduced P100 amplitude for both 15’ checks [odds ratio (OR):7.18; 95% Confidence Interval (CI)=1.04 to 49.40; p=.045] and 60’ checks [OR: 5.04; 95% CI=1.06 to 24.10; p=.042]; b)delayed P100 for both 15’ [OR: 7.29; 95% CI=1.45 to 36.72; p=.016] and 60’ checks [OR:6.30; 95% CI=1.24 to 31.99; p=.026]. Conclusions: PRVEPs were useful to detected and to characterize visual pathway dysfunction in OPLGG in childhood. Visual losses were observed in 2/3 of the cases. Abnormalities in PRVEPs were more frequent and severe in OPLGG not linked to NF1. As an ancillary test on cross-sectional evaluations, PRVEPs results might encourage to hasten treatment before optic atrophy is established in OPLGG.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Ósseos

Título: DRUG TRANSPORTER GENES PLAY ROLE IN OSTEOSARCOMA OUTCOME

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Resumo: Background/Objectives: Osteosarcoma (OS) is the most common malignant bone tumor in children and adolescents. Drug resistance and unfavorable outcome are problems that still affect an important percentage of OS patients. Thus, the aim of the present study was to investigate OS specimens in the pharmacogenetic context. Methods: We have investigated the expression of drug transporter genes (ABCB1, ABCC2, ABCC4, ABCC6, ABCG2, RALBP1, SLC19A1, SLC22A1 e SLC31A1), using ACTB and GAPDH as endogenous control genes. qRT-PCR has been used for gene expression investigation in 71 OS specimens, including pre, post-chemotherapy and metastatic tumors obtained from 28 patients. As calibrators, we have been used five specimens of normal bone. Results: The profile associate with better overall survival was low ABCC2 expression in pre-chemotherapy specimens (p=0,0416; HR=3,532), RALBP1 overexpression in post-chemotherapy specimens (p=0,0296; HR= 3,747) and ABCC2 and RALBP1 overexpression in metastasis specimens (p=0,0481; HR=3,044 and p=0,0119; HR=4,464, respectively). SLC22A1 overexpression in pre-chemotherapy specimens was correlate with good response (necrosis grade 3 and 4) (p=0,0454); SLC22A1 was overexpressed in pre-chemotherapy specimens (p=0,0149) when compared with normal bone and SLC22A1 expression in post-chemotherapy specimens was lower than in pre-chemotherapy specimens (p=0,0298). ABCB1 and ABCG2 gene expression in post-chemotherapy specimens was higher than in pre-chemotherapy specimens (p=0,0281 and p=0,0318, respectively). SLC19A1 gene expression in post-chemotherapy was lower than in pre-chemotherapy specimens (p=0,0007), and in metastasis specimens SLC19A1 expression was higher than in normal bone (p=0,0142). The gene expression profile associated with metastasis specimens was ABCC4 (p=0,0281), ABCC6 (p=0,0479), ABCG2 (p=0,0479) overexpression and low expression of SLC22A1 (p=0,0182) when compared with pre-chemotherapy specimens, and ABCC6 (p=0,0067) and SLC19A1 (p=0,0479) overexpression when compared with post-chemotherapy specimens. Conclusion: Our findings suggest that drug transporter genes play important role in OS outcome. The variation of gene expression that have been observed in samples pre and post-chemotherapy, as well as in primary and metastatic tumors, opens ways to improve treatment response and define personalize medicine in OS patients based on drug transporter genes profile that should also contribute with OS tumorigeneses.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Raros

Título: META-ANÁLISE PARA IDENTIFICAÇÃO DE ALTERAÇÕES NA EXPRESSÃO DE MICRORNAS E VIAS MOLECULARES EM ANGIOSSARCOMA

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Resumo: INTRODUÇÃO: O Angiossarcoma (AS) é um tumor maligno raro, derivado de células endoteliais vasculares e linfáticas. Apesar dos estudos prévios em AS, as vias moleculares associadas ao desenvolvimento e progressão da doença ainda são pouco entendidas. microRNAs (miRNAs) são moléculas reguladoras da expressão gênica com papel importante na tumorigênese e constituem biomarcadores com potencial aplicação clínica no diagnóstico, prognóstico e tratamento de pacientes com câncer. Portanto, a identificação de perfis de expressão de miRNAs e das vias moleculares reguladas por miRNAs pode contribuir significativamente para a elucidação dos mecanismos de tumorigênese em AS. OBJETIVOS: Identificação da expressão global de miRNAs e vias moleculares em AS. MATERIAL E MÉTODOS: Realizamos uma meta-análise segundo a Declaração de Prisma e utilizando as principais bases de dados, PubMed e EMBASE. Após a aplicação de critérios de inclusão e exclusão específicos, um estudo (incluindo 5 amostras de AS) foi considerado elegível e selecionado para extração dos dados. Deste, foram identificados os miRNAs significativamente desregulados (FC>=2 e p<0,05). A seguir, os dados de expressão de miRNAs foram analisados utilizando as ferramentas de bioinformática miRWalk v.2.0 para predição de genes-alvo regulados pelos miRNAs e STRING e Cytoscape v.3.1.1/BINGO para identificação de redes de interação (miRNAs-mRNAs-alvo) e funções biológicas, respectivamente. RESULTADOS: 59 miRNAs estavam com expressão significativamente aumentada (FC>=1,5 e p<0,05) em AS. Destes, 21 miRNAs interagem com 28 genes-alvo enriquecidos para funções associadas ao desenvolvimento vascular. Os genes-alvo identificados têm papel fundamental na tumorigênese, pois regulam o crescimento celular e estão envolvidos em mecanismos de invasão, metástase e resposta a quimioterápicos. CONCLUSÕES: Os miRNAs identificados, em particular miR-1322, miR-520h, miR1283 e miR-144-5p regulam genes envolvidos em desenvolvimento vascular e mecanismos de tumorigênese. Estudos como este contribuem para o melhor entendimento do desenvolvimento e progressão do AS, bem como para a identificação de novos biomarcadores e tratamentos mais precisos, impactando a sobrevida dos pacientes.

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Modalidade Aprovada: Apresentação Oral

Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Renais

Título: TUMORES RENAIS NÃO WILMS - EXPERIÊNCIA DE 26 ANOS DE UMA ÚNICA INSTITUIÇÃO

Autores: MONICA CYPRIANO; Arnaldo Luiz Pires; Alexandre Alberto Barros Duarte; Maria Teresa de Seixas Alves; Gregório W Pereira; Simone de Campos Vieira Abib;

Resumo: Introdução: Tumores renais não Wilms (TRNW) formam um pequeno e heterogêneo grupo de neoplasias em crianças e adolescentes com potencial variável de malignidade, mortalidade e resposta terapêutica. Por sua raridade, são poucos os relatos na literatura. Objetivo: Avaliar a incidência, as características demográficas e os resultados terapêuticos dos pacientes com TRNW atendidos em um serviço de oncologia pediátrica nos últimos 26 anos. Metodologia: Análise retrospectiva de prontuários dos pacientes com tumor renal (CID-10: C-64) admitidos na Instituição de de 1991 a 2017. Resultados: Foram identificados 312 casos de tumores renais, dos quais 272 eram tumor de Wilms e 40 TRNW (13%). A idade média do diagnóstico foi de 5,6 anos, variando de um mês a 19 anos, sendo que 61% das crianças eram menores que 5 anos. Quinze eram do sexo feminino e 25 do sexo masculino. A distribuição de acordo com o tipo histológico revelou: Sarcoma de Células Claras (SCC = 10 casos), Carcinoma Renal (CR = 12 casos), Tumor Rabdóide Renal (TRR = 6 casos), Nefroma Mesoblástico (NM = 6 casos), Tumor Neuro Ectodérmico Primitivo (PNET = 3 casos) e Adenoma (3). Todos os pacientes foram submetidos à nefrectomia, 12 receberam radioterapia e 21 quimioterapia. Radioterapia foi realizada em caráter adjuvante, em campos opostos de megavoltagem, dirigidos à loja renal (flanco) com doses que variaram de 30 a 35Gy. Somente os SCC, TRR e PNET foram irradiados. Para os CCR, NM e adenomas a radioterapia não foi indicada. Com seguimento médio de 15 anos, 25 pacientes estão vivos e 15 morreram. As taxas de sobrevida em 5 anos de acordo com as variedades histológicas foram: SCC (62%), CR (56%), TRR (33%), NM (80%), PNET (67%) e Adenoma (100%). Conclusão: TRNW representam um grupo de tumores pouco frequentes na prática clínica e a experiência com o seu manuseio é escassa; somente com a colaboração entre as diversas instituições de diferentes países será possível angariar o conhecimento necessário para melhorar a sobrevida desses pacientes de maneira significativa.

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Temas Livres: Modalidade Pôster

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Biologia e Patologia

Título: IRINOTECAN, TEMOZOLAMIDA Y BEVACIZUMAB EN PACIENTES CON MEDULOBLASTOMA RECAÍDO: EXPERIENCIA DE UNA INSTITUCIÓN

Autores: Nicolas Palomar; Roberto Nicolas Palomar; Sandra Acosta; Mariana Nana; Maria Cores; Marcelo Urbieta; Mercedes Garcia Lombardi;

Resumo: Introducción: El meduloblastoma (MB) es el tumor maligno de SNC más frecuente en pediatría. Según datos del Registro Oncopediátrico Hospitalario Argentino (ROHA), representan el 18,5% del total de las neoplasias en Argentina. El tratamiento basado en cirugía, radioterapia y/o quimioterapia es el standard internacional. La recaída de la enfermedad es de mal pronóstico. Objetivos: Evaluar los resultados del tratamiento con irinotecan, temozolamida y bevacizumab en pacientes con meduloblastoma recaídos o refractarios post radioterapia y/o quimioterapia de primera o segunda línea. Material y métodos. Se realizó el análisis retrospectivo de historias clínicas de pacientes con diagnóstico de meduloblastoma recaídos entre 2013 y 2017 y tratados con irinotecan 125 mg/m2/día, temozolamida 100 mg/m2/día durante 5 días y bevacizumab 10 mg/kg/día. Se reportan datos de tolerancia al tratamiento, sobrevida libre de progresión (SLP) y sobrevida global (SG). Resultados: Se evaluaron 6 pacientes recaídos o refractarios que realizaron tratamiento con irinotecan, temozolamida y bevacizumab. Mediana de edad al diagnóstico de 8 años (2- 13 años). Relación varón/mujer 1:1. 6/6 enfermedad localizada al diagnóstico (M0). 5/6 pacientes resección completa (RC). 3/6 alto riesgo por anaplasia. 5/6 realizaron radioterapia inicial, 1/6 altas dosis de quimioterapia con rescate con TAMO, sin radioterapia por edad. La mediana de recaída fue 19 meses (5- 72). 1 progresion intratratamiento. Sitios de recaída: 1/6 recidiva LCR (M1), 1/6 local y LCR (M2) y 4/6 local + espinal (M3). En recaída 4/6 recibieron radioterapia, 3/6 previamente irradiados completaron dosis hasta 36 Gy y 1/6 recibió dosis completa de 36 Gy. Se realizaron 55 ciclos totales, con una mediana de 11 (4- 18). 2/6 lograron RP a los 2 y 6 meses, 3/6 RC (1,8 y 14 meses) sin TAMO y 2/6 tuvieron PE. La toxicidad más común fue diarrea grado II y toxicidad hematológica grado I/II. No hubo toxicidades grado III-IV. La media de SLP y SG fue de 11,16 y 11,66 meses respectivamente. Tres pacientes vivos a la actualidad, uno de ellos presentó segunda recaída con metástasis ganglionar cervical (M4) a los 13 meses de tratamiento.Conclusión: El tratamiento fue bien tolerado, se realizó de forma ambulatoria y no presentó gran toxicidad, permitiendo mejorar la sobrevida y la calidad de vida de estos pacientes.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Biologia e Patologia

Título: PAZOPANIB EN EL TRATAMIENTO DE TUMORES DE PARTES BLANDAS. EXPERIENCIA EN EL HOSPITAL DE NIÑOS RICARDO GUTIERREZ.

Autores: Sandra Acosta; Nicolas Palomar; Maria Cores; Maria Florencia Gutierrez; Renata Dugo; Mercedes Garcia Lombardi;

Resumo: Introduccion: Pazopanib es un inhibidor de múltiples receptores de tirosin kinasa entre los que se encuentran el receptor del VEGF, PDGFR y KIT. Es de utilidad en el tratamiento de sarcomas de tejidos blandos avanzados recaídos o progresados. Objetivo Describir nuestra experiencia con el uso de pazopanib en pacientes pediátricos con tumores de partes blandas irresecables o progresados a tratamientos de primera a segunda línea. Método Se revisaron las historias clínicas de 5 pacientes que ingresaron entre 2013 al 2017 con tumores de partes blandas tratados con Pazopanib en el hospital de niños Ricardo Gutiérrez. Dosis: 400-800mg/día hasta progresión. Resultados Recibieron pazopanib 5 pacientes: 1 a 400 mg/día y 4 a 800mg/día. Mediana de edad: 15 años (r: 6-17).Diagnósticos histológicos: 3 fibromatosis mesentéricas (2 abdominales y 1 de miembro inferior), 1 rabdomiosarcoma (parameningeo metástasico) y 1 sarcoma sinovial (miembro superior). 2/3 p con fibromatosis mesentérica recibieron pazopanib en segunda progresión y 1/3 luego de primera progresión. 2 pacientes alcanzaron remisión parcial con reducción tumoral del 75% y están vivos a 1 y 3 años respectivamente (fibromatosis mesentérica abdominal y en miembro inferior). 3 pacientes presentaron enfermedad estable: fibromatosis mesentérica 7 meses hasta progresión; sarcoma sinovial 12 meses hasta progresión y rabdomiosarcoma parameningeo metástasico 11 meses hasta progresión. 2 pacientes presentaron cambios en la coloración del cabello. Ningún paciente presentó toxicidad hematológica ni gastrointestinal. Conclusión En nuestra experiencia en la utilización de pazopanib en pacientes tumores de partes blandas ha sido efectiva logrando una muy buena respuesta en 2/3 pacientes con fibromatosis. En el caso de sarcomas de alto grado su beneficio fue mantener enfermedad estable por más de 12 meses.

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Título: TUMORES DE PARTES BLANDAS (TPB) EN MENORES DE 1 AÑO. EXPERIENCIA DE 30 AÑOS EN UNA INSTITUCION PEDIATRICA.

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Resumo: INTRODUCCION: Los TPB de la infancia y adolescencia constituyen un grupo heterogéneo de tumores, siendo el rabdomiosarcoma (RMS) el subtipo maligno más frecuente. El pronóstico es variable según edad y estirpe anatomo-patológica, siendo la edad menor de un año un factor pronóstico adverso conocido. OBJETIVOS: Reportar características clínicas, epidemiológicas y evolución de pacientes (p) menores de 1 año con diagnóstico de TPB, ingresados en el Servicio de Oncología del Hospital de Niños Ricardo Gutiérrez entre enero 1987 y diciembre de 2017. METODOS: Revisión de HC de p ingresados en ese período, evaluando edad, sexo, localización, histología, tratamiento y evolución. RESULTADOS: ingresaron 3269 p con tumores sólidos, 326 (10%) TPB, 36 (11%) menores de 1 año. Relación varón/mujer 1,1:1. Mediana de edad TPB: 6.5 meses, RMS 9 meses y no-RMS 3 meses. 7/36 (19.4%) origen congénito. Localizaciones: 14 cabeza y cuello, 11 miembros, 3 próstata, 2 parameningeo, 1 para testicular, 1 vagina, 1 tórax, 1 vejiga. Diagnóstico histológico: 20/36 (55.5%) RMS (60% embrionario y 10% alveolar, 30% no tipificado), 16/36 (44.4%) no RMS: 3 fibrosarcomas, 3 sarcomas de Ewing, 2 miofibromatosis, 2 tumores rabdoide teratoides, 2 PNET, 1 hamartoma fibroso de la infancia, 1 sarcoma indiferenciado, 1 fibromatosis y 1 fibrohistiocitoma. Estadios de RMS: I 5/20 (25%), II 3/20 (15%), III 10/20 (50%), IV 2/20 (10%). Tratamiento grupo RMS: Resección completa inicial 7/20 (35%). QMT neoadyuvante 13/20 (65%), QMT adyuvante 20/20 (100%). 5/20 (25%) RT local. Evaluables para sobrevida con RMS 17/20, 9/17 (52%) RMS fallecieron, 8 por progresión de enfermedad y 1 por sepsis. 2 pacientes pudieron ser rescatados luego de recaída y sobreviven libres de enfermedad a 1 y 8 años. SG 47% y SLE 30%. Tratamiento grupo no-RBM: 4/16 cirugía sola y 12/16 QMT. Evaluables 16/16, 3/16 (18.75%) fallecieron: 1 shock séptico y 2 progresión de enfermedad (fibrosarcoma cabeza y cuello, y tumor rabdoide teratoide). SG 81.2% y SLE 75%. CONCLUSION: Los TPB representan una entidad infrecuente en pacientes menores de 1 año. Los datos analizados se correlacionan con lo reportado en la bibliografía, siendo el RMS el subtipo más frecuente y la edad un factor de mal pronóstico. Tratándose de un estudio de 30 años, y dados los avances histopatológicos, se halla en proceso la revisión de tacos para realizar técnicas de biología molecular actuales y reevaluar los diagnósticos.

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Título: USO DE PEMBROLIZUMAB (ANTI PD1)EN PACIENTES PEDIÁTRICOS. EXPERIENCIA DEL HOSPITAL DE NIÑOS RICARDO GUTIERREZ BUENOS AIRES, ARGENTINA

Autores: Mercedes Garcia Lombardi; ;

Resumo: Introduccion: el pembrolizumab es un anticuerpo monoclonal anti PD1 cuya utilidad ha sido demostrada en pacientes adultos con carcinoma de pulmón, urotelial, linfoma de Hodgkin adultos/pediatrico y tumores de cabeza y cuello. Existen pocos datos sobre su uso pediatríaObjetivos: reportar la experiencia y resultados en el uso de pembrolizumab en niños tratados en el HNRGMaterial y métodos: se utilizo el pembrolizumab a 2 mg/k/dosis y a 200 mg dosis cada 21 dias, según diagnostico. se realizo infusión ambulatoria en 30 minutos. Se controlo la toxicidad esperable y seguimiento endocrinologico clínico y laboratorio en conjunto con el servicio de dicha especialidadResultados: se trataron 4 pacientes (p) 2 p linfoma de Hodgkin recaidos post TAMO y progresados a brentuximab, 1 p con tumor de SETTLE (Spindle Epithelial Thymus-like differentiation) metastasico progresado a quimio y readioterapia y 1 p con carcinoma epidermoide de conjuntiva irresecable, en el contexto de un xeroderma pigmentoso .Edades: 19-16-12-8 años. 3 varones Se indicaron 34 infusiones. No hubo complicaciones relacionadas a las mismas. Uno de 4 pacientes presento toxicidad hepática grado II y requirió suspensión temporaria. Ningun paciente presento toxicidad endocrinologica.Los pacientes con diagnostico de linfoma de hodgkin recibieron 8 y 6 infusiones 200 mg dosis y se evaluaron con PET-TC con muy buena respuesta objetiva luego de la 6ta dosis. Actualmente continúan en tratamiento.La paciente con carcinoma de conjuntiva recibió 12 infusiones a 2 mg/kg/dosis, presento respuesta completa luego de la tercera infusión con necrosis y desprendimiento espontaneo del tumor. Suspendio tratamiento y continua en remisión El paciente con tumor de SETTLE no presento respuesta y suspendio el tratamiento luego de la 8va infusión por progresión de enfermedad. Dosis 2 mg/kg/dia Conclusiones El uso de pembrolizumab en nuestro Hospital, fue seguro, fácilmente manejable y muy bien tolerado. Acorde a lo reportado fue un tratamiento eficaz en 2 pacientes con linfoma de Hodgkin sin otra chance terapéutica conocida. En el caso de la paciente con ca de órbita ireesecable logro una respuesta completa con restitución ad integrum del parpado y preservacioon del ojo y la visión. En el caso del paciente T de SETTLE que se incluyo como tumor de cabeza y cuello, no se obtuvo la respuesta esperada. Es necesario contar com mas experiencia en pediatria sobre el uso de inmunoterapia para obtener mas conclusiones.

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Título: ADENOCARCINOMA OF THE COLON OCCURRING WITH INTUSSUSCEPTION IN AN ADOLESCENT WITH FAMILIAL ADENOMATOUS POLYPOSIS.

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Resumo: Case presentation: A 13-years-old male presented with chronic hematochezia associated with abdominal pain and vomiting starting around 24hours prior to admission. Positive family history for colon cancer and weight loss were reported. On physical examination, a intra-abdominal mass was palpable in the left lower quadrante. Small and multiple rectum nodes were noticed in the rectal examination. Laboratory tests showed anemiaand normal carcinoembryonic antigen. Abdominal ultrasonography showed colonic intussusception in sigmoid colon. Computed tomography demonstrated thickness of the walls of the ascending and transverse colon.Colonoscopy evidenced multiple polypoid lesions until the descending colon, being the largest of approximately 3.5cm in sigmoid. On exploratory laparotomy, enlarged lymph nodes and a colonic intussusception in descending colon caused by colon mass was seen. Total proctocolectomy was performed with lymphadenectomy and omentectomy with permanent ileostomy. Pathologic examination revealed adenocarcinoma and colon mucosa with adenomatous lesions with low and high grade dysplasia. Adjuvant treatment with chemotherapy was performed. Multidisciplinary follow-up is carried out with laboratory tests and control scans without alterations. Discussion: Intestinal polyposis syndromes in children have multiple genetic characteristics, with development of polyps at various sites of the gastrointestinal tract. Familial adenomatous polyposis (FAP) is an autosomal dominant disease that characteristically presents with colon cancer in early adulthood. Patients should be investigated and screened with proctosigmoidoscopy or colonoscopy from the age of 10-14 years. Once a family member with PAF manifests adenomas, prophylactic colectomy or proctocolectomy is routine. Colorectal cancer in childhood is extremely rare and usually presents with an advanced disease with a poor prognosis. It should be considered in children with signs of intestinal obstruction, changes in bowel habits, gastrointestinal bleeding and chronic abdominal pain. Final comments: Colorectal cancer is infrequent diagnosis in children and other diagnoses are thought against pictures of obstruction or intestinal bleeding. Early detection of colorectal cancer is, therefore, important for better prognosis specially among patients with FAP. Adequate follow-up and investigation of patients and their relatives is necessary to ensure early detection of the disease and improved prognosis.

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Temário: SLAOP - Disciplinas / SLAOP - Cirurgia Pediátrica

Título: ASSOCIAÇÃO DE AGANGLIANOSE TOTAL DE CÓLON E NEUROBLASTOMA EM LACTENTE.

Autores: JOYCE LISBOA FREITAS; José Antonio de Souza; Walberto Azevedo de Souza Junior; Bianca Dias Bastos; Ana Carina Oliveira Guirra; Joyce Lisboa Freitas;

Resumo: Apresentação do caso: Lactente de 45 dias de vida, do sexo feminino, com diagnóstico de aganglianose total do cólon evoluindo com perda importante pela ileostomia, alteração hidroeletrolítica e hipertensão arterial. Realizou ultrassonografia (US) abdominal que revelou imagem nodular em suprarrenal direita. Repetido US em 4 semanas com mudança na imagem nodular associado a múltiplas lesões hepáticas de até 0,5cm. Tomografia computadorizada demonstrou nódulo heterogêneo na adrenal direita e imagens nodulares hepáticas. Iniciado corticoterapia e antifúngico, sem melhora. Prosseguiu-se com biópsia de medula óssea e cintilografia óssea: normais. Biópsia da adrenal guiada por US evidenciou neoplasia de pequenas células redondas e azuis, imunohistoquímica compatível com neuroblastoma. Cintilografia MIBG com captação em região de suprarrenal direita. Porém devido taquicardia sinusal, hipertensão arterial e aumento de catecolaminas fez uso de alfa-bloqueador por 04 semanas. Foi submetida, então, à adrenalectomia direita com biópsias hepáticas e colectomia total. Exame anátomo-patológico confirmou neuroblastoma indiferenciado com metástase hepática (4S), Shimada desfavorável, risco intermediário. Seguiu com quimioterapia adjuvante (ciclofosfamida e doxorrubicina) e necessidade de gastrostomia por não aceitação da dieta via oral. Não foram diagnosticadas crises de cianose e nem de respiração superficial. Atualmente está em seguimento multidisciplinar com exames laboratoriais e de imagem sem alterações. Discussão: Neuroblastoma é um tumor neuroendócrino que surge da crista neural do sistema nervoso simpático e é o câncer extracraniano mais comum da infância. Pode ocorrer como parte da "síndrome de neurocristopatia", uma síndrome genética pouco caracterizada associada ao neuroblastoma. A síndrome de neurocristopatia é causada por uma mutação germinal do gene PHOX2B, resultando em desenvolvimento anormal de células de crista neural e combinações de neuroblastoma, síndrome de hipoventilação central congênita e doença de Hirschsprung. Pacientes com síndrome de hipoventilação central congênita apresentam respiração superficial levando a cianose nas primeiras horas da vida, mas pode em casos mais leves não serem diagnosticados há anos. Comentários Finais: A associação entre neuroblastoma e Doença de Hirschsprung total é uma raríssima descoberta e merece um estudo genético minucioso para aconselhamento, tratamento e seguimento interdisciplinar adequados.

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Título: BALANCED CRYSTALLOIDS VERSUS SALINE FOR PERIOPERATIVE INTRAVENOUS FLUID ADMINISTRATION IN CHILDREN UNDERGOING NEUROSURGERY: A RANDOMIZED CLINICAL TRIAL

Autores: Mariana Fontes Lima; Iuri Santana Neville; Sergio Cavalheiro; Dafne Bourguignon; Paolo Pelosi; Luiz Marcelo Malbouisson;

Resumo: Purpose: Balanced crystalloid solutions induce less hyperchloremia than normal saline, but their role as primary fluid replacement for children undergoing surgery is unestablished. We hypothesized that balanced crystalloids induce less chloride and metabolic derangements than 0.9% saline solutions in children undergoing brain tumor resection. Methods: Fifty-three patients (age range, 6 months to 12 years) were randomized to receive balanced crystalloid (balanced group) or 0.9% saline solution (saline group) during and after (for 24 h) brain tumor resection. Serum electrolyte and arterial blood gas analyses were performed at the beginning of surgery (baseline), after surgery, and at postoperative day 1. The primary trial outcome was the absolute difference in serum chloride concentrations (post-preopΔCl-) measured after surgery and at baseline. Secondary outcomes included the post-preopΔ of other electrolytes and base excess (BE); hyperchloremic acidosis incidence; and the brain relaxation score, a four-point scale evaluated by the surgeon for assessing brain edema. Results: The median post-preopΔCl (mmol l-1) was significantly lower in the balanced [0 (-1.0–3.0)] compared to the saline group [6 (3.5–8.5); p< .01]. Median post-preopΔBE was higher [-4.4 mmol l-1 (-5.0 to -2.3) vs -0.4 (-2.7 to -1.3) mmol l-1; p< .01] and hyperchloremic acidosis more frequent (67% vs 4%; p< .01) in the saline compared to the balanced group. Brain relaxation score was comparable between groups. Conclusions: In children undergoing brain tumor resection, balanced crystalloid solution infusion reduced variation in serum chloride. These findings support the use of balanced crystalloid solutions in children undergoing brain tumor resection.

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Título: GASTRIC NEUROTHEKEOMA: A RARE ENTITY

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Resumo: CASE PRESENTATION: 12-year-old girl Brazilian female girl with fatigue, associated with cutaneous-mucous pallor, weight loss of 1.5kg and diffuse myalgia for 3 months. She was initially admitted with severe anemia requiring blood transfusion. She was diagnosed then with a bleeding gastric antral polyp, distal erosive esophagitis (Los Angeles grade A) and cholelithiasis, without any other findings on upper digestive endoscopy, ultrasound and abdominal CT. Pathology from the endoscopic biopsy showed a possible undifferentiated neuroectodermal malignant neoplasm with an epithelioid pattern and high proliferative activity. The patient was referred to an oncologic hospital and underwent a new endoscopy with biopsy of the gastric lesion. The suspicion persisted of a possible neuroendocrine neoplasm and then surgery was indicated. The patient underwent exploratory laparotomy with intraoperative frozen section biopsy that revealed a tumor of small cells of probable carcinoid origin. An antrectomy with Roux-en-Y gastric bypass and hepatic biopsy were performed. Postoperative was uneventful and the patient wasdischarged from hospital 6 days after of surgery. Immunohistochemical and anatomopathological analisis of the surgical specimen diagnosed a neurothekeoma neoplasm with myxoid and epithelioid pattern without malignancy. It expressed epithelial, mesenchymal and CD10 markers. There was no evidence of malignancy or significant histological changes in liver biopsy and dissected lymph nodes. The present four months follow-up has shown no complications after surgery. DISCUSSION: Neurothekeoma is a rare benign neuromesenchymal tumor, with a wide spectrum of morphological features motivated by the combination of proliferated Schwann cells and myxoid stroma. It occurs mainly in the upper part of the body, especially in the face and shoulder, and occasionally is described in the lower extremities, thorax, oral mucosa and conjunctiva. It’s usually a solitary, circumscribed, slow-growing, asymptomatic, and small-sized tumor. FINAL COMMENTS: This is the first case of neurothekeoma located in an intra abdominal organ. There’s no case recorded in the current world literature of such a gastric tumor. Due to lack of data, we can not determine the best management of the lesion, neither its long-term prognosis. We hope that this case report will be useful to help in handling new cases like this.

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Temário: SLAOP - Disciplinas / SLAOP - Cirurgia Pediátrica

Título: GIANT PAROTID HEMANGIOMA OR KAPOSIFORM HEMANGIOENDOTHELIOMA - ASSOCIATED WITH KASSABACH MERRIT PHENOMENON?

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Resumo: Case presentation: A two-day-old male infant was referred to hospital with a history of “massive hemangioma” in face identified in birth. Examination of the head and neck area revealed an ill-defined, soft-firm, irregular, non-tender, purplish swelling involving the right lower quadrant of the face. It was started propranolol but 21 days later the lesion became more purple, larger, with deviation of the labial commissure. Laboratoriestestsshowed severe anemia and thrombocytopenia, having been associated with Kassabach Merrit Phenomenon (KMP). Doppler ultrasound demonstrated an heterogeneous expansive lesion, with indefinite limits, irregular and infiltrative growth affecting all right hemiface, apparently of origin in the parotid. Computed tomography demonstrated voluminous hemangioma on the right aspect of the face and neck, infiltrating the right parotid and submandibular glands, the chewing space, parotid, parapharyngeal and jugal mucosa on this side, infiltrating and displacing the auricle superiorly and obliterating the ipsilateral external auditory canal. Multimodal treatment included propranolol, steroids, vincristine and interferon with involution of the lesion.No lesion biopsy was performed. Discussion: Vascular anormalies represent a spectrum of disorders from a simple “birthmark” to life-threatening entities. Incorrect nomenclature and misdiagnoses are commonly expericiend by patients with these anomalies. Kaposiform hemagioendothelioma (KHE) is a rare, potentially life-threatening vascular tumor often associated with a coagulopathy known as Kasabach-Merritt phenomenon (KMP). Patients diagnosed prenatally or in the neonatal period appear to have increased disease severity. Although the diagnosis of KHE may be suspected clinically, it must be confirmed by characteristic imaging and/or histopathologic diagnosis. Due to the rarity of this lesion, there is no consensus on “the best treatment”. Despite aggressive treatment, overall mortality with KMP is estimated to be 12% which may increase to 30% with major hemorrhage within the lesion. Final considerations: Optimal therapy for KHE is not known, and despite well-published classification systems, physicians still confuse this entity with other vascular anomalies. Considering the aggressiveness of the presentation of the disease and response only to multimodal therapy, we believe that this was a difficult case of KHE associated with KMP, which had an excellent result.

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Título: HEPATOBLASTOMA WITH INTRACARDIAC EXTENSION - SURGICAL APPROACH

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Resumo: Case Presentation: This report aims to present a case of hepatic tumor with vascular and cardiac extension and to discuss the surgical challenges of the simultaneous thoracic and abdominal approach, with the use of cardiopulmonary bypass (CPB). A 5-year-old male patient presented with abdominal mass and post-meal vomiting. Image and initial biopsy revealed hepatoblastoma with tumor extension for suprahepatic veins and atrium, entering the ventriculum through the valve, confirmed in echocardiogram. Although there was a high risk of embolization, treatment was made with preoperative chemotherapy, followed by a surgical approach with cardiopulmonary bypass (CPB) with total circulatory arrest and profund hypothermia, making possible cardiac tumor resection, followed by partial hepatectomy after circulatory return. The patient had an uneventful postoperative and was in outpatient follow-up with a return to chemotherapy. Discussion: Hepatoblastoma is the most common malignant liver tumor of childhood. The therapeutic management had an important evolution with the advent of neoadjuvant chemotherapy followed by surgical resection or liver transplantation. However, despite advances, some tumors with vascular and cardiac extension are still considered a surgical challenge. The report intends to present this surgical approach, with good evolution, comparing with other cases already published. Final Comments: Hepatoblastomas with vascular extension are very complex and challenging from the surgical perspective. The objective of the case report is to present the surgical approach (cardiopulmonary bypass with cardiac arrest and profund hypothermia) for such cases.

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Título: MATURE ADRENAL TERATOMA IN AN INFANT.

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Resumo: Case presentation: A 7-month-old female presented with progressive abdominal volume increase, which was first noticed 4 months back. There were no others disturbances. On physical examination, a large intra-abdominal mass was palpable in the left upper quadrant which was also extending into the left flank. It measured around 9x8 cm and was mobile, non-tender and dull on percussion. Abdominal ultrasonography showed a heterogeneous lesion with areas of cystic and solid appearance that occupies a large part of the abdomen. Computed tomography scan demonstrated a large well circumscribed solid-cystic retroperitoneal mass occupying predominantly the left suprarenal region. It measured about 9.7x9.9x10.8 cm and gross calcifications were seen. There was no evidence of any significant abdominal and pelvic lymphadenopathy or distant metastasis. Preoperative laboratory tests such as serum alpha-fetoprotein, lactate dehydrogenase and beta-human chorionic gonadotropin were within normal range. On exploratory laparotomy, a large well defined retroperitoneal mass occupying the left suprarenal area, between the spleen and left kidney was seen. The mass abutted the left kidney and displaced it inferiorly. Regional nodes were identified and resected together with the tumor mass. The tumor mass was completely excised. Pathologic examination revealed solid-cystic mature teratoma. Discussion: Primary teratomas of the retroperitoneum are very rare, especially those of the adrenal gland, representing only 4% of all primary teratomas. Most of these cases are asymptomatic or have nonspecific symptoms. The diagnosis of adrenal teratoma relies predominantly on an imaging examination because the findings from laboratory examinations will often be normal. Adrenal teratomas have often been mistaken for hamartomas, myelolipomas, or, even, retroperitoneal abscesses from the imaging findings owing to the similarities in gross morphology. A postoperative pathologic examination has often been required for a definitive diagnosis. Complete resection and close follow-up should be recommended for patients with mature adrenal teratomas. Final considerations: Owing to the extremely low incidence of adrenal teratomas, to date, no epidemiologic, follow-up, or prognostic studies have been done. It is imperative for patients to participate in lifelong follow-up to allow for early detection and appropriate treatment should recurrence, malignant changes, or metastases occur.

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Título: MESENQUIMIAL TUMORS OF SMOOTH MUSCLE IN IMMUNOSUPRESSED CHILDREN - CASE REPORT

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Resumo: Introduction Immunocompromised patients have an increased incidence of malignancies associated with immunosuppression. Although uncommon, smooth muscle neoplasms (SMNs), such as leiomyomas and leiomyosarcomas, occur more frequently in patients with immune-dysregulated compared to a population in general. SMNs have been reported in immunodeficiency patients following solid organ transplants], acquired immunodeficiency syndrome (AIDS), or congenital infections. SMNs are strongly associated with the Epstein-Barr virus (EBV) Objetive: Case report of a child with HIV due to vertical infection with presentation of various smooth muscle tumors to EBV. CASE REPORT Patient of 8 years, female, with HIV (B24) Vertical infection, alpha thalassemia and grade II trachomalacia. Irregular treatment of the disease since childhood. In use of Zidovudine, Lamivudine, Lopinavir / Ritonavir. There were multiple hospitalizations due to infectious, noxious cases with more control of the disease. In one of the multiple hospitalizations he underwent radiological investigation that evidenced hepato-splenomegaly and multiple abdominal masses, with a possibility of GIST being risky. She was on tuberculosis treatment. She underwent exploratory laparotomy, where she underwent splenectomy, right adrenalectomy, left hepatectomy and cholecystectomy, with pathological anatomy of smooth muscle mesenchymal neoplasia. Post operative without intercurrences. At the moment, it carries out outpatient follow-up in our service and in the service of infection of origin with control of the disease, presenting no new tumors to date. Conclusion The diagnosis of smooth muscle neoplasia in immunosuppressed patients with multiple abdominal masses should be considered. The surgical treatment is the one of choice when the tumors are resectable, as the case, it is not a consensus in the literature on the best conduct.

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Título: PLEUROPULMONARY SYNOVIAL SARCOMA IN ADOLESCENT.

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Resumo: Case presentation: A 13-yars-old female patient was admitted in November 2012 at the hospital with right pneumothorax and symptoms of chronic cough, fever and weight loss. She underwent thoracostomy with pleural drainage and evolved with pleural empyema, with good resolution after antibiotic therapy. She maintained follow-up in outpatient pneumology after discharge. In September 2015, a patient returned with complaint of cough and hemoptysis. The chest radiograph showed pulmonary mass occupying two-thirds cranial of right hemithorax. Computed tomography demonstrated expansive solid-cystic pleuropulmonary lesion occupying the upper 2/3 of the lung on the right and left pleural effusion with lamina of 2.5 cm and subpleural nodules up to 1 cm. She underwent thoracotomy with upper and middle lobectomy and mass resection.Adjuvant chemotherapy was started. A non-capturing node on the anterior thoracic wall was visualized in control tomography in February 2016. It was then chosen for a new thoracotomy that found several areas of fibrosis, but nothing with the aspect of possible injury. Radiological follow-up was maintened and in October of the same year evidenced a solid mass of lobulated contours located in the right costo-phrenic angle, of increased dimensions (8.3x4.1 x7.1cm). Then, a 8-cm-mass attached to the diaphragm, anterior thoracic musculature and pericardium was resected, with residual margins on pericardium surface. After the new finding, the patient was submitted to radiotherapy. Discussion: Primary pleuropulmonary synovial sarcomas (PPSS) are quite rare, representing 0.1-0.5% of all pulmonary malignancies. The management of thoracic synovial sarcoma in pediatrics is still an issue to be debated. Surgery remains the gold standard, while the role and timing of radiotherapy is still controversial. The few cases offered in the literature make the treatment of this disease a challenge in oncology. Early identification is difficult, due to little symptomatology in small masses. Fever and weight loss are rare. Final considerations: PPSS is a highly aggressive neoplasm and must be differentiated from similar diseases. Due to the rarity of the disease and the discussions about the therapeutics associated with surgery following these cases, it was of unquestionable importance the need to study and publish a case diagnosed and treated at our service.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Cirurgia Pediátrica

Título: QUILOTÓRAX COMO COMPLICAÇÃO DE CIRURGIA ABDOMINAL.

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Resumo: Apresentação do caso: Dois pacientes com neoplasias retroperitoneais evoluíram com quilotórax após cirurgias abdominais. Caso 1: Paciente de 5 anos, sexo masculino, submetido à nefroureterectomia esquerda, adrenalectomia esquerda, linfadenectomia intercavoaórtico, ressecção parcial do diafragma, frenorrafia e toracostomia à esquerda com drenagem em selo d'água por neoplasia renal à esquerda. Evoluiu bem, recebendo alta no 6º dia de pós-operatório (PO). Na consulta de retorno (18º PO), foi notado ausência de murmúrio vesicular em base pulmonar esquerda. Moderado derrame pleural à esquerda foi evidenciado em radiografia de tórax. Realizado punção e toracostomia fechada em selo d'água com saída de 800ml de líquido leitoso compatível com quilotórax. Estabelecido tratamento conservador com jejum, nutrição parenteral e antibioticoterapia. Após onze dias de tratamento, foi associado octrotide devido manutenção do débito do dreno. No 35º PO reintroduziu-se dieta com boa evolução, sendo retirado o dreno após 45 dias de tratamento. Caso 2: menina de 3 anos, com neuroblastoma abdominal, submetida à citoredução de tumor extenso retroperitoneal (40%). Evoluiu no 10º dia de pós-operatório com taquipnéia e desconforto respiratório. Radiografia de tórax evidenciou grande derrame pleural à esquerda, procedendo a drenagem de tórax em selo d'água com saída de líquido turvo, compatível com quilotórax. Estabelecido tratamento conservador e após 44 dias o dreno foi retirado. Discussão: Quilotórax é, usualmente, uma complicação de procedimentos cirúrgicos torácicos, causado por ruptura ou obstrução do ducto torácico por malformação linfática congênitas, trauma, infecção, aumento da pressão ou laceração dos ductos. Quilotórax após cirurgia abdominal é raro. O vazamento contínuo de quilo pode piorar a condição do paciente induzindo à hipoproteinemia, hipovolemia, hipocalcemia e acidose; e pode alterar a resposta do sistema imunológico tornando o paciente mais vulnerável à infecção. O tratamento conservador inicial com nutrição parenteral ou dieta especial tem sucesso em 20% a 80% dos casos. Quando existe falha deste tratamento, pode-se lançar mão do tratamento cirúrgico. Considerações finais: Quilotórax deve ser sempre suspeito em casos de derrames pleurais persistentes após cirurgia abdominal. Apesar do sucesso do tratamento conservador, deve-se considerar abordagem cirúrgica para evitar atraso no tratamento oncológico do paciente.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Cirurgia Pediátrica

Título: RHABDOMYOSARCOMA OF THE TONGUE: CASE REPORT

Autores: FRANCIOLLY ROBERTO PIRES; Fábio Augusto Albanez de Souza; Acimar Gonçalves da Cunha Junior;

Resumo: Case report: A 9-year-old girl, complaining progressive odynophagia and dysphagia associated with difficulty in articulating speech. Physical examination showed restriction in the oral opening, with signs of trismus and tongue with expansive right lesion. Computed tomography of the face and neck showed solid expansive lesion, located on the right sublingual space and hemi-tongue. Underwent tumorectomy, with an anatomopathological report of embryonal rhabdomyosarcoma (RMS), spindle cell pattern; classified as stage II, favorable histology and site. Submitted to 6 cycles of adjuvant chemotherapy (CT) VAC scheme. She evolved with tumor progression during treatment. A new surgical resection was performed, associated with the change of chemotherapy for ICE for another 6 cycles, followed by radiotherapy (RT) for presenting compromised surgical margins. Patient is followed up in an outpatient clinic, outside of specific treatment, without signs of active disease. Discussion: RMS represent the most common soft tissue sarcomas in patients under 15 years of age. They have a peak of bimodal incidence being the first in children between 2 and 6 years and the second during adolescence. The most common primary site is the head and neck region (35-40%), followed by genitourinary tract (20%), extremities (15-20%), thorax and retroperitoneum (10-15%). 10-30% of the RMS of the head and neck have their origin in the oral cavity and pharynx; the majority of the reported cases present origin in the palate, being infrequent the occurrence in the tongue. Multimodal therapy should be performed depending on tumor location and size, histological subtype, local invasion and distant metastases. Surgical resection should be considered provided there is no functional or aesthetic damage to the patient, followed by chemotherapy. RT is indicated for RMS of the alveolar histological subtype or for patients with residual tumors after initial treatment. Final comments: The therapeutic success of RMS requires the association of local therapy with systemic CT. Due to the difficulties of the primary anatomic site and local invasiveness, surgical treatment is often a challenge as a local control of the disease, mainly in terms of organ preservation. To COG-STS studies, RT is considered the standard treatment for patients group II-IV and that can provide effective local control of the disease, mainly after the conservative surgical treatment.

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Temário: SLAOP - Disciplinas / SLAOP - Cirurgia Pediátrica

Título: SYNCHRONOUS PRESENTATION OF GANGLIONEUROMAS: CASE REPORT

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Resumo: Case report: A female child, presenting progressive postural alteration, with mild scoliosis on the left and incidental finding of a mediastinal tumor on the right after chest radiography to investigate airway disease. Nuclear Magnetic Resonance showed a solid mass in the posterior mediastinum to the right, measuring 7.9 x 5.8 x 7.3 cm. Solid left retroperitoneal mass was also identified, measuring 7.4 x 4.1 x 5.0 cm. Complementary diagnostic investigation, with scintigraphy with metaiodobenzylguanidine (MIBG) was negative for tumor with noradrenaline receptor expression. The urinary dosage of vanilmandelic acid was 1.6 mg/24h (up to 6.6 mg/24h). The surgical resection of both tumors was performed and the anatomopathological study revealed ganglioneuroma (GN) with surgical margins free of disease. Patient remains stable, asymptomatic, in outpatient follow-up. Discussion: GN are rare, benign, slow-growing and well-differentiated tumors that originate in neuroblastic cells of the neural crest. They are composed of mature ganglion cells and Schwann cells. Its most frequent anatomical distribution is the posterior mediastinum (41.5%), followed by retroperitoneum (37.5%), adrenal glands (21%) and neck (8%). They occur most commonly in children (mean age 7 years) and young adults. They predominate in females (3:2). Usually asymptomatic and nonfunctional, they grow slowly and can reach large dimensions, becoming clinically evident due to the compression of adjacent structures. They may be incidentally diagnosed by imaging examinations performed for other purposes. Surgical treatment with excision of the lesion is the therapy of choice. These are lesions with favorable prognosis, without the need for systemic adjuvant treatment. Final comments: GN are lesions whose early diagnosis represents a challenge because they are, usually, asymptomatic; they can be considered, incidentalomas in imageological investigation. They may present symptoms when, by growth, they cause compression of adjacent structures. The systematic review of the literature did not report the synchronous occurrence of these lesions, already considered of low incidence.

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Temário: SLAOP - Disciplinas / SLAOP - Cuidados Paliativos

Título: PERFIL DOS PACIENTES ATENDIDOS NO AMBULATÓRIO DE CUIDADOS PALIATIVOS DE UMA INSTITUIÇÃO REFERÊNCIA EM ONCOLOGIA PEDIÁTRICA E QUE EVOLUÍRAM A ÓBITO POR PROGRESSÃO DE DOENÇA

Autores: CAROLINA PAULA JESUS KASA; Carlota Blassioli;

Resumo: De acordo com a Organização Mundial de Saúde (OMS), Cuidados Paliativos são cuidados ativos e totais prestados ao paciente que apresenta uma doença grave e que ameace a vida por meio do alívio do sofrimento, avaliação e tratamento de sintomas físicos, sociais, psicológicos e espirituais. Na pediatria, os cuidados paliativos têm peculiaridades, na medida em que a criança está em um processo de amadurecimento físico, emocional, cognitivo e espiritual, o que, sem dúvida alguma, influencia os sintomas e sofrimento apresentados. Ademais, os períodos da infância e da adolescência são representações de tempos de vitalidade e saúde da existência humana, e que, a inversão desses paradigmas gera muita angústia e tristeza para todos os envolvidos no processo de doença da criança, necessitando, assim, de uma equipe com muito conhecimento e habilidade para intervir na vida desses pacientes e familiares em uma situação tão peculiar. O presente trabalho tem como objetivo traçar o perfil dos pacientes atendidos no ambulatório de cuidados paliativos de uma instituição referência em oncologia pediátrica em São Paulo e que faleceram por progressão de doença. O estudo retrospectivo, descritivo e quantitativo aborda todos os pacientes atendidos no ambulatório entre dezembro de 2012 e janeiro de 2018 e se baseia em uma planilha específica, construída através de análise de prontuários eletrônicos dos pacientes assistidos. Os resultados contemplam total de pacientes acompanhados, falecidos e em acompanhamento; óbitos por ano; diagnósticos de base; idades no falecimento; locais dos óbitos; pacientes que necessitaram de sedação contínua profunda a fim de aliviar sintomas refratários; tempo que o paciente ficou sedado na fase terminal e os sintomas que levaram ao início da sedação. A síntese do conhecimento resultante do perfil dos pacientes possibilitará a criação de um panorama de quem são e como evoluem os doentes em Cuidados Paliativos na referida instituição. De modo que, obtendo esse cenário, será possível planejar melhor o cuidado, tratando sintomas e sofrimento o mais precocemente possível e promovendo qualidade de vida a esses pacientes, em uma fase tão importante de suas vidas e das vidas de seus familiares.

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Temário: SLAOP - Disciplinas / SLAOP - Efeitos Tardios

Título: SPEECH-LANGUAGE LATE EFFECTS IN NEURO ONCOLOGICAL PATIENTS OUT OF TREATMENT

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Resumo: Central nervous system (CNS) tumors are the main group of solid tumors in childhood and adolescence and correspond to 20% of neoplasms. According to the literature, medulloblastoma is the major malignant neoplasm of CNS. Children and adolescents with tumor in posterior fossa may present alterations due to consequences of their tumor, site and extension and to the treatment. These alterations can aggravate clinical condition, such as swallowing disorders, causing aspiration pneumonia. Language and/or cognitive compromise impact patient as an active individual in society. The participation of speech-language therapist during the treatment and rehabilitation in this population is essential for monitoring sequelae and prevent possible harms, aiming at best possible quality in relation to food and communication. In recent decades mortality rate of children with brain tumors has reduced and these survivors have been the main objective of current research. Thus, the out of treatment clinic (CForT) performs annual evaluations with patients at least two years out of treatment to investigate late effects and sequelae of cancer. This study aimed to identify speech-language late effects in patients two years out of treatment, survivors of infant medulloblastoma, astrocytoma and ependymoma at first visit to CForT. It is a retrospective study based on data from medical records of patients diagnosed with infant posterior fossa brain tumor, followed at an oncology institution from January 2001 to June 2017. Data were collected from 51 patient, with a mean of 9.6 years at diagnosis, ranging from 2 months to 24 years of age. At first visit, patients had an average of 18 years of age and 13 years out of treatment. Medulloblastoma was the most commonly tumor type with 31 cases, followed by 15 of astrocytoma and 5 of ependymoma. Speech-language disorders were found in 41 patients: 27 hearing loss, 18 alterations in oral motor sensory system, 16 of speech, 12 of language, 11 of voice, 3 of facial asymmetry and 1 of swallowing. Based on this study, in conclusion patients with childhood brain tumors may present speech-language late effects years after end of oncological treatment. Hearing loss, as well as speech and language impairment, influence social and professional integration throughout adult life. The study suggests speech therapist importance during and after treatment to reduce and monitor oncological sequelae, promoting a better quality of life for this population.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: EXPERIÊNCIA DE PRÁTICA AVANÇADA DE ENFERMAGEM ONCOLÓGICA

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Resumo: Embora não faça parte da prática em todo Brasil, médicos e nurses practitioners trabalham lado a lado no cuidado dos pacientes na maioria dos países desenvolvidos. Nosso hospital implantou, em novembro de 2017, um modelo de prática avançada de enfermagem com a incorporação de dois Enfermeiros Clínicos Especialistas em Onco-Hematologia e Transplante de Células-Tronco Hematopoiéticas para Pediatria e para Adultos. A base para a adoção desse modelo foi a premissa de cuidado centrado no paciente e família, gerenciamento dos protocolos terapêuticos, disponibilização de recursos técnico-científicos, desospitalização, privilegiando o regime ambulatorial, capacitação profissional e interface com as equipes multidisciplinares. Objetivo e método: Relatar a experiência do novo modelo de prática avançada de enfermagem em Onco-Hematologia. Resultados: Tratando-se de um novo modelo, as atividades ainda estão em construção, mas as enfermeiras já são o principal contato entre o serviço, novos pacientes e médicos. São responsáveis pelo acolhimento do paciente, revisão de exames, agendamentos, contato com a equipe multidisciplinar e outras especialidades médicas, verificação da compreensão e consentimento de protocolos terapêuticos, validação da prescrição e exames para liberação de quimioterapia, seguimento de tolerância e toxicidades, manutenção das estatísticas de diagnóstico dos pacientes, relato para entidades de registro e participação em treinamentos, atividades educacionais e científicas. Embora os resultados ainda sejam incipientes, médicos, enfermeiros assistenciais e gestores já reconhecem o fortalecimento desse profissional como referência para as equipes assistenciais, alinhando as propostas terapêuticas e garantindo que aconteçam com qualidade e segurança e principalmente, reconhecem que já são a referência para os pacientes e famílias, que se sentem mais seguros e amparados nas diferentes fases do tratamento.

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Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: HOSPITAL ACCREDITATION PROCESS: EXPERIENCE REPORT IN A PEDIATRIC CHEMOTHERAPY OUTPATIENT

Autores: VIVIAN ANTÔNIA DA SILVA SOARES; Cintia Monteiro; Carla Donato Macedo; Maria Aparecida Aguiar da Silva; Daniela Bonfietti Rodrigues; Cirlene Ribeiro Tardochi da Silva; Marcela Tavares; Keli Cristina Gonçalves Amaro; Amanda Freitas da Silva; Ester Leonardo da Rocha; Sandra Torquato Lima; Marilia Aparecida Silva Oliveira; Alessandra de Castro Alencar Bacili;

Resumo: Introduction: Chemotherapy is the main therapeutic modality used on the treatment of pediatric oncology patients. Safety in the process involving chemotherapy is essential, since incidents in one or more steps can lead to severe consequences, from toxicity to death. In this context, the hospital accreditation which the hospital was subjected to (Joint Commission International - JCI) contributed to the actions undertaken by the professionals from the pediatric chemotherapy outpatient on the search for excellence of the process based on the best practice of care. Objective: To describe the experience of nursing professionals with the hospital accreditation process in a pediatric chemotherapy outpatient of a Pediatric Oncology Hospital in São Paulo city. Methodology: Descriptive study, type of experience report. Results: In this process, the flow of ambulatory patients was modified, insuring the optimization of the scheduled medical care by the nursing team and, consequently, minimizing the permanency of the patient and family on the institution. Furthermore, the nursing record was reviewed and included items that favoured the patient safety (example: risk of falling and complications of venous therapy), in order to improve medical care records, fulfilled guidelines and quality of care. Patient evaluation is done before and after the chemotherapeutic drug administration with the objective of identifying hemodynamic disorders and, if necessary, the introduction of established specific protocols. The storage of chemotherapeutic drugs and high-alert medication is done in lockers, which are identified with the patients data and seat position. Moreover, internal campaigns were realized concerning international patient safety goals, lessons and dynamic activities with the nursing team related to care and safety, as an educational practice. With the accreditation, the improvements in the process of chemotherapeutic drug administration were recognized as a safe practice for patients and professionals. Conclusion: The certification process empowered established policies and ratified the importance of developing new strategies and tools in the process that involves the administration of chemotherapeutic drugs. The pediatric chemotherapy outpatient considered that the motivational work favoured the process of accreditation, since the team was able to participate effectively with suggestions and innovations.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: NURSING CARE FOR THE PATIENT SUBMITTED TO GENERAL ANESTHESIA FOR RADIOTHERAPY

Autores: JULIANA PEPE MARINHO; ANA PAULA PASSARELI; GISELE PERES MARQUES;

Resumo: Currently the radiotherapy treatment in cancer patients is carried out in several phases of the treatment. Radiotherapy may be indicated as an emergency in cases of patients with spinal cord compression or bleeding, concomitant with radiation therapy or palliative care. It is considered a highly effective treatment; therefore in order to avoid doses of radiation in noble organs is essential the total precision of the area of irradiation. For this, the collaborative patients are immobilized through accessories like mask and vac-fix. However in a pediatric hospital with a focus on care of patients from 0 to 18 years, many do not have the ability to collaborate to perform the treatment. Therefore, in the radiotherapy service, general anesthesia is chosen to guarantee the total efficiency and safety of the treatment. To describe the inclusion criteria for radiotherapy patients under general anesthesia, and the nursing care provided to the patient during the 03 phases of the procedure: pre-anesthetic care, general anesthesia care, post-anesthetic care. This is a descriptive work. Inclusion criteria include non-collaborative patients, most of whom are under 5 years of age, patients with altered level of consciousness or involuntary movements. Nursing care in the preanesthetic phase is an evaluation of vital signs such as blood pressure, temperature, respiratory rate, heart rate, saturation and pain. It is also evaluated if the patient has exactly 8 hours of fasting and if there are other complaints or recent changes. It is also the task of the team to clarify pertinent nursing doubts and establish the bond between the family and the other professionals. The care that must be performed during anesthesia is noninvasive monitoring of the patient such as blood pressure, heart rate, saturation, capnography and cardioscopy. In addition to ensuring correct positioning of the patient and safety during treatment. After the treatment, the patient is referred to the PACU, maintaining non-invasive monitoring throughout the recovery until the discharge of the patient. This work outlines the profile of the population served. Therefore, from the knowledge of the demand of our service we can establish priorities, dimension specialized personal resources, buy materials, justify training and apply norms and routines. Aiming to prevent multiple punctures and the quality of life of cancer patients.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: O PAPEL DO ENFERMEIRO CLÍNICO ESPECIALISTA COMO GESTOR DO ATENDIMENTO À PACIENTES COM RETINOBLASTOMA EM QUIMIOTERAPIA INTRA-ARTERIAL

Autores: BRUNA FERNANDA SILVA CARDOSO; CARLA RENATA PACHECO DONATO MACEDO; LUIZ FERNANDO TEIXEIRA; JOSE ROBERTO FALCO FONSECA; MONIQUE KLING MANGEON;

Resumo: Introdução: O Retinoblastoma é a neoplasia intra-ocular mais comum na infância e representa ao redor de 10% dos tumores, em menores 18 anos, em um serviço especializado de oncologia pediátrica em São Paulo. A introdução da Quimioterapia Intra-Arterial (QTIA) e a Quimioterapia Intravítrea transformou o cenário do tratamento, permitindo preservar um número maior de olhos que seriam submetidos à enucleação. Desde a implantação da QTIA em 2011, o número de casos com indicação desta modalidade de tratamento vem aumentando. Neste contexto, para o planejamento do fluxo de atendimento, o papel do Enfermeiro Clínico Especialista (ECE) como facilitador do cuidado e referência para o paciente/família, tornou-se fundamental. Objetivo: Descrever o planejamento do atendimento dos pacientes com Retinoblastoma submetidos ao tratamento com QTIA. Metodologia: Estudo descritivo, do tipo relato de experiência do ECE. Resultados: Foram realizados 599 infusões de QTIA de Janeiro/2011 a Dezembro/2017, com 143 pacientes, somando 156 olhos tratados. O número de sessões realizadas por paciente variou de 1 a 13 sessões, com média 4 sessões. A grande maioria dos pacientes é procedente de outros estados e comparecem mensalmente no hospital para tratamento. Na primeira avaliação no serviço, o ECE participa da consulta com o oncologista pediátrico e organiza os agendamentos clínicos, exames laboratoriais e radiológicos, e avaliação oftalmológica; além de encaminhar o paciente/família para a equipe multidisciplinar. Após avaliação dos exames e indicação da QTIA, o ECE orienta sobre o procedimento, possíveis efeitos colaterais e tempo de jejum necessário. Além disso, fica responsável pela liberação da prescrição de quimioterapia juntamente com equipe médica e farmacêutica. Após o procedimento, fica responsável por todos os agendamentos dos procedimentos do próximo ciclo. Para os pacientes em tratamento fora de domicílio, toda articulação com o serviço social do local de origem é realizada para que o tratamento ocorra conforme o planejado. Conclusão: A atuação do ECE proporciona a educação e conhecimento compartilhado, garantindo o envolvimento da família, a colaboração e gestão da equipe para retirar as fronteiras entre os processos e garantir que o fluxo esteja alinhado para a execução do tratamento adequado e permitindo a inclusão de um número maior de pacientes nesta complexa modalidade de tratamento no Retinoblastoma.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: PROTOCOL OF SAFE SURGERY OF A HOSPITAL SPECIALIZED IN PEDIATRIC ONCOLOGY

Autores: JULIANA PEPE MARINHO; VANESSA APARECIDA DE SÁ FERIGATO; CAROLINA FELIPE FERNANDES; DANIELA BONFIETTI RODRIGUES; MARIA APARECIDA AGUIAR DA SILVA; ANGELICA CRISTINA SAES;

Resumo: The World Health Organization (WHO) has established a program to ensure the safety of patients undergoing surgery, which consists of checking key items of the surgical process. To ensure that the correct procedure is performed in the correct patient and at the desired intervention site, the Safe Surgery Protocol has been established and involves measures to reduce the risk of adverse events that may occur before, during and after surgeries, resulting in harm to the patient. This research aims to present the Safe Surgery Protocol developed and used in a Hospital specialized in Pediatric Oncology located in the City of São Paulo, which performs small, medium and large surgeries. Materials and Methods: This is an experience report that exposes the protocol of safe surgery and its applicability, as well as the main difficulties encountered during its implementation process. The items checked during Sing In, Time Out and Sing Out will be presented, as well as the practices established in the Institution for verification of materials and equipment, application of terms of consent, laterality demarcation and counting of tweezers, compresses, needles and instruments. The greatest difficulty was to obtain the adherence of all members of the care team involved in the surgical procedure at the correct moments of achievement established by the protocol, since it is a cultural change that involves these professionals, since this practice did not exist previously. We conclude that the elaboration and implementation of the Safe Surgery protocol is important because it reduces the risks of unexpected events for the patients, improving the quality and safety of the care provided, as well as assuring the professionals involved in the entire process of attending surgical patients.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: THE EXPERIENCE OF CHILDREN WITH CANCER RELATED WITH A BOARD GAME ABOUT CANCER

Autores: Daniela Doulavince Amador; Daniela Doulavince Amador; Letícia Aragon Rodrigues; Myriam Aparecida Mandetta;

Resumo: Introduction: children experiencing illness have the right to receive information about what they are going to face with. However, they are not always met in this right, because healthcare professional and their families do not listen to their voices. In a research we conducted they revealed that it is better telling then hiding; and that the information must be given in a clear and playful way. So, we developed a prototype of a board game with information about cancer. We questioned how children give meaning to the information they receive while playing. Objective: understand the meaning of the experience of the children with the board game. Method: a qualitative study was conducted with children diagnosed with cancer at a pediatric oncology institute in São Paulo, Brazil. The inclusion criteria were children between eight to twelve years old, diagnosed with cancer over a month, who played a full match. Were excluded those children that couldn't play because they were not physically fit. After the match each one participated in a semi structured interview. The Qualitative Content Analysis was applied to guide the collect and analysis of the data. Ethical issues: the study received approval by the scientific committee of the institute and the ethical committee of the university. Results: the participants were five children in outpatient treatment. Two analytical categories emerged from data analysis revealing the meaning of the board game: a space to have fun and be challenged; At the same time, they have fun with the colored and funny images and during the match they apprehend in a playful way the information about the disease and the treatment with the proposed challenges. Conclusion: the game board was understood by the children as a pleasurable and playful activity that helps them to reach their right for information about their illness experience.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Enfermagem

Título: THE PERFORMANCE OF THE CLINICAL NURSE SPECIALIST TEAM FOLLOWING THE TREATMENT OF PEDIATRIC ONCOLOGY PATIENTS: AN EXPERIENCE OF A SINGLE BRAZILIAN CENTER

Autores: CINTIA MONTEIRO; Camila Maida de Pontes; Carolina Paula de Jesus Kasa; Adriane da Silva Souza Ibanez; Daniela Barbosa de Almeida; Nancy Silva Santos; Bruna Fernanda Silva Cardoso;

Resumo: Introduction:Pediatric oncology patients are generators of interdisciplinary, continuous and high-complexity care involving multiple treatment modalities that call for an evidence-based nursing practice. A specialist hospital in Brazil identified the need to introduce an advanced nursing system responsible for the planning, execution and evaluation of patient care. In 2010 this new methodology of managing patient care through a group called the Clinical Nurse Specialists (CNS) was implemented in different specialties. Objective:To report the experience of the CNS team following the treatment of pediatric oncology patients. Methodologies:Descriptive experience report study of CNS team. Results:The nursing competencies needed to be developed based on four keys, (i) highly qualified nurse practitioners, (ii) education/information, (iii) research, and (iv) care management, with the goal of providing better quality of care for patients/families. In key (i), these nurses form a team that focusses on family-centered care and act as the first point of call for the rest of the hospital staff.Regarding (ii), an individualized teaching process is carried out based on the needs of individual patients/families using pedagogical tools. In addition, CNS team participates in clinical meetings, promoting synergy through case discussions; treatment protocols, teaching and specific nursing care; training and development of nursing staff in different levels of professional background. In the research field (iii), the CNS group perform evidence-based practice to improve the quality of care. This is achieved by increasing our knowledge and awareness of scientific studies and publications, participating in clinical research protocols, and producing our own scientific material. In the management area (iv), the CNS group has the responsibility of managing activities that involve patient/family care (management and supervision of all aspects of the treatment protocols, definition of new action plans, and management of specialty databases).Conclusion: This performance improves care management and the optimization of it and builds trust between nurses and the patient/family; has improved communication between the clinical multidisciplinary staff.Furtherer, have increased patients' adherence to treatment programmers and reduced patients' trips to the hospital and overnight stays in the hospital. It has led to improvements in the early identification of complications during treatment.

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Temário: SLAOP - Disciplinas / SLAOP - Epidemiologia

Título: COMPARISON OF THE CENTRAL NERVOUS SYSTEM CHILDHOOD CANCER INCIDENCE RATE BETWEEN LATIN AMERICA AND NORTH AMERICA COUNTRIES AND ITS RELATION WITH HEALTH EXPENSES: AN ECOLOGICAL EPIDEMIOLOGICAL STUDY

Autores: MONICA D'ALMA COSTA SANTOS; JESSICA MEDEIROS CABRAL DE SIQUEIRA; ISABELA TREVIZAN MONTALLI; RODRIGO FERRARI FERNANDES NAUFAL; ;

Resumo: INTRODUCTION: The Central Nervous System (CNS) cancer is the second more commom in childhood and it presents different incidences according to the geographic location. OBJECTIVE: In order to compare the incidence rates of these tumors and its relation with health expenses in Latin America (LA) and North America (NA) countries, it were used available data from the International Agency for research on Cancer (IARC) and from the Health Expenses global data by OMS. METHOD: From these data, we selected the countries that were on both data base and they were allocated in a representative group of LA that comprehends Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, El Salvador, Ecuador, French Guiana, Honduras, Jamaica, México, Peru and Uruguay. And a group from NA, with Canada and United States. In the BioStat, the Pearson Linear correlation test was done between the incidence rate standardized by age (ASR) of groups from 0-14 and 0-19 years old and the health expenses of these countries and also the ANOVA test to compare the standard incidence (1.000.000 people-year) in LA and NA countries according to the age distribution, from 0 - 19 years old. RESULTS: At the Pearson Linear correlation, for the 0-14 year old group, r= 0,7665 e p= 0.0009 and at the 0-19 year old group, r= 0.6752 e p= 0.0057. At the ANOVA test, in the age comparison, we have p = 0,0009, showing that the difference related to health expenses, with a per capita average of $ 677,08 in LA and $ 7.347,05 in NA, presents strong and intermediate correlation, in the groups up to 14 and up to 19 years old respectively, with the new cases of the CNS cancer number. The verified H1 in ANOVA satisfied the hypotheses that the higher are the health expenses, higher is the number of incidence of theses neoplasm, and it presented to be true with statistic significance. CONCLUSION: More studies are necessary in order to connect the health investment impact to detect new cases and yet more studies about the socioeconomic factors influence, since the countries that invest more in health, present better social index, for the children and the parents. REFERENCE: Steliarova-Foucher E, Colombet M, Ries LAG, Hesseling P, Moreno F, Shin HY, Stiller CA, editors. International Incidence of Childhood Cancer;2017.Volume III. Lyon, France: International Agency for Research on Cancer.Available from:http://iicc.iarc.fr/results/accessed 04/11/17.

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Temário: SLAOP - Disciplinas / SLAOP - Epidemiologia

Título: EARLY DEATH IN PEDIATRIC MYELOID LEUKEMIA: DATA FROM A TERTIARY HOSPITAL IN SAO PAULO

Autores: LISANDRA PANZOLDO DOS SANTOS; Lisandra Panzoldo dos Santos; Letícia Santos Soares; Fernanda Francisco dos Santos; Gabriel Baldanzi; Neviçolino Pereira de Carvalho Filho;

Resumo: Acute myeloid leukemia (AML) is a complex disease that can be fatal in few weeks or months after diagnosis. Main causes of early death (ED) are infections, bleeding and metabolic complications. In the last decades, early death, i.e. death 42 days following diagnosis, have been dropping due to early detection of complications, better diagnostic resources and improvement in supportive care. Infants have the main cause of ED in patients with diagnosis of leukemia is infection, particularly neutropenic enterocolitis and fungal infections (especially those with acute myeloid leukemia). Tumor lysis syndrome (TLS) is also another cause of early death. OBJECTIVES: Analyzing the cases of early death in patients diagnosed with AML admitted at pediatric oncology department at our Cancer Center and identify possible risk factors. METHOD: Retrospective study carried out by analysis of charts of pediatric patients diagnosed with AML in the years between 1996 and 2017. Clinical variables: sex, age, AML subtype, central nervous system status, leucocyte count, blast count, blood cultures and causes of death were analyzed. RESULTS: Sixty-nine children with confirmed AML were evaluated. Age ranged from 0 to 18 years-ol. All patients were admitted in the pediatric intensive care unit as soon as identified signals of fatal complications. Three patients had early deaths, all of them male and adolescents (one was fifteen and two were sixteen years old). One of the patients passed away due to fungal infection and two died because of TLS. A patient passed away 40 days after being diagnosed, and the other two died 5 and 2 days following their diagnoses, respectively. CONCLUSION: The rate of early death in children (0-19 years old) with AML varies from 2.71% to 5.4% and that most of them happen until the fifteenth day following diagnosis, with causes ranging from bleeding, sepsis, and organ failure. Our data show a rate of early death of 4.34%, with the most common cause being TLS and infection. Besides the early death rate, we concluded that 66% of our patients died before the fifteenth day, which also confirms literature data. Children with AML are of great risk to fatal complications at diagnosis and they must be admitted early in specialized cancer centers with experience in its management with pediatric intensive care unit. It is fundamental to prevent early deaths.

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Temário: SLAOP - Disciplinas / SLAOP - Epidemiologia

Título: IS THE TIME OF DELAY IN THE INITIATION OF TREATMENT A FACTOR OF PROGNOSTIC RELEVANCE FOR INFRATENTORIAL EPENDYMOMA IN OUR INSTITUTION?

Autores: Rayén R. Berón; Luisina C. Tejada; Gisela Drago; Elena Sarabia; Alejandro Herón; Gonzalo Nalda; Edith Casas;

Resumo: Objectives: The main aim of this study is to evaluate the time of delay in the initiation of treatment and its impact on patients' survival. Side objectives: Determine the relevance of prognostic factors such as age, histolopathological grade, final extent of resection and treatment regimen. Introduction: Ependymoma is the third most frequent brain tumor in children. In spite of the improvements in treatment regimens, the poor survival rate has forced the medical community to establish several prognostic factors. In our institution, belonging to a developing country, we wanted to determine if the gap between the appearance of symptoms and the start of the treatment influenced the prognosis. Materials and methods: Descriptive, retrospective study We analyzed 15 patients 18 years of age or younger with infratentorial ependymoma, registered between 1999 and 2017 in Pediatric Hospital "Dr. H. Notti", Mendoza, Argentina. Statistical analysis of patients' survival was performed using Graph Pad Prism 5©. Results: Median age at diagnosis was 37,23 months (range 10 - 166 months). Median follow up time was 44.69 months. A total of 13 patients (87%) underwent surgery upon initial presentation, with 2 patients having a tumor biopsy. A gross total resection was accomplished in 33, 3% of patients. Adjuvant treatment regimens following resection included radiation therapy only (20%), chemotherapy only (20%), radiation and chemotherapy (40%). The remaining 20% had surgery only. Five- year overall survival rate was 31% whereas the five-year event free survival was 20%. Event was defined as progression or relapse, whatever happened first. The gap between the start of the symptoms until surgery was 1, 65 months (range 0.16 to 5.36 months). Conclusions: The five-year overall survival and the event free survival for patients with ependymoma in our institution are regrettably lower then that found in the literature we consulted. Since the tumor grades were not always established in our patients we could not assess its prognostic value. We were able to demonstrate the benefit of gross total resection as a statistically significant prognostic factor. Finally we concluded that the time of delay between the appearance of symptoms and the initiation of treatment couldn't be considered a prognostic factor in our population.

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Temário: SLAOP - Disciplinas / SLAOP - Epidemiologia

Título: PROSPECTIVE SURVEILLANCE STUDY OF BLOOD STREAM INFECTIONS ASSOCIATED WITH CENTRAL VENOUS ACCESS IN A PEDIATRIC ONCOLOGY SERVICE.

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Resumo: Introduction:Central venous catheters (CVCs) represent one of the major advances in Pediatric Oncology.It allows safer administration of drugs, hyperosmolar solutions such as parenteral nutrition, hyperhydration and blood transfusion.Unfortunately,infection represents one of main disadvantages.It has been estimated that 14–51% of implanted CVCs in children with malignancies may be complicated by bacteremia.Immunosuppression,bone marrow aplasia at the time of catheter insertion, young age and the type of cancer have been described as the most important risk factors. Objectives:To describe the clinical and laboratorial profile of pediatric oncology patients who required a CVC and the epidemiology of bloodstream infections(BSI) associated with CVC.Methods:A prospective study from March to December 2017 included all the pediatric oncology patients who required a CVC.Diagnosis of Laboratory-Confirmed Bloodstream Infection (LCBI)was based on the Center for Disease Control's National HealthCare Safety Network criteria and Infectious Diseases Society of America's criteria.Results:A total of 100 cases of CVC were followed (3Broviac, 25 Port-a-Cath and 72 temporary non-implanted catheters).Patients mean age was 7,5years (5 months - 16 years).Acute lymphoblastic leukemia was the most common diagnostic(39%).Mean neutrophils countat the insertion time was 3376/mm3.LCBI 1 related to mucosal barrier injury occurred in 4cases, Central-line Related Bloodstream Infection (CRBSI)in 3 cases, LCBI 1 in 1 case andLCBI 2 in 1 case.Among 31 positive blood cultures, Escherichia coli(5 cases)and Sthaphylococcus epidermidis(4 cases)were the most common isolated pathogens.CVC removal was necessary in 25,5% of the cases due to complications(possible infection, obstruction and others)or accidental removal but, the mainly reason was the end of the treatment (67%).Infection occurred more frequently in the temporary non-implanted catheter group(66%).Conclusions:Despite the high income countries epidemiology, gram-negatives were the main CVC infection-related agents identified, probably due to the high prevalence of mucosal barrier injury observed.Although the lower incidence of infections observed among the long-term catheter group, this modality of CVC was the minority. This study high lights the necessity of a multidisciplinary approach to implement a successful institutional central line program and maintenance bundle.

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Temário: SLAOP - Disciplinas / SLAOP - Nutrição

Título: CHANGES IN BIOCHEMICAL AND METABOLIC INDICATORS IN CANCER PATIENTS DURING BONE MARROW TRANSPLANTATION

Autores: ADRIANA GAROFOLO; ADRIANA GAROFOLO; Claudia Harumi Nakamura; ;

Resumo: Introduction: stem cell transplantation (SCT) patients have many changes in metabolic profile that increase protein catabolism and poor prognostic. These changes are not well described in literature. Objective: to study the profile and the relationship of the biochemical and metabolic indicators in SCT patients with cancer. Methods: patients that performed SCT were followed from Oct 2003 to Sep 2007. Inclusion criteria for this analysis: blood collection and analysis performed. Biochemical analyses (albumin, triglycerides -TG, glucose, HDL and C reactive protein - CRP) were performed in four periods:the week before SCT, infusion bone marrow day/0 Day, 7 Day and 14 Day. ANOVA was applied to know differences comparing these biochemical variables between four times of SCT. Wilcoxon Test was used to compare median values between the week before SCT and 14D. Spearman Test was applied in order to identify correlations between biochemical variables. Results: 89 patients performed SCT: 46% leukemias, 33% lymphomas and others; 45 autologous and 44 allogeneic related transplants, median age of 11y; 46 had blood information. Albumin and HDL decreased after SCT (the week before SCT until 7D and 14D); TG increased after SCT, with differences between the week before SCT, 0D and 7D with 14D. Glucose levels increase after SCT with differences between the week before SCT and 0D with 7D. CRP was higher after SCT comparing the week before SCT and the other three times (0D, 7D and 14D); $p< 0.05$. Comparing indicators between the week before SCT and 14D, differences were found for all variables ($p\leq 0.001$): albumin (4.2 vs 3.7 g/dl); CRP (0.22 vs 3.3 mg/dl); glucose (88 vs 105mg/dl); TG (124 vs 207 mg/dl) e HDL (36 vs 25 mg/dl). Only albumin andCRP on 7D (n=35) presented a significant negative correlation (r = - 51; -0.73 to -0.20; 95% CI; $p<0.05$). Conclusions: the study observed changes in biochemical indicators during SCT. This could be justified by an inflammatory condition during SCT phase. Albumin and HDL are negative proteins of acute phase and CRP is a positive protein of acute phase. The negative correlation between albumin and CRP reinforce this information. This data is important because the inflammation causes muscle catabolism, changes in nutrient metabolism and in energy substrate utilization, interfering in the nutritional support. The changes observed in this analysis confirm the need to take care of the adequate supply of energy and protein during this phase.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Nutrição

Título: IMPACTO DE CARACTERÍSTICAS NUTRICIONAIS E CLÍNICAS SOBRE O ÂNGULO DE FASE (AF) POR MEIO DA BIOIMPEDÂNCIA (BIA) EM PACIENTES ONCOLÓGICOS PEDIÁTRICOS

Autores: ADRIANA GAROFOLO; ADRIANA GARÓFOLO; Karen Jaloretto Teixeira Guedes; Priscila dos Santos Maia-Lemos; ;

Resumo: BIA é um método de avaliação da composição corporal por meio de corrente elétrica de baixa intensidade.O AF é uma medida direta da integridade de membrana celular (MC),e pode ser interpretado como indicador prognóstico.Objetivos:descrever os resultados de AF obtidos por BIA em pacientes oncológicos pediátricos e avaliar possíveis relações com desfechos clínicos.Métodos:estudo observacional transversal realizado de Fev/2017 a Jan/2018.Os pacientes foram avaliados pela medida de BIA uma vez:ao diagnóstico ou durante o tratamento.O grupo foi separado em: tumores hematológicos e sólidos; crianças (<10a) e adolescentes (≥10a).Foram analisados AF, óbito,recidiva e composição corporal (BIA).Como os dados não apresentaram normalidade,testes não-paramétricos foram aplicados. Resultados:209 foram analisados; 51% do sexo feminino; 78% tumores sólidos.Casos novos foram 33%,os demais já haviam iniciado tratamento (quimioterapia, radioterapia, TCTH e cirúrgicos).Recidiva ocorreu em 26% e óbito 15%. A M do AF do grupo todo foi 4,9.Crianças apresentaram AF menor do que adolescentes (M 4.7; 4,4-5 vs 5.2, 5-5.6;p< 0,0002).Pacientes em tratamento oncológico tiveram AF inferior, quando comparados a casos novos (N=141 vs 68): M 4.7;4.3-5.0 vs M 5.3;5-5.6; p<0,002.Os que evoluíram a óbito (N=32) também tiveram AF mais baixos em relação aos demais (M 3.8; 3.2-5.1 vs 5.0; 4.8-5.1; p<0,005).Não houve diferença estatística entre recidiva vs AF (p<0,53),sexo vs AF (p<0,86) e tipo de tumor vs AF (p<0,43).A única correlação encontrada ocorreu entre AF e taxa metabólica basal pela BIA (r=0,43; 0.30-0.53). Conclusão:não há ponte de corte para AF em crianças com câncer. Esses resultados mostraram valores inferiores para aqueles <10a.Em comparação com a população pediátrica saudável, pacientes oncológicos apresentam menores valores de AF (5,5 vs 4,9).Pacientes que evoluíram a óbito apresentavam AF mais baixos, o que pode ser explicado pela maior gravidade da doença.Entretanto, a amostra foi composta de pacientes com diferentes diagnósticos e em diferentes etapas do tratamento e o tempo de sobrevida variou de 1 mês há 1 ano, a partir da avaliação da BIA. O tratamento causa uma maior permeabilidade da MC e destruição celular.O AF está associado diretamente com a integridade da MC, dessa forma, quanto mais baixo, pior a integridade desta, explicando os resultados de correlação entre TMB e AF. Uma limitação do estudo foi não ser análise prospectiva, considerando todas as fases do tratamento.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Nutrição

Título: INDIVIDUALIZED NUTRITIONAL ASSESSMENT OF A PEDIATRIC ONCOLOGICAL PATIENT, DIAGNOSED WITH METASTATIC HEPATOBLASTOMA, DURING THE NEOADJUVANT TREATMENT: A CASE REPORT

Autores: Letícia Nascimento Carniatto; Natália Leonetti C. Lazzari; GRAZIELA PARNOFF PEREIRA BALADÃO; Thais Manfrinato Miola;

Resumo: CASE REPORT: At admission, patient was 4 months old, male, exclusively breastfed, had born at term, weight and height adequate for age and without intercurrences neonates. Was diagnosed with hepatoblastoma, with a right lung nodule secondary, was subjected neoadjuvant chemotherapy (cisplatin and doxorubicin - SIOPEL protocol 4). DISCUSSION: Patients diagnosed with solid tumors have a higher prevalence of malnutrition during anti-neoplastic treatment when compared to patients with hematological tumors. At diagnosis, this child was underweight for age and short stature for age. As a dietary therapy initially, was breastfeeding and age-specific oral formula, 720 ml/day, concentrated at 15%, reaching recommendations for age. , the patient tolerated 400-480ml/day. The involution of the nutritional state occurs as a result of the disease and poor tolerance to the treatment instituted, causing an increase in morbidity, mortality and complications in treatment. When analyzing the data of the follow-up period, the patient remains below the ideal curve in relation to weight for age, height for age, arm circumference and triceps skinfold. After the initiation of neoadjuvant chemotherapy treatment, there is an increase in weight and waist circumference may be justified by the tumor mass and hyper-hydration performed. In others nutritional evaluations, the patient maintained weight and waist circumference higher than that measured prior to the start of treatment, while also maintaining muscle mass depletion. The chemotherapy is considered a nutritional risk factor, because it is associated to appearance of symptoms such as nausea and vomiting and food aversion, which can cause weight loss. In the present study, it was necessary to initiate infantile formula via enteral. However, the patient developed hematological toxicity and presented hemorrhages in the period, which made it impossible to offer oral diet and the enteral dietary progression difficult. CONCLUSION: It was not possible to revert the nutritional status of the patient during the proposed study period, however, it show us how important is monitoring all symptoms and alterations in anthropometric measures; those factors help to establish the best moment to start enteral / parenteral nutritional therapy.

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Temário: SLAOP - Disciplinas / SLAOP - Nutrição

Título: INFLUENCE OF NUTRITIONAL STATUS AND FASTING TIME IN THE MORTALITY OF PEDIATRIC ONCOLOGICAL PATIENTS IN INVASIVE MECHANICAL VENTILATION

Autores: adriana garofolo; Nayara Dorascenzi Magri Teles; Adriana Garófolo; Marise Yago Rodrigues Sahade; Orlei Araújo; Fernanda Luiza Ceragioli Oliveira; ;

Resumo: Background: patients in intensive care are in nutritional risk. Factors related to the disease and to the treatment may lead to a nutritional depletion, compromising their immunological response and increasing the morbimortality. Objective: to verify if nutritional status and fasting time interfere in the mortality on oncological pediatric patients in invasive mechanical ventilation (IMV) in an Intensive Care Unit (ICU). Methods: retrospective observational study with patients in IMV for ≥48h, admitted at the ICU from Aug 2015 to Feb 2017. Exclusions: (1) central nervous system tumors, (2) previous IMV dependence, (3) restrictive respiratory insufficiency and (4) lack of data. Anthropometric measurements were collected up to 24 hours from the admission to categorize the nutritional state using the Body Mass Index score-z (BMI score-z) and the Arm Circumference (AC). The results were grouped in: adequate – BMI score-z between ≥-2 and ≤+1 or AC between percentiles ≥5 and ≤95 – and inadequate – BMI score-z <-2 or >+1 or AC percentiles <5 or >95. Statistical analysis was performed using the IBM SPSS Statistics Version 23 Software. Results: The final sample had 29 patients, with median age in the ICU admission of 10y old (1-18), and 17 (58,5%) male. Of the patients studied, 16 (55%) had hematological cancer and 13 (45%) solid tumors. Infection was the main reason for the hospitalization inside the ICU (n=16; 55%). Four patients (14%) presented inadequate nutritional state from BMI score-z and 12 (41,5%) from AC. The mean time of IMV was 15,5 days and of fasting was 4,2 days. In the period, 17 patients (58,5%) died. The logistic regression analysis did not demonstrate association between death and the other variables studied (fasting, length of hospitalization, BMI score-z and adequacy of BMI score-z and of AC). Despite of not showing differences with statistically significance (p=0,09), it was observed that of the 17 patients who died, nine were in an inadequate nutritional state from AC measurement. Conclusion: There was no association between mortality and nutritional status/fasting time. The limited number of the sample may have contributed to the results found. High mortality rate was identified, highlighting the clinical severity of these patients.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Nutrição

Título: NECK CIRCUMFERENCE IN ADULT SURVIVORS OF MALIGNANT NEOPLASMS IN CHILDHOOD

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Resumo: Introduction: Antineoplastic therapy in childhood is associated with a variety of late effects, including changes in nutritional status and body composition. Objective: To evaluate the neck circumference (NC) of adult survivors of malignant neoplasms in childhood and its association with other anthropometric indicators. Methods: Cross-sectional study with adults undergoing anti-neoplastic treatment during childhood, with a period of absence of therapy of at least 5 years, who attended at a nutritional visit between August 2015 and August 2016. Subjects with diagnosis of tumors or intervention surgical treatment in the cervical region, diseases related to the enlargement of the thyroid gland, those submitted to radiation in the fields that could potentially alter the NC were excluded. Demographic, clinical and anthropometric characteristics (body mass index, abdominal circumference and arm muscle area) were evaluated. Descriptive and inferential analysis was performed, the correlation was tested using the Pearson's test. The value of $p \leq 0.05$ was chosen to determine statistical significance. Results: Twenty-seven individuals (51.9% female), aging between 20 and 43 years, with mean therapy-free interval of 15.3 years were included. Bone tumors were the most incident (37%). About 44% of the sample was overweight (8 women and 4 men). Thirteen subjects (48.1%) had a high NC; women accounted for the majority – 61.5%. Body mass index ($p < 0.001$) and waist circumference ($p = 0.007$) were positively associated with NC. Conclusion: NC was significantly correlated with sensitive measures in the identification of overweight in cancer survivors. Due to its low cost and effectiveness, NC may contribute as a complementary anthropometric indicator in the evaluation of the nutritional status of survivors of childhood cancer. However, further research into the routine employment of the measure, as well as the elaboration of a specific classification for this population is still lacking.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Nutrição

Título: PERFIL NUTRICIONAL DE PACIENTES ONCOLÓGICOS PEDIÁTRICOS DE ACORDO COM A ANÁLISE DE BIOIMPEDÂNCIA (BIA) E ÍNDICE DE MASSA CORPORAL (IMC)

Autores: adriana garofolo; Karen Jaloretto Teixeira Guedes; Adriana Garófolo; Priscila dos Santos Maia-Lemos; ;

Resumo: Introdução:a análise de BIA é um método de avaliação da composição corporal por meio de corrente elétrica de baixa intensidade. Entre outros, estima água corporal intra e extracelular, massa livre de gordura (MLG), massa gorda (MG) e taxa metabólica basal (TMB). Devido às alterações de composição corporal de pacientes oncológicos, não se conhece a aplicabilidade dessas análises.Objetivos: descrever o perfil nutricional de acordo com a análise dos indicadores da BIA e Escore –Z de IMC em pacientes oncológicos pediátricos. Métodos: estudo observacional de corte transversal realizado de Fev/2017 a Jan/2018. Os pacientes foram avaliados pela medida de BIA apenas uma vez: ao diagnóstico ou durante o tratamento (quimioterapia, radioterapia, TCTH e cirúrgicos). O grupo foi categorizado de acordo com o estado nutricional (EN), desnutridos (Escore-Z IMC < -1.00) e não desnutridos (Escore-Z IMC > -1.00) para as análises das diferenças. Foram analisados ângulo de fase (AF), TMB e composição corporal (MLG e MG) por BIA. Como os dados não apresentaram normalidade, testes não-paramétricos foram usados. Resultados: de 210, 209 foram analisados (1 exclusão por HIV); 51% do sexo feminino; 78% tumores sólidos; 30% desnutridos, 43% eutróficos, 17% sobrepeso, 10% obesos; 38% atendidos em ambulatório. Casos novos foram 33%, os demais já haviam iniciado tratamento. Quanto ao EN, pacientes desnutridos (N=64) apresentaram menor adequação de MG (M: 10,85; 7.2-13.5 vs 17.7; 15.5-19.7; p<0,00001) e maior adequação da MLG (M: 89.15; 86-92 vs 82; 80-85; P<0,00002 em relação ao não desnutrido (N=145). Não houve diferença estatística entre EN vs AF (p< 0,28); óbito vs MG e MLG (p<0,18 e p<0,28). A única correlação encontrada ocorreu entre AF e TMB (0,43; 0.30-0.53). Conclusão: apesar dos possíveis vieses da BIA, o teste mostra que o desnutrido tem menos MG, conforme o esperado. Valores altos de MLG na BIA estão relacionados com a quantidade de água corporal, o que pode ser pela presença de edema nos desnutridos, além de outros fatores (corticoterapia, hiper-hidratação e etc). Sarcopenia também pode ser um fator presente na amostra, mesmo em pacientes acima do peso, já que esses foram avaliados em diferentes etapas do tratamento e apresentam diferentes EN, com possíveis alterações na composição corporal. Além disso, massas tumorais podem alterar a leitura e interpretação da análise da BIA. Para melhores conclusões, diferentes desenhos de estudo e testes de associação são necessários.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Disciplinas / SLAOP - Psicologia

Título: A CRIANÇA COM LEUCEMIA: REFLEXOS NA CONJUGALIDADE

Autores: PAULA FONTES ALEXANDRE D'EL REI; Carla M. de Souza Leite; Regina Holanda M. Mendonça; Nisa Maria Sucena de Almeida Faria; Elisa Maria Perina;

Resumo: Introdução: Os protocolos atuais de tratamento para a leucemia infantil indicam uma taxa de sobrevida em torno de 80%. No entanto, observa-se a ocorrência de impactos psicossociais para a criança e seus cuidadores. A rotina familiar é alterada; as reorganizações se impõem para que o paciente seja priorizado. Objetivos: Este trabalho teve como objetivo realizar uma revisão bibliográfica a respeito das repercussões do tratamento da criança com leucemia no relacionamento conjugal. Método: Realizou-se levantamento em bases de dados nacionais e internacionais, especificamente Scielo, Pepsic, Redalyc e PubMed, no período de 2006 a 2017, utilizando os descritores relação conjugal, tratamento, leucemia infantil e seus equivalentes em inglês. Resultados: Foram encontrados 11 trabalhos, cujos conteúdos demonstraram, em sua maioria, que o que está em evidência ao longo do tratamento é a função parental, o que atravessa a conjugalidade. Há diversos aspectos que surgem como preditores positivos no auxílio ao enfrentamento do momento de crise: rede de apoio, o olhar da equipe de saúde, a comunicação clara e apoio entre os cônjuges e a resposta do filho em relação ao tratamento. Em contrapartida, existem elementos que indicam aumento do estresse e prejuízos no relacionamento: o número de filhos, sobrecarga de tarefas e divisões desiguais, falta de tempo e de privacidade, falta de suporte emocional por parte do parceiro e diminuição de renda. Conclusão: Os estudos demonstraram que a dinâmica conjugal sofre intensa interferência decorrente do adoecimento e tratamento da criança com leucemia. Faz-se necessário a sistematização da assistência aos pais desde o momento do diagnóstico para que a função parental não anule a afetividade e sexualidade do casal.

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Título: AMPUTAÇÃO; IMPACTO NA IMAGEM CORPORAL

Autores: NISA MARIA SUCENA DE ALMEIDA FARIA; Elisa Maria Perina; Ana Maria Osório Ferreira;

Resumo: Amputação; Impacto na Imagem Corporal Faria,N.M.S.A. ; Perina,E.M. ; Ferreira, A.M.O. D.W. Winnicott em "pensando sobre crianças" (capt7, 1968) diz: "É estranho, mas verdadeiro, que as pessoas precisam ser lembradas de que os sentimentos são importantes." Este trabalho consiste no relato de caso de uma criança de 5 anos de idade, com diagnóstico de Osteossarcoma. Na eminência da amputação de membro inferior esquerdo, a equipe médica solicita intervenção da psicologia para auxiliar na elaboração do luto antecipatório, pela perda da perna acometida pela doença. Através de sessões lúdicas, respaldadas pelo referencial psicanalítico foram realizadas algumas sessões que possibilitaram suscitar os recursos psíquicos internos do paciente, para lidar com esse momento de intensa angustia e sofrimento, no momento do pré e pós operatório. No pós-operatório com a perda de uma parte do corpo e conseqüente alteração da imagem corporal e de sua independência o paciente remete a vivência de intensa angustia de aniquilamento do self. O espaço do brincar permitiu ao paciente expressar os sentimentos de tristeza e revolta na tentativa de transformar parte da realidade que é insuportável (quer seja esta interna ou externa), em algo simbolicamente possível. A análise psicanalítica das comunicações verbais e não verbais e dos jogos simbólicos, permitiu a elaboração do luto de todas as perdas decorrentes da amputação, a possibilidade de dar voz aos sentimentos emergentes e fortalecer a capacidade de enfrentamento. Este caso demonstrou que a preparação psicológica do paciente e dos pais, diante de procedimento cirúrgico mutilador é imprescindível.

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Temário: SLAOP - Disciplinas / SLAOP - Psicologia

Título: CROSS-CULTURAL ADAPTATION OF A DISTRESS ASSESSMENT INSTRUMENT IN CHILDREN UNDERGOING PAINFUL PROCEDURES

Autores: NÁTALI CASTRO ANTUNES CAPRINI OLIVEIRA; Maria Beatriz Martins Linhares;

Resumo: Aim: To translate, back-translate to the Portuguese-Brazil language and cross-culturally adapt the content of the Observational Scale of Behavioral Distress for the evaluation of distress associated with painful contexts in children. Methods: In first step, two forward translations were made of the instrument from English to Portuguese. A consensus of these translations was obtained in second step, producing one common translation. A native English speaker, who was blinded to the original version, back-translated the preliminary version of the scale in Portuguese into the original English (Step 3). In step 4, an expert in the use of the OSBD reviewed and approved the backtranslated version. Then, in step 5, the Portuguese version of the OSBD was submitted to a committee of experts who analyzed the semantic, idiomatic, and conceptual equivalences of items. The final step of the adaptation process was the pretest of the final version with a sample of Brazilian children. Results: After inclusion of the recommendations made by different professionals who participated in the process, pretesting showed that the scale was useful to assess distress in children in contexts of pain. Conclusions: The OSBD was found to be easily comprehensible for the evaluation of pain-associated distress in Brazilian children.

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Temário: SLAOP - Disciplinas / SLAOP - Psicologia

Título: QUALIDADE DE VIDA DO ADULTO JOVEM SOBREVIVENTE DE LEUCEMIA LINFOIDE AGUDA NA INFÂNCIA

Autores: PAULA ELIAS ORTOLAN; Paula Elias Ortolan; Elisa Maria Perina; Marcos Tadeu Nolasco da Silva; Maria José Mastellaro; Silvia Regina Brandalise;

Resumo: Nos últimos 30 anos, os avanços na terapia da leucemia linfoide aguda (LLA) na infância aumentaram os índices de cura, porém a sobrevida e a qualidade de vida (QV) podem ser comprometidas por efeitos tardios. Alguns instrumentos de avaliação, como o Medical Outcomes Study 36 Item Short - Form Health Survey (SF-36) são indicadores das necessidades desta população. Objetivo: avaliar QV de adultos jovens sobreviventes de LLA e correlacionar com aspectos psicossociais e clínicos. Método: 71 adultos jovens, 36 mulheres e 35 homens, mediana de idade de 22,80 anos (18-40), foram avaliados no período de maio a novembro de 2011, de acordo com sexo, modalidade de tratamento, peso e estatura ao diagnóstico e atual, presença de efeitos tardios, nível educacional do sobrevivente, da mãe e do pai, irmãos, vida conjugal e religião. A QV foi avaliada através do SF-36. Para análise estatística foi utilizado o teste de Mann Whitney (nível de significância $p \leq 0,05$). O projeto foi aprovado pelo Comitê de Ética institucional. Resultados: Sobreviventes do sexo feminino (50.7%) apresentaram comprometimento da capacidade funcional ($p<0.001$), dor ($p<0.001$), vitalidade ($p<0.001$), aspectos sociais ($p=0.013$) e saúde mental ($p=0.001$). Quimioterapia e radioterapia craniana (47.8%) foram associados com prejuízo da capacidade funcional ($p=0.010$), dor ($p=0.006$), vitalidade ($p=0.018$) e saúde mental ($p=0.031$). Houve associação de prejuízo da QV com obesidade em aspectos físicos ($p=0.002$) e dor ($p=0.023$). Sobreviventes com efeitos tardios (25.3%) registraram comprometimentos em aspectos físicos ($p=0.011$) e aspectos sociais ($p=0.013$). Menor nível de escolaridade paterna foi associada com prejuízos em capacidade funcional ($p=0.041$), aspectos emocionais ($p=0.043$) e saúde mental ($p=0.041$). Não houve associação significativa entre a QV e irmãos (90.1%), vida conjugal (49.2%), religião (91.5%), estatura (92.7% com estatura normal), escolaridade do sobrevivente (82.5% ensino médio ou mais) e da mãe. Conclusão: Dificuldades físicas e psicossociais que a criança enfrenta durante o tratamento da LLA podem tornar-se problemas progressivos. Estes comprometimentos podem influenciar a QV e sintomas psicológicos podem não ser identificados e tratados adequadamente. Avaliações periódicas são importantes para realizar intervenções durante e após o tratamento.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Histiocitose

Título: CLINICAL AND MICROBIOLOGICAL EVALUATION OF THE ORAL CAVITY OF PATIENTS WITH LANGERHANS CELL HISTIOCYTOSIS

Autores: LUDMILA ADRIANE SILVA COSTA; Ludmila Adriane Silva Costa; Anna Beatriz Willemes Batalha; Keyse Loyanne Batista Da Silva;

Resumo: The Langerhans Cell Histiocytosis (HCL) is a rare disease characterized by the clonal proliferation of Langerhans cells that mainly affects people with less than 20 years and its etiology is still unknown. Patients with this diagnosis may have various manifestations as much systemic as localized, the most found oral manifestations are bone injuries, periodontitis and mucosal ulcerations. The diagnosis of HCL can be done through histological and immunohistochemical examination of the lesions, and one of the main treatments is with the use of chemotherapy. The objective of this study was to evaluate the presence of pathogenic bacteria in the oral cavity, dental and bone conditions and the main oral manifestations. For this it was conducted a cross-sectional study with patients with HCL accompanied in a pediatric Hospital in Brasilia, the sample was composed of 14 patients between 3 and 21 years old; with deciduous dentition complete, mixed dentition or permanent dentition complete; contributor to the examination and medical monitoring. The patients were submitted to the oral swab test, clinical periodontal examination (PSR) simplified by sextant with the use of TRINITY 621 type probe, by a calibrated evaluator and was performed the panoramic radiography exam. It was noted that approximately 40% of the patients presented varied pathogenic bacteria in the oral cavity, bacteria like Staphylococcus aureus (13,3%), Klebsiella pneumoniae (6,6%), Acinetobacter ursingii (6,6%), Klebsiella oxytoca (6,6%). The periodontal examination showed that about 66,66% of the patients presented code 3 in the maxilla region and 53,33% in the mandible. The patients had varied characteristics on the x-ray as veiling of the maxilla sinuses (27.2%), alveolar extension of maxillary (27.2%), supernumerary teeth (9%), agenesis (27.2%), bone sclerosis (9%), root laceration (9%), supernumerary (9%), endodental mineralization (9%), mineralization of ligament styloidal complex (9%). It is concluded that because it is a disease that affects the oral cavity, it is important that the dentist has knowledge of HCL to be diagnosed and treated early in order to reduce mortality, morbidity of the treatment and promote quality of life for patients.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Histiocitose

Título: HEMOPHAGOCYTIC LIMPHOHISTIOCITOSCYS: CLINICAL AND LABORATORY CHARACTERISTICS AND OUTCOMES OF PATIENTS IN A SINGLE INSTITUTION

Autores: JÉSSICA BENIGNO RODRIGUES; Monica dos Santos Cypriano;

Resumo: Introduction: The hemophagocytic limphohistiocitoscys (HLH), primary or secondary, comprises a systemic hyperactivation of macrophages that requires prompt recognition of symptoms and severity, early treatment and change of the patient's prognosis. Objective: To describe the clinical and laboratory characteristics, the therapeutic modality and the outcome of patients with HLH treated in a pediatric oncology hospital. Method: A retrospective, descriptive, quantitative study was carried out by searching the medical records of 13 patients diagnosed with HLH between January 2000 and December 2017 in a single institution. Results: HLH mainly affected females (69%), with a mean age of 6.7 years (0,1 -15 yr), 4 patients had primary/genetic HLH (PFR1 mutation, STXBP2 mutation, Chediak-Higashi and ataxia-telangiectasia syndrome), 4 had secondary disease (brain tumor, liver transplant, scarlet fever and leishmaniasis) and 5 patients were not tested for genetic mutations. Fever was the most frequent clinical sign and hyperferritinemia was the most prevalent laboratory abnormality at diagnosis. The mean hemoglobin level was 8.2 g/dl; the mean initial leucometry was 1709.2 / ml; the mean neutrophil value found was 758.5 / ml; the mean platelet count was 90161 / ml. The protocols used were HLH - 94 in 2 patients (15.3%) and HLH - 04 in 10 patients (76.9%)/one patient did not follow protocols. The mean treatment time for all patients was 10.4 months; 3 (23.1%) patients underwent hematopoietic cell transplantation. The probability of resolution was 61.5%, of which 25% remained in remission until December 2017. The percentage of deaths was 46.1%. Overall survival for the whole group was 40.3% (95% CI: 16.4% - 69.3%). There was no statistically significant increase in the risk of death for patients with cytopenia, hypertriglyceridemia, hypofibrinogenemia central nervous system involvement, hemoglobin <9 ng / dl, neutrophils <1000 / ml and platelets <100000 / ml. Regarding the sequels presented, 2 patients evolved with epilepsy, 1 patient with Fanconi syndrome secondary to chemotherapy and 1 patient with systemic arterial hypertension. Conclusion: HLH has well-defined diagnostic criteria, but the clinical presentation is not always so clear. It still presents high mortality, even in large centers. The use of the HLH-04 protocol and early diagnosis can lead to improvements in survival rates.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Histiocitose

Título: LINFOHISTIOCITOSE HEMOFAGOCÍTICA EM PEDIATRIA DESCRIÇÃO DE 5 CASOS

Autores: MARÍLIA BERGSTRON LENZI MENEGHIN; Viviane Sonaglio; Silmara Bortoli; Raquel Maciel Scalco; Fernanda Sequeira; Daniel Wagner de Castro Lima Santos;

Resumo: Introdução: A Linfohistiocitose Hemofagocítica (HLH) é uma desordem rara em criança que decorre de uma inflamação sistêmica associada a uma resposta imune descontrolada e ineficaz. A HLH pode estar associada, a mutações genéticas conhecidas, ou associada a infecções, neoplasias, condições autoimunes ou condições metabólicas, sendo assim classificada como primária ou secundária. A HLH é uma síndrome caracterizada por critérios clínicos e laboratoriais com difícil diagnóstico em pediatria, por apresentar características iniciais semelhantes ao um quadro séptico. Objetivo: Descrever as características clínicas e laboratoriais, tratamento e sobrevida dos pacientes com HLH diagnosticados em nossa instituição durante o período de 2014 a 2017. Métodos: Estudo retrospectivo descritivo, por meio de análise de prontuários de 5 pacientes com HLH, admitidos na instituição no período de 2014 a 2017. Todos apresentaram os critérios segundo o protocolo internacional HLH 2004 e foram tratados com o mesmo protocolo. Avaliamos idade, sexo, sinais e sintomas iniciais, exames laboratoriais e de imagem, envolvimento do liquor, estudo morfológico de medula e pesquisa genética para (HLH). Resultados: Quanto aos pacientes, a idade média foi 4,8 anos, com predominância do sexo masculino, 1,5:1. A maioria, 80 % foi classificado como secundária, e os agentes identificados foram Epstein barr vírus, coxsackie vírus e síndrome de Kawasaki. Dois pacientes apresentaram alterações genéticas em heterozigóse, genes PRF1 e UNC13D. Todos os pacientes apresentavam febre persistente, hepatoesplenomegalia e hiperferritinemia, sendo acima de 10.000 em 60 % dos pacientes. Dois apresentaram envolvimento de SNC. Todos receberam o tratamento baseado no Protocolo HLH 2004. Atualmente dois pacientes ainda estão em tratamento, três pacientes terminaram o protocolo e estão em seguimento e destes três, um realizou transplante de medula óssea após a recidiva e está fora de tratamento há 1 ano. Discussão: As características clínicas, laboratoriais e causas desencadeantes estão de acordo com o descrito em literatura. Conclusão: Quando tratamos de crianças com HLH, apesar de raro, o diagnóstico precoce deve ser realizado para que o tratamento elaborado e a terapêutica adequada possam ser realizados. Apenas dessa maneira seremos capazes de aumentar a chance de cura desses pacientes.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Leucemias e linfoma

Título: ATYPICAL PRESENTATION OF ACUTE MYELOID LEUKEMIA IN INFANTS: CASE REPORT

Autores: RENATA FERNANDES BARRA VALENTE; Maria Tereza Ferreira Albuquerque; Lilian Maria Cristofani;

Resumo: Case presentation: Male patient,started at the age of 3 months with painful bony protuberance, initially located on the forehead, with progression to the face, limbs and pelvis. He was sent for us to investigate the condition, going through several specialties, with collection of tests that showed only anemia. It evolved with respiratory discomfort resulting from upper airway obstruction due to deformity, when an oncology evaluation was requested. At physical examination, there was an important bone deformity, mainly facial, decreased strength in the lower limbs, in addition to an increase in testicular size and consistency. Imaging examinations (CT and REMA) showed thickening of the bones of the skull of infiltrative character, laminated type periosteal reaction with cortical rupture of costal arches and posterior solid epidural expansive lesion. RX of long bones with lytic lesions in the femur and tibia. Radiologic picture suggesting lymphoproliferative disease. Collected myelogram that evidenced 83% of blasts with monocytic characteristic, confirmed by immunophenotyping. Testicular biopsy with leukemia involvement. Without alteration cytogenetic (including MLL) or molecular. It was treated by the LMA-IO-97 protocol, which consists of 2CDA / ARAC induction, 2 DAUNO / ARAC / VP16 cycles, 1 MTZ / ARAC / VP16 consolidation cycle and 2 ARAC high doses. Soon after induction, the child presented without minimal residual disease. As bone lesions completely disappeared with treatment, and the medulla is in morphological remission after termination of therapy. Discussion: LMA in infants with an approximate incidence of 70 cases / year, corresponding to 6-14% of all cases of AML in childhood. It usually manifests itself more aggressively, being more commonly seen hyperleukocytosis, involvement of the central nervous system and extramedullary involvement, especially cutaneous. The prognosis of AML in young children is usually the same as that of older children, one depending on minimal residual disease after induction phase. Here we report a case of a child with predominantly bone manifestation, with disease progression for 7 months until diagnostic elucidation, and - rapid chemotherapy response. Concluding remarks: Despite the low incidence of acute leukemias in infants facing the other pathologies in the pediatric age range, care should be taken when evaluating severe persistent and progressive conditions.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Leucemias e linfoma

Título: COMPARING SURVIVAL RATES BETWEEN PEDIATRIC AND ADULT REGIMENS OF TREATMENT FOR B-CELL NON-HODGKIN LYMPHOMA IN ADOLESCENTS AND YOUNG ADULTS

Autores: Ligia Rios; Denisse Castro; Liliana Vasquez; Jenny Geronimo;

Resumo: Background: B-cell non-Hodgkin Lymphomas (BcNHL) in adolescents and young adults (AYA) is a rare and challenging clinical entity. The AYA population has a special interest due to age-related differences in clinical presentation, biology, and outcomes. Objective: Compare survival rates between pediatric and adult regimens of treatment for AYA patients with BcNHL in Peru. Methods: We performed a retrospective study of patients consecutively treated at Rebagliati Hospital between 2010-2016. All patients aged 10-39 years newly diagnosed of BcNHL who completed at least three cycles of chemotherapy were included. Histological subtypes, clinical features and other well-known prognostic factors were analyzed. For the statistical analyses we used chi2 when comparing categorical variables and overall survival (OS) and event-free survival (EFS) were estimated by Kaplan-Meier curves and log-rank test, with a significance level of 5%. Results: Thirty-one AYA patients diagnosed with BcNHL were included. Six patients were treated with pediatric regimens (LMB96 with/without Rituximab and BFM95) and 25 patients with adult regimens (R-CHOP, R-EPOCH and Methotrexate HD). Median ages in the pediatric regimen and adult regimen groups were 13 and 34 years, respectively (p=0.001). Stage of disease, extranodal disease, B symptoms, initial risk category or histology subtype were similar between groups. In the pediatric regimen group, the proportion of patients with ECOG ≤1 was significantly superior compared to the adult regimen group (100% vs 64%, p=0.03). Relapse rate of the entire cohort was comparable in both groups (17%, n=1, in the pediatric regimen, and 32%, n=8, in the adult regimen, p=0.43). Among relapsed cases, only the patient of the pediatric regimen achieved a second remission with R-ICE and autologous stem cell transplantation, and all cases of the adult regimen group died for progressing disease. For the whole cohort, 3-year EFS was 67% and OS was 70%. The 3-year EFS was 83% for the pediatric treatment group and 64% for the adult treatment group (p=0.35). The 3-year OS was 100% for the pediatric treatment group and 64% for the adult treatment group (p=0.13). Conclusions: In this study, AYA patients diagnosed with BcNHL treated with a pediatric regimen had a trend toward a higher survival rates than adult regimen, although no significance was reached. These findings should be validated in prospective multicenter studies with a larger number of patients.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Leucemias e linfoma

Título: EXPERIÊNCIA COM INFUSÃO DOMICILIAR DE BLINATUMOMABE

Autores: ADRIANA SEBER; Priscila Mendes Paiva; Juliana Francielle Marques; Douglas Coutinho Ribeiro da Costa; Cristiane Arruda Rodrigues Leite; Valéria Cortez Ginani; Roseane Vasconcelos Gouveia; Gustavo Zamperlini; Carla Renata Donato Macedo; Alcania Walburga de Souza Pereira dos Reis; Marcia Puato Vieira Pupim; Camila Hiromi Hashimoto; Katia Jarandilha dos Santos; Marcia Lucia Varpa de Souza Sasaki; Adriana Seber;

Resumo: A leucemia linfóide aguda (LLA) é o câncer mais comum da criança e do adolescente. Apesar do progresso no seu tratamento, os pacientes que recaem da doença têm uma resposta muito mais baixa aos tratamentos de segunda linha. Os anticorpos monoclonais, entre eles o Blinatumomabe, utilizado para o tratamento de LLA linhagem B recidivada ou refratária, têm sido uma das estratégias mais promissoras. Objetivo e método: Descrever a experiência da infusão domiciliar do Blinatumomab no tratamento de pacientes pediátricos. Resultados: Onze pacientes tiveram indicação de receber o anticorpo monoclonal entre setembro de 2015 e janeiro de 2018. Desses, três realizaram o regime domiciliar por apresentarem condições clínicas favoráveis e segurança da equipe com a experiência prévia nas infusões em regime de internação. O protocolo prevê o início dos dois primeiros ciclos em regime de internação para monitorização clínica e a possibilidade da continuidade do tratamento em regime domiciliar. O planejamento de retorno do paciente pela equipe médica e de enfermagem à Unidade de Oncologia e Infusões foi a cada 48 horas para troca da bomba infusora e avaliação clínica. Os pacientes não apresentaram intercorrências durante o período de tratamento com a infusão domiciliar. Esse modelo de tratamento domiciliar reduziu 192 dias de internação dos pacientes. Conclusão: Esse modelo trouxe às crianças a possibilidade de convívio social, atividades diárias habituais e retorno para a escola. Além disso, a redução no tempo de internação pode minimizar o risco de infecção hospitalar e os custos gastos pelas fontes pagadoras e hospital.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Orientação pela Doença / SLAOP - Leucemias e linfoma

Título: MORTALIDADE INFANTOJUVENIL POR LEUCEMIAS E LINFOMAS EM UM CENTRO PEDIÁTRICO DE REFERÊNCIA ESTADUAL NO PERÍODO DE 10 ANOS

Autores: TATIANA EL-JAICK BONIFÁCIO COSTA; Paulo Guilherme Pizoni Neto; Denise Bousfield da Silva; Ana Paula F.F.Winneschhofer; Imarui Costa; Daniel Faraco Neto; Juliana S. Dacoregio; Mariana C. de Lima; Denise Aparecida de Lima; Sandra Mara Teodósio; Amanda Ibagy;

Resumo: Introdução: O câncer pediátrico é responsável por cerca de 2 a 3% de todos os tumores malignos, e as leucemias e os linfomas são os tumores hematológicos mais frequentes nessa faixa etária no Brasil. Objetivos: analisar os casos de óbitos por leucemias e linfomas em relação à idade, sexo, tipo histológico, extensão clínica da doença, situação da doença maligna no momento do óbito, tempo de sobrevida até desfecho e causa imediata do óbito. Método: estudo observacional, descritivo, longitudinal em crianças e adolescentes com leucemias e linfomas, procedentes de Santa Catarina, até a idade de 15 anos incompletos que foram a óbito. Esses pacientes foram atendidos, no período de janeiro de 2007 a dezembro de 2016, em um Serviço de referência pediátrico estadual e registradas segundo a Classificação Internacional do Câncer na Infância. Para análise entre variáveis quantitativas empregou-se o teste t de Student, considerando-se significativo valores de $p \leq 0,05$. Resultados: foram registrados 113 casos de óbito em pacientes com leucemias e linfomas no período analisado. Os óbitos ocorreram com maior frequência no faixa etária de 0-4 anos (47,8%) e no sexo masculino (57,5%). A leucemia foi o tipo histológico mais frequente (82,3%). Entre os linfomas, 90% apresentavam doença não localizada ao diagnóstico. Foi observado ausência de remissão completa da neoplasia maligna primária em 51,3% dos casos. Em 57,5% dos casos a sobrevida até o desfecho foi < 12 meses. A sepse foi a causa imediata de óbito em 51,3%. Ao se associar o tempo de sobrevida com o tipo histológico ao diagnóstico, estratificando os casos de leucemias, em Leucemia Linfoide Aguda (LLA) e não LLA, foi identificada maior sobrevida para LLA ($p \leq 0,05$). A comparação entre os subgrupos diagnósticos dos linfomas ficou prejudicada pelo número reduzido de casos nos subgrupos estudados. Conclusões: Ocorre predomínio de óbitos na faixa etária de 0-4 anos e no sexo masculino. A leucemia foi o grupo de diagnóstico com a maior frequência de óbitos. Os óbitos ocorridos nos pacientes com linfomas são mais elevados no grupo com doença não localizada. Neste estudo, a maioria das crianças apresenta ausência de remissão da neoplasia maligna no momento do óbito. A sepse é a causa imediata de óbito mais frequente. O tempo de sobrevida até o desfecho para LLA é significativamente maior do que para não-LLA.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Orientação pela Doença / SLAOP - Leucemias e linfoma

Título: PEDIATRIC HEMATOPOIETIC STEM CELL TRANSPLANTATION IN PERU: A SINGLE CENTER EXPERIENCE

Autores: ESSY MARADIEGUE CHIRINOS; Juan Luis Garcia Leon; Sharon Chavez Paredes; Cecilia Ugaz Olivares; Jacqueline Montoya Vasquez; Rosdali Diaz Coronado;

Resumo: BACKGROUND In August 2012, the INEN reactivated the hematopoyetic precursor transplant program and the immunosuppressed patient service. In 2014, the first allogeneic transplant was carried out; so far 21 pediatrics transplants have been performed. METHODS We retrospectively reviewed the medical records of 20 children younger than 14 years who underwent allogeneic related transplantation, from a compatible sibling or autologous. Radiotherapy was not employed for conditioning, being substituted with intrathecal chemotherapy starting at one month post transplant x six. Clinical characteristics, type of disease, transplantation outcome and clinical follow-up was evaluated. Survival estimates were calculated by Kaplan-Meier curves and log-rank test. OBJECTIVES Evaluate the process of allogeneic related donor and autologous transplant at the INEN. RESULTS 18 patients underwent allogeneic transplantation and 2 patients underwent to autologous transplantation, 13males and 7 female, median age was 9.5 years (range, 1-14). The patients were 14 cases with acute lymphoblastic leukemia (66.6 %), 1 case with acute myeloid leukemia (4.7%), 2 cases with biphenotypic leukemia (9.5 %), 1 case with Juvenile Chronic Myelomonocytic Leukemia (4.7%), 1 case with Non-hodgkin lymphoma (4.7%) and 1 case with germ cell tumor who realized two autologous transplantation (9.5%). 19 cases, complete response to therapy before transplantation was achieved (first complete remission =8 [38%], second complete response = 8 [38%], third complete response = 3 [14.2%]). The patient with germ cell tumor who realized two autologous transplantation was found with elevated tumor marker without evidence of tumor prior to transplantation. All patients had peripheral blood stem cells as the preferred cell source. Median follow-up of the entire cohort was 12 (range, 1-39) months. The 2-year overall survival was 75.7% (Standard Error, SE 13.1%). The 2-year event-free survival was 51.6% (Standard Error, SE 14.1%). Age, type of cancer, remission status and type of HSCT did not significantly affected prognosis. CONCLUSION The results obtained are promising; despite not having total body irradiation as conditioning for lymphoblastic leukemias we expect to perform unrelated allogeneic transplants in the near future.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Orientação pela Doença / SLAOP - Leucemias e linfoma

Título: RELATO DE UM CASO DE LINFOMA NÃO HODGKIN COM ACOMETIMENTO TESTICULAR

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Resumo: Apresentação do caso: CM, masculino, 5 anos e 7 meses de idade, admitido em novembro de 2017 no Hospital Infantil Joana de Gusmão (HIJG) por suspeita de torção testicular e hidrocele. Apresentava aumento do volume e dor testicular direito, com piora progressiva, iniciada 30 dias antes da internação, associada a perda ponderal de 12%. Aventada a hipótese de torção testicular e posteriormente diagnosticada hidrocele. Foi transferido para o HIJG para intervenção cirúrgica, sendo identificada linfadenomegalia abdominal e massa mediastinal. Realizou ultrassonografia que evidenciou espessamentos nodulares parietais na hemibolsa direita com fluxo ao Doppler, importante hidrocele à direita e volumosas linfonodomegalias mesentéricas, retroperitoneais e ilíacas, formando conglomerados, além de moderada ascite. Após biópsia linfonodal e exames de estadiamento, foi classificado como Linfoma de Burkitt Testicular Estadio III-b. Apresentou quilotórax de repetição, ascite e derrame pleural bilateral, necessitando drenagem e hospitalização em unidade de terapia intensiva, com pesquisa de células neoplásicas negativa. O tratamento foi realizado com orquiectomia direita, seguida de quimioterapia baseada no protocolo LMB-89. Realizou 2 ciclos em nosso serviço e retornou à sua cidade de origem para completar o tratamento. Atualmente encontra-se em fase de consolidação e em remissão completa. Discussão: A incidência da infiltração testicular por Linfomas não Hodgkin (LNH) é rara em crianças, representando menos de 3% dos casos de linfoma e 2% das neoplasias testiculares. Usualmente o envolvimento testicular em LNH é associado à doença disseminada. Na maioria dos casos a infiltração testicular é unilateral e em cerca de 18% o acometimento pode ser bilateral. A radioterapia é controversa na pediatria, entretanto, nos adultos é indicada pela alta taxa de recidiva da doença. O tratamento deve ser individualizado e quando tratado precocemente não apresenta mau prognóstico. Comentários finais: Considerando a raridade da apresentação testicular em LNH em pediatria, é necessário forte suspeita clínica no atendimento inicial desses pacientes. Nesse relato, destaca-se a necessidade do diagnóstico precoce do LNH testicular, visando melhorar o prognóstico da doença.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Orientação pela Doença / SLAOP - Leucemias e linfoma

Título: SARCOMA MIELÓIDE: RELATO DE DOIS CASOS

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Resumo: Apresentação dos casos: Caso 1: SPV, 9 anos, feminino. Ao diagnóstico, presença de massas em topografia frontal, parietais e occipital da região craniana. Hemograma inicial com 56.400 leucócitos com 22% de blastos e 117.000 plaquetas. Biópsia de lesão em couro cabeludo com mieloperoxidase, CD34, CD33, CD117 e antígeno leucocitário comum positivos. Imunofenotipagem da medula óssea evidenciou 11% de blastos mielóides CD34+/++ CD117+ CD13+ CD33+ MPO+. Cariótipo com t(8;21). Diagnóstico de Sarcoma Mielóide. Iniciado protocolo AML BFM 2004. Encontra-se fora de tratamento, clinicamente bem e em remissão. Caso 2: WR, 11 anos, masculino. Ao diagnóstico, presença de lesão sólida extra-conal, pré e pós-septal na porção superior de ambas as órbitas, com proptose a esquerda. Descrito lesões em região temporal esquerda, junto a parede da órbita, e no espaço mastigatório a esquerda, junto do bordo interno do ramo mandibular. E também apresentava lesão expansiva para vertebral bilateral, de T1 até T12. Mielograma com 5,6% de blastos, não sendo possível a coleta de material para imunofenotipagem e cariótipo. Inicialmente, pela piora das lesões e laudo anatomopatológico sugestivo de linfoma não Hodgkin, recebeu dois ciclos com COP. Com a revisão do anatomopopatógico e imunohistoquímica, foi feito o diagnóstico de Sarcoma Mielóide. Biópsia do tumor ocular com mieloperoxidase, CD34, CD117, CD68 (focal) e PAX5 (expressão aberrante). Iniciado protocolo AML BFM 2004. Encontra-se fora de tratamento, clinicamente bem e em remissão. Discussão: O Sarcoma Mielóide é uma condição neoplásica que consiste na proliferação extramedular de blastos mielóides e pode ocorrer em qualquer local do corpo, sendo reportado em 2 a 14% dos pacientes com leucemia mieloide aguda (LMA). Os sítios mais comuns são linfonodos, pele, ossos e, os menos frequentes, são órbitas e sistema nervoso central. Pode se desenvolver previamente ao diagnóstico de LMA ou associada à doença, assim como os casos descritos. Comentários finais: O Sarcoma Mielóide é uma rara manifestação neoplásica de LMA. O diagnóstico pode ser difícil em virtude da não concomitância com leucemia. Assim, a possibilidade de Sarcoma Mielóide deve ser considerado em pacientes com tumorações extramedulares.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Orientação pela Doença / SLAOP - Neuroblastoma

Título: INCIDÊNCIA DE INFILTRAÇÃO DA MEDULA ÓSSEA AO DIAGNÓSTICO NOS TUMORES SÓLIDOS DA INFÂNCIA E ADOLESCÊNCIA – NEUROBLASTOMA, RABDOMIOSSARCOMA E RETINOBLASTOMA

Autores: ISABELLA APARECIDA DE ARAUJO; Maria Lucia Lee; Maria Teresa Seixas Alves; Ana Virginia Lopes De Sousa; Eliana Maria Monteiro Caran;

Resumo: Resumo: Os tumores sólidos pediátricos podem se apresentar ao diagnóstico com infiltração medular, o que é importante tanto para o diagnóstico da doença, estadiamento e monitoração da resposta ao tratamento. A forma deste acometimento medular varia de acordo com os diferentes tipos de tumores sólidos e normalmente está associada à doença de pior prognóstico. Objetivo: Este estudo, objetiva avaliar a incidência de infiltração de medula óssea e o impacto deste achado na sobrevida global dos portadores de neuroblastoma, rabdomiossarcoma e retinoblastoma que foram admitidos em nosso serviço no período de 2005 a 2015. Metódo: Estudo retrospectivo, realizado no IOP/GRAACC/UNIFESP. Foram preenchidas fichas com as características clínicas-epidemiológicas dos pacientes e analisadas os resultados das biópsias de medula óssea e mielogramas realizados ao diagnóstico. Critérios de inclusão: pacientes com idade entre 0-19 anos, com os seguintes tumores sólidos: neuroblastoma, rabdomiossarcoma e retinoblastoma admitidos no serviço entre janeiro de 2005 a dezembro de 2015. Estudo aprovado pelo CEP/UNIFESP número: 67645017.1.0000.5505. Resultados: O estudo incluiu 156 pacientes e a análise de 312 mielogramas e 245 biópsias de medula óssea coletados exclusivamente ao diagnóstico da neoplasia. A amostra foi constituída por 41,6% de neuroblastoma, 20,5% de rabdomiossarcoma e 37,8% de retinoblastoma. Os pacientes analisados apresentavam média de idade de 3,9 anos e mediana de 2,3 anos. 43,5% eram do sexo feminino, 48% eram metastáticos e 17,9% apresentaram dor musculo-esquelética ao diagnostico. A dor musculo-esquelética foi preditora de infiltração de medula óssea em 24,6% dos casos de neuroblastoma ($p<0,05$) e 6% dos casos de rabdomiossarcoma. A curva de sobrevida global foi pior nos pacientes com múltiplos focos de metástases do que nos com infiltração da medula óssea isolada. Conclusão: O neuroblastoma apresenta maior frequência de infiltração medular. A presença de dor músculo-esquelética pode ser considerada preditor de infiltração medular no neuroblastoma e sugestivo de metástase nos pacientes portadores de rabdomiossarcoma. A presença de metástase ao diagnóstico está relacionada a piora da sobrevida global. Além disso, os pacientes com metástase medular isolada apresentaram melhor sobrevida global quando comparados aos casos com associação de metástase medular e metástase em outros sítios e aos casos de pacientes com metástases em locais diferentes da medula óssea.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Orientação pela Doença / SLAOP - Neuroblastoma

Título: PERFIL CLÍNICO-EPIDEMIOLÓGICO DE PACIENTES COM NEUROBLASTOMA ATENDIDOS EM UM CENTRO PEDIÁTRICO DE REFERÊNCIA ESTADUAL

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Resumo: Introdução: O neuroblastoma é o tumor sólido extra cranial mais comum na infância e o mais frequente câncer diagnosticado antes de um ano de idade. O atraso diagnóstico continua sendo um importante fator prognóstico nesta neoplasia maligna, observando-se discrepância entre países desenvolvidos e em desenvolvimento no que diz respeito ao intervalo sintomático pré-diagnóstico. Objetivos: Analisar o perfil clínico-epidemiológico dos pacientes com neuroblastoma e sua relação com status vital. Verificar possíveis associações do desfecho óbito com o intervalo de tempo entre o início dos sinais/sintomas e o diagnóstico, estadiamento clínico e amplificação do NMYC. Método: Estudo retrospectivo, observacional e descritivo, incluindo 54 casos de neuroblastoma atendidos em um centro pediátrico de referência estadual, no período de 2007 a 2016. As variáveis analisadas foram sexo, idade, raça, extensão clínica da doença, presença de amplificação do oncogene NMYC, sítio primário do tumor, status vital e intervalo sintomático pré-diagnóstico. Associações entre variáveis quantitativas e qualitativas e o status vital foram analisadas pelos testes t de Student e qui-quadrado. Resultados: A mediana da idade ao diagnóstico foi de 2,57 anos e a frequência da neoplasia foi maior em brancos (88,89%) e no sexo masculino (57,41%). Localização primária em suprarrenal ocorreu em 59,25% dos casos. O intervalo sintomático pré-diagnóstico variou de 0,85 a 105,57 semanas, apresentando mediana de 4,64 semanas. A taxa de sobrevida global foi de 57,41%. Verificou-se associação estatística entre desfecho óbito e idade (p=0,012), amplificação de NMYC (p=0,029) e extensão clínica da doença ao diagnóstico (p=0,025). Conclusões: Neste estudo ocorre maior frequência de tumores em suprarrenal, na raça branca, no sexo masculino. Há associação entre idade maior que 1 ano, presença de amplificação de NMYC e doença não localizada com desfecho óbito ($p \leq 0,05$). O intervalo sintomático pré-diagnóstico é mais elevado comparado aquele encontrado em países desenvolvidos, não se encontrando significância estatística ao associá-lo ao status vital.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Orientação pela Doença / SLAOP - Retinoblastoma

Título: CASE REPORT: RETINOBLASTOMA IN AN INFANT WITH DEXTROCARDIA

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Resumo: Case presentation: Two years old boy was admitted to a pediatric oncology referral hospital with leukocoria for 1 year, being treated by an ophthalmologist as cataract and glaucoma. At admission he presented irritability, strabismus, left proptosis and a tumor mass in the left temporal region. Ictus cordis palpable in the 5th right intercostal space, heart auscultation without blows. No other abnormal findings on physical examination. Ocular echography showed total retinal detachment and orbital invasion by neoplasia. Right eye unchanged. Echocardiogram identified situs solitus in dextrocardia, absence of structural cardiac abnormalities, dilated coronary sinus (probable persistent left vena cava). Magnetic resonance imaging showed left orbital lesion compatible with suprasellar extension retinoblastoma, extra-axial sphenoid and left occipital secondary implants. Bone scintigraphy revealed metastasis in the left temporal region and 9th right costal arch. Bone marrow aspirate showed neoplastic infiltration. Cerebrospinal fluid citology was negative for neoplastic cells. Patient was staged as metastatic extraocular retinoblastoma, and chemotherapy with vincristine, cisplatin, cyclophosphamide and etoposide was initiated. After 7 months with good control of the disease he developed intracranial hypertension and it was identified progression of the disease. Cranial radiotherapy was initiated in combination with topotecan and vincristine. Discussion: Retinoblastoma is the most frequent primary malignant neoplasm of the eye in childhood. Isolated dextrocardia with situs solitus refers to the position of the heart on the right side of the thorax and constitutes a rare anomaly. The association of retinoblastoma with congenital malformations has been described in approximately 0.05% of the cases. Final comments: Retinoblastoma is the only pediatric neoplasia that early diagnosis has been proved as a good prognosis factor, reducing mortality and morbidity. Despite many early diagnosis alert campaigns, retinoblastoma is still being misdiagnosed in low and middle income countries. Until the moment of this case submission, this appears to be the first case described in the literature with the association of retinoblastoma and dextrocardia.

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Modalidade Aprovada: Pôster

Temário: SLAOP - Orientação pela Doença / SLAOP - Retinoblastoma

Título: EFFECT OF DELAY AND ABANDONMENT IN RETINOBLASTOMA ON STAGE AT DIAGNOSIS AND SURVIVAL: A SINGLE-CENTER EXPERIENCE

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Resumo: BACKGROUND Retinoblastoma (RB) is the most frequent primary intraocular tumor in children. Previous studies in low- and middle-income countries (LMIC) suggest that delayed presentation and treatment abandonment are associated with higher rates of extraocular spread and metastasis, worsening the survival gap. Available data from Latin American countries is relatively scarce. In this study, we aimed to determine the effect of diagnostic and treatment delay and abandonment in children diagnosed with RB in Peru. METHODS We retrospectively analyzed data from medical records of children consecutively diagnosed with RB in Rebagliati Hospital between 2008 and 2016. Clinical characteristics, time to diagnosis (TD) (defined as the length of time between noticing the first RB-related symptoms and diagnosis), time to treatment (TT) (defined as the length of time between diagnosis and treatment), abandonment of treatment (TxAb) and overall (OS) and event-free survival (EFS) data were collected. RESULTS A total of 28 children diagnosed with RB were included; 64,3% of the cases were unilateral and 35,7% were bilateral. Median age at presentation was 23 months (range, 2-60). Median TD was 9 (range, 2-52) and 14 weeks (range, 4-70) in unilateral and bilateral RB, respectively. After diagnosis, median TT was 1.5 weeks (range, 0.4-16). According to the International RB staging system, most patients (96.4%) presented with at least D or E eye. TxAb occurred in 2 children (7.1%). Five-year OS was 93.1%+/-6.6 and 57.1%+/-2.3 in unilateral and bilateral RB, respectively. Five-year EFS was 88.5%+/-7.6 and 45%+/-17.4 in unilateral and bilateral RB, respectively. TD longer than 12 weeks was associated with higher rates of extraocular disease (p=0.01) and death rate (p=0.04) and TT longer than 4 weeks was significantly higher in patients with extraocular disease (p=0.02). After multivariate analyses, TxAb (HR=2.09,p=0.04) and metastasis (HR= 3.0,p=0.04) were independent factors for worse OS. Similarly, TxAb (HR=29.3,p=0.005) and extraocular disease (HR=8.3,p=0.001) were independent factors for worse EFS. Median follow-up time was 33 months (range, 8-110). CONCLUSION In Peru, survival rates for children with RB generally are very similar to the survival rates in other LMIC. Delayed diagnosis and TxAb rates are high and significantly affected outcomes. Further studies are needed to clarify conditioning factors for late diagnosis and abandonment.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Sarcomas partes moles

Título: FIBROSSARCOMA INFANTIL

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Resumo: Objetivo: Relato de caso de paciente com fibrossarcoma infantil Introdução: O Fibrossarcoma infantil é um raro sarcoma de partes moles que ocorre, na sua grande maioria, nas extremidades de crianças menores que 1 ano de idade. Usualmente se apresenta como um tumor de crescimento rápido, notado ao nascimento ou intra-útero durante o pré natal, muitas vezes com grande volume tumoral ao diagnóstico. O seu diagnóstico clínico e por imagem é desafiador, visto a semelhança com tumores vasculares. Relato de caso: CMR, sexo feminino, 3meses ao diagnóstico. Paciente com história de ao nascimento apresentar lesão nodular violácea em região plantar do pé esquerdo, sugestivo de hemangioma ao exame físico e pela ultra-sonografia (USG) . A lesão progrediu em tamanho, já apresentando importante abaulamento em dorso do pé, sendo realizado RNM e biópsia. Realizado biópsia em SC em maio /15 - laudo anatomopatológico : fibrossarcoma infantil. Paciente foi encaminhada para o serviço de oncologia pediátrica do HIJG. Iniciado quimioterapia com VCR+ ACTD apresentando redução progressiva da lesão externa. Reavaliado com RNM, após 8 semanas de QT, que evidenciou lesão de aspecto mais heterogêneo, com aumento da área sugestiva de degeneração cística/necrose subjacente ao I e II metartasos, porém mantendo as dimensões semelhantes ao diagnóstico. Decidido após 14 sem de VA, adicionar CTX com objetivo de reduzir as dimensões da lesão. Paciente fez 9 ciclos de VAC previstos, apresentando regressão completa da lesão externa, porém mantendo estabilidade da lesão na RNM. Decidido manter em acompanhamento com imagem, visto a excelente resposta externa e a descrição de estabilidade e não haver possibilidade de cirurgia conservadora. Paciente encontra-se há 2 anos e 1 mês fora de tratamento, mantendo redução progressiva da lesão em RNM de controle, sem alteração de função. Conclusão: Baseado em dados da literatura, no fibrossarcoma infantil a cirurgia inicial só deve ser realizada se for conservadora e se a ressecção completa for possível; pacientes com tumores GI e GII podem ser acompanhados após a cirurgia, com exames frequentes sem necessidade de quimioterapia adjuvante. Quimioterapia neoadjuvante deve ser realizada para pacientes com tumores GIII com objetivo de se atingir a máxima redução possível, que permita a cirurgia conservadora. Nos caos que não apresentam possibilidade cirúrgica , o tratamento conservador deve ser encorajado, não justificando a cirurgia mutilante.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Sarcomas partes moles

Título: RHABDOMYOSARCOMA IN INFANTS: A SINGLE CENTER EXPERIENCE

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Resumo: BACKGROUND: Rhabdomyosarcoma (RMS) in infants younger than 1 year represent a subset of patients with a challenging treatment. In this study, we report a 28-year single center experience at the National Institute of Neoplastic Diseases (INEN). METHODS: We collected retrospectively the clinical and outcome data of all children younger than 1 year diagnosed with RMS. RESULTS: Twenty-three patients younger than 1 year with definitive diagnosis of RMS were included. Median age was 5 months (range, 0.5-11), with a female predominance (65%). Nineteen patients (82.6%) had a non-alveolar histological subtype and 12 patients (52.2%) had a non-favorable primary location. Nine patients (39.1%) had metastatic disease at onset. With a median follow-up of 20 months, 5-year event-free survival (EFS) and overall survival (OS) rates were 23% (Standard Error, SE 10%) and 60% (Standard Error, SE 12.7%), respectively. Metastatic disease was the most significant prognostic factor for OS and EFS. CONCLUSIONS: In this study, we confirm that RMS in infants has a dismal prognosis. Multicenter studies should be encouraged to analyze prognosis factors in these patients.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Cerebrais

Título: AN ANALYSIS OF MEDULLOBLASTOMA: 12 YEAR EXPERIENCE OF REBAGLIATI HOSPITAL IN PERU

Autores: Esmeralda León; Liliana Vasquez; Jenny Geronimo;

Resumo: BACKGROUND Medulloblastoma is an embryonal tumor with aggressive behavior and more commonly seen in children than adults. Our purpose was to identify epidemiological patterns and to analyze prognosis factors with emphasis on treatment time and outcome of medulloblastoma. MATERIALS/METHODS Study participants were identified from a retrospective cohort of 67 patients between the ages 0 and 18 years who had histologically confirmed with meduloblastoma diagnosed between 2005 and 2017, in our institution. Data were obtained from medical records and phone calls if did not get a visit recently. Time to delay of surgery, radiation and chemotherapy were categorized, as, more than 10 days, 42 days, 21 days, respectively. And, they were analyzed with Kruskal Wallis test. Statistical analysis was performed using the log-rank test, multivariable cox regression and the Kaplan-Meier method. Multimodality treatment included surgery followed by craniospinal irradiation up to 36 Gy followed by posterior fossa boost up to 54 Gy. RESULTS A total of 67 cases were found, with the mean age at diagnosis being 7 years (1 year to 17 years), 6 patients (9%) were less than 3 years old. The mean duration of symptoms 32 days (7 to 364 days). Median surgery therapy duration was 12 days (0 to 52 days). 38 patients received radiation post-surgery (all of them had more than 3 years). Median start radiation therapy time was 39 days (22-120 days), 15 patients received delay Radiotherapy more than 42 days. The median follow-up time was 18.5 months (range 1-146 months), in patients with High-Risk disease, 2 and 5-year overall survival (OS) rates were 71.5% and 58.5%, and Disease Free Survival (DFS) were 53.7% and 33.5%, respectively. In patients with standard-risk disease, 2 and 5-year OS and DFS rates were 50.5%, 34.4% and 36.3%, 19.9%, respectively. In multivariate analysis, group risk was an independent prognostic factor for OS along with metastatic disease, risk (HR 2.7; 95%CI, 1.58-3.17) and positive CSF (HR 2.5; 95%CI, 1.82-7.60). A delayed radiation start after surgery (>42 days) was associated to inferior OS (p=0.0186). There was no significant difference in OS among delayed chemotherapy time or surgery time. CONCLUSION In children older than 3 years, a delayed radiation start after surgery was significant factor for unfavorable prognosis. Early treatment, in addition to a quickly diagnosis, is the key to management of medulloblastoma, which still needs to be achieved.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Cerebrais

Título: BRAIN TUMORS OF THE FIRST YEARS OF LIFE: TEN YEARS OF IOP/GRAACC/FEDERAL UNIVERSITY OF SAO PAULO EXPERIENCE

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Resumo: INTRODUCTION: Treatment strategies for patients with tumors in the first year of life is challenging. In spite of a high operative mortality, surgery still appears to be the more effective therapy. The postoperative chemotherapy is given in order to permit a delay in the delivery of radiation to developing brain or to enable more agressive surgeries in better clinical conditions. OBJETIVE: To analyze the several treatment strategies and outcomes of brain tumors in patients under to one year old in ten years of experience in a single institution. METHODS: The authors retrospectively evaluated 63 patients under one year of age with brain tumors treated between 2007 and 2017, at IOP/GRAACC/UNIFESP. Data regarding initial clinical presentation, treatment modalities and outcomes were collected. RESULTS: From 63 patients under one year old treated with brain tumors, 61 were elegible for evaluation an 2 were excluded for loss of follow-up. Thirty was girls and 31 boys. The mean age at treatment was 6 months (range: 1 day-12 months). Twenty-nine babies presented with signs and symptons of intracranial hypertension, 11 babies with epileptic seizures , 8 of them initially showed impairment of low cranial nerves. The other patients had other less frequent signs and symptoms. Forty-five tumors were located in the supratentorial compartment and 16 were infratentorially. Nine patients were diagnosed with tuberous sclerosis, 2 patients with neurofibromatosis type 1(NF1), 2 diagnosed with Li Fraumeni syndrome and 1 with Gorlin syndrome. The patients with tuberous sclerosis and NF1 were treated clinically. The most commom histological types were : 11 rhabdoid teratoid, 9 low grade astrocytoma, 5 choroid plexus carcinoma and 5 glioblastoma. Surgery is the treatment of choice . Malignant tumors which could not be completely resected in only one surgery required others surgeries alternated with cycles of chemotherapy. Ten patients underwent more than one surgery (2 to 6 resections) Eight deaths occurred. The mean follow-up was 3y10m (range : 2 days- 7y9m). CONCLUSIONS:Gross total resection is the goal of surgical treatment, but sometimes this is impossible in the first approache. To decrease the high intraoperative mortality, these patients can undergo as many surgeries as necessary for total tumor resection.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Cerebrais

Título: CLINICAL EPIDEMIOLOGICAL PROFILE AND TIME INTERVAL TO DIAGNOSIS OF CENTRAL NERVOUS SYSTEM TUMORS IN CHILDREN AND ADOLESCENTS ADMITTED TO A PEDIATRIC ONCOLOGY UNIT IN THE NORTHEAST OF BRAZIL

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Resumo: Introduction. Central nervous system (CNS) tumors constitute the largest group of pediatric solid neoplasms worldwide. Clinical manifestations may vary according to age at symptoms' onset and tumor location, and early diagnosis can be missed in some cases due to the lack of specificity of the symptoms. Many studies have reported longer pre-diagnostic symptomatic intervals (PSI) for CNS tumors than to other childhood types of cancer. This is the first study in the northeast of Brazil to assess the subject of time to diagnosis of pediatric CNS tumors. Objectives. This study aims to describe the clinical epidemiological profile and to assess PSI of pediatric patients diagnosed with CNS tumors. Methods. A retrospective observational study was conducted on patients aged less than 19 years old admitted at a Pediatric Oncology unit in the northeast of Brazil between January 2010 and December 2014. Data were extracted from the available medical records. Patients diagnosed incidentally or by screening were excluded, as well as patients that were initially treated at another institution. This study was approved by ethics committee. Results. One hundred and two patients were included in the study, with median age of 7 years (range 0-17 years). Most of them were male (54,9%). Tumor location was infratentorial in 51% and supratentorial in 46% patients, whereas 3% were diagnosed as spinal tumors. Low-grade gliomas (31,4%) and medulloblastomas (14,7%) were the most common type of tumors, followed by craniopharyngioma (11,7%) and brainstem gliomas (9,8%). Headache (69,6%) and vomiting (61,7%) were the most frequent symptoms observed as the reason to first medical consultation, and they were concomitantly present in 54,9% of the patients. The median PSI was 66 days (range 2-1478 days), with 50% of the patients being diagnosed after 66 days of the symptoms' onset. Conclusions. Our findings regarding age, sex, type of tumor, symptoms at presentation and tumor location corroborate with results reported by other studies. However, the median PSI found in our study population was longer than the ones reported in other studies, mainly in developed countries studies. In order to provide a more reliable feedback for the health care community, we suggest an analytical investigation of the factors associated to longer PSI of these tumors.

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Título: CONGENITAL GLIOBLASTOMA MULTIFORME: CLINICAL CHARACTERISTICS AND OUTCOME FROM A SINGLE INSTITUTION

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Resumo: Introduction: Congenital Central Nervous System (CCNS) tumors are rare, representing 1-4% of all childhood brain tumors, considering probably congenital patients within symptoms in the first year of life. The most frequent tumors are teratoma and embryonal tumors while glioblastomas multiforme (GBMs) represents 3% of the cases. Objective: To describe institutional cases of congenital GBMs and their outcome. Material and Methods: Retrospective assessment obtained from medical records from a single institution. Results: Between 2010 and 2017, six children with histologically proven congenital GBMs were admitted in our institution. Age at diagnosis ranged from 31 week of gestation to 6 months of life, all female. The most common initial symptoms were increased head circumference and vomiting. The tumor site in all cases was hemisphere region with no dissemination at diagnosis. All patients performed partial resection as initial treatment with one death due to hemorrhage. The pathological features showed positivity for INI-1 in all cases with Ki67 ranging from 10-90% and p53 protein ≥50% performed in three cases. Five patients underwent several schemas of chemotherapy showing stable or partial responses (n-4) and progressive disease (n-2). Surgical procedures after initial chemotherapy (n-3) ranged 1-6, with one case showing a low-grade glioma at recurrence. Four of six patients are currently on chemotherapy. The mean follow-up for the group is 24,5 months. Conclusion: Although GBMs are considered aggressive tumors in the first year of life seems to have an insidious behavior. However, caution is needed for surgery due to large and bleeding tumors at diagnosis.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Cerebrais

Título: PRIMARY INTRACRANEAL UNDIFERETIATED SARCOMA A MULTICENTER TREATMENT EXPERIENCE – PERU

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Resumo: Background /Objectives Sarcomas of the Central Nervous System (CNS) constitute 0.7% of all sarcomas and the incidence is 3 per 10 million people. Over the last 5 years we observed an increase in frequency of SNC Sarcomas, of 90 new patients with brain tumors in 2017, 11 (12.2%) were Sarcomas. The purpose of this study was to evaluate the clinical and outcome of these patients between 2005 and 2017. Design/Methods This is a retrospective and descriptive study. Between January 2005 and December 2017, 57 patients less than 18 years of age were diagnosed having primary CNS Sarcoma, 10 patients are still on treatment, we included 47 patients. Survival analysis was performed using Kaplan-Meier method. Results From the 47 patients included the median age was 7.4 years (range 2 to 17.5 years), M/F ratio 1.04, median time prior to diagnosis was 6.7 days (range 0.083 to 20 days), 43 patients (91.4%) had intratumoral hemorrhage at diagnosis, in 29 (61.7%) patients the tumor was located in the left hemisphere. The main symptoms were headache, vomiting and seizures. Two patients had prior diagnosis of neurofibromatosis type 1 and 18 patients had cafe au lait spots without a neurofibromatosis diagnosis. Two patients had metastasis. Gross total resection was achieved on 29 patients (61.7%), 24 patients (51%) received Radiotherapy followed by chemotherapy, 5 (10.6%) patients received chemotherapy prior to radiotherapy, 10 (21.2%) patients received Radiotherapy after surgery and 7 (14.8%) patients only surgery. Nineteen patients (40%) had a complete remission, 21 patients (44.6 %) recurred, 5 patients abandoned treatment and 20 died of disease (42.5%). The 5 year overall survival (OS) was 48.5% (IC 95%31-63) and the event free survival was 30.5% (IC 95% 16-45). There is no significant difference between treatments, the ones treated with chemotherapy prior to radiotherapy achieved and OS 55% (IC 95% 9-86). Conclusion In the last years we have observed an unusual frequency in the diagnosis of brain sarcomas, this due to the improvement in the diagnostic methods, prompt attention and timely reference. It draws to the attention that in developed countries there is a low incidence of this pathology, however, there is still no standard treatment. These are preliminary results, we have requested a second review and methylation studies, we hope that these results will help us understand this entity and that in the future can be translated into better therapeutic options

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Cerebrais

Título: REHABILITATION OF ORAL FEEDING ABILITY IN A NEURO ONCOLOGY ADOLESCENT IN MECHANICAL VENTILATION

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Resumo: Case study of early swallowing therapy in a tracheostomized tetraparetic male patient under mechanical ventilation. R.O.P., 18 years old, with type II neurofibromatosis and cervical intramedullary schwannoma with cervical arthrodesis. The patient showed signs of motor and sensory dysfunction and respiratory distress, requiring orotracheal intubation (OTI) prior to arthrodesis, initially from C3-C6, and posteriorly extension to C2-C7. After 28 days of OTI and 2 extubation failures, patient was submitted to tracheostomy (TCT). The clinical bedside deglutition assessment was performed 9 days after TCT with patient in continuous mechanical ventilation (CMV) and inflated cuff, being verified risk of bronchoaspiration due to reduced strength, mobility and coordination of oropharyngeal structures, fatigue, and respiratory discomfort. Swallowing therapy consisted of direct therapy with food intake maneuvers; specific exercises aiming to reestablish strength, mobility and coordination of oropharyngeal structures and use of a speaking valve to assist ventilatory weaning and verbal communication. Oral feeding consisting of purees and liquids was possible on 5th day and full oral diet within 9 days of rehabilitation, under CMV conditions and inflated cuff due to risk of lack of coordination between swallowing and breathing. Contrary to other studies, which reported an average of two weeks for the deglutition assessment and one month for full diet reintroduction after TCT, this patient progressed in less than twenty days. Weight (3kg) and muscle mass gain were also observed one month after starting oral feeding. Patients admitted to the intensive care unit (ICU) usually present alterations of different functions and abilities, respiratory distress, muscle atrophy, decreased sensitivity of oropharyngeal structures and need for TCT, as also occurred initially in this case, are risk factors for complications in swallowing process. Literature shows that early intervention under CMV conditions contributes to the reduction of the risk for aspiration related pulmonary distress and to nutritional recovery and, consequently, to the general health of patients in intensive care. The training and participation of family members were another important aspect for rapid progression of the diet; good understanding of the guidelines, from the ideal positioning of the patient to control of volume and frequency of supply, allowed the patient to receive support during all meals.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Cerebrais

Título: RISK AND OCCURRENCE OF VOCAL FOLD PARALYSIS IN DYSPHAGIC PATIENTS WITH BRAIN TUMORS DURING CHILDHOOD

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Resumo: Central Nervous System Tumors are the second most common type of cancer in the pediatric age group and this population. Due the topographic location of the tumor and the treatment, patients may present vocal fold impairment, with repercussions in both voice and swallowing. Dysphagia is one of the most frequent consequences in brain tumors, and may lead to food and/or saliva aspiration with a risk of aspiration pneumonia and malnutrition, interfering in the patient's general health condition and their quality of life. Our objectives were to verify the occurrence of vocal fold paralysis in pediatric dysphagic patients diagnosed with CNS tumor and correlate to histological type of the brain tumor. The research consisted in collection of information from patients attended at a pediatric oncology institution from 2000 to 2015, aged 0 months to 18 years and 3 months. Identification, epidemiology, histopathology, brain lesion site, oncological treatment, time of orotracheal intubation (in cases of surgical intervention) and objective evaluations of vocal fold mobility and swallowing were the information collected. The study consisted of 60 dysphagic individuals, 22 (36.7%) females and 38 (63.3%) males. The mean age at diagnosis was 6 years, ranging from 0 months to 18 years and 3 months. The most frequent types of tumors were ependymoma, pilocytic astrocytoma, glioma, diffuse brain stem, medulloblastoma and ganglioglioma. Ependymoma was considered a predictive factor, as children with this type of tumor showed 3.67 times more chance of presenting vocal fold paralysis. Other tumor types didn't show statistically significant correlation. The vocal fold paralysis was observed in 48.3% patients. We concluded that ependymoma brain tumors contributed significantly to the vocal fold paralysis in the pediatric dysphagic population.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores de Células Germinativas

Título: TESTICULAR MATURE TERATOMA WITH RHABDOMYOSARCOMA COMPONENT: A RARE CASE IN LITERATURE

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Resumo: Case report: A 16-year-old male patient admitted with a bulky mass in abdomen and in right inguinal region for 6 months, with transescrotal right orchiectomy in his home town fifteen days before arrival. Staging showed pulmonary metastases, as well as massive inguinal and retroperitoneal mass, with abdominal lymph node involvement. The adolescent also had high levels of alpha-fetoprotein and beta hcg (4690 and 113.97, respectively). With these findings, chemotherapy protocol (Brazilian Germ Cell Tumor Protocol, 2008) was initiated and followed treatment as a high risk, with initiation of Cisplatin, Etoposide and Ifosfamide (PEI) cycles.The anatomo-pathological features of orchiectomy product revealed mature teratoma with components of embryonal rhabdomyosarcoma. It evolved with a significant reduction of tumor markers (alpha-fetoprotein: 29.7 and beta hcg: <2.39) and was reevaluated after the third cycle of PEI with disappearance of lung metastases and significant reduction of abdominal masses and abdominal lymphadenomegalies. Patient had laparotomy for resection of residual retroperitoneal tumor and lymphadenectomy, with an anatomic-pathological finding of metastasis of rhabdomyosarcoma in the lymph node. In this way, there is no standard treatment. These case was discussed in a team and to continue the treatment using protocols for rhabdomyosarcoma. Discussion: Teratomas represent 40% of germ cell tumors (GCT) and may be mature or immature (grades I, II or III). Such tumors may be mixed and have somatic components. Of the 405 cases of teratoma registered in SOBOPE, 62 are of the mixed type. The presence of GCT with somatic component is rare and occurs in only 3-6% of the cases. The most common components in males are sarcomas, among which rhabdomyosarcomas are the most common. The prognosis worsens significantly in these cases and standard treatment is still not well defined. Surgical resection has a positive impact on survival and the occurrence of non-localized disease implies a reserved prognosis. Chemotherapy treatment should be guided in the chemosensitivity of the somatic component found. Final considerations: Teratomas are tumors of good prognosis. However, when there is a concomitant somatic component, there is a worsening of survival, becoming a challenge in pediatric oncology knows what best treatment institute.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Hepáticos

Título: CARACTERÍSTICAS EPIDEMIOLÓGICAS Y PRONÓSTICAS DE HEPATOCARCINOMA EN NIÑOS Y ADOLESCENTES DEL HOSPITAL NACIONAL ESSALUD: EDGARDO REBAGLIATI - GUILLERMO ALMENARA Y CLINICA PRIVADA ONCOSALUD AUNA EN LIMA PERU 1999-2018.

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Resumo: INTRODUCCION Con el fin de evaluar la repercusión de los últimos avances quirúrgicos y evolución del tratamiento del Hepatocarcinoma (HCC) infantil en principales centros del Perú, presentamos nuestra experiencia. El objetivo fue evidenciar los factores asociados al diagnóstico de HCC que conllevan a establecer el esquema de tratamiento y tener un significado pronóstico. MATERIAL Y METODOS Estudio descriptivo, retrospectivo, longitudinal, tipo serie de casos en 24 pacientes con HCC de 0 a 18 años tratados en 3 centros durante 19 años. RESULTADOS De 77 casos con tumor hepático maligno infantil: 24 casos (31.16%) fueron Hepatocarcinoma. Edad media 8 años, escolares 66.6%, varón/mujer 3/1, Signos principales hepatomegalia, masa abdominal pétrea, y pérdida de peso. 50% inmunizados vacuna Hepatitis B; 6 con Hepatitis B crónica activa. Un caso tirosinemia y HCC y otro secundario a everolimus postrasplante renal. La media de AFP al debut fue 93.64 ng/ml (rango de 300 a >400,000). Estadio SIOPEL: PreText I: 4.16%, II:12.5%, III: 54.16% y PreText IV:29.1%; doce (50%) metástasis y 4 (16,6%) cirrosis. Diagnóstico por biopsia percutánea 75%. Hepatocarcinoma epitelial 100%. 5 casos con resección tumoral al debút (4 resección tumoral y 1 trasplante hepático por Tirosinemia), de los 4 con resección tumoral al debut 2 recibieron quimioterapia adyuvante+sorafenib o talidomida en remisión. Diecinueve irresecables al debut: 3 recibieron solo protocolo SIOPEL, 6 SIOPEL+doxorubicina intrarterial hepatica, otros 6 recibieron SIOPEL+sorafenib y 4 SIOPEL+talidomida. De 19 irresecables post qt, 15(62.5%) se volvieron resecables. Los 4 pacientes con Hepatitis crónica activa y cirrosis fallecieron. De los 6 pacientes con AgHBs (+) todos recibieron lamidovudina, de ellos solo uno en remisión. De los 24 pacientes: 12 (50%) vivos: 10 (41.6%) en remisión y 2 en qt de segunda línea por recaída del primario. Sobrevida libre de enfermedad de 10 pacientes en remisión fue 89 meses. CONCLUSIONES Se evidenció mayor incidencia de mortalidad en los pacientes no inmunizados de Hepatitis B asociados a cirrosis, pretext III-IV, alfafetoproteina mayor de 100ng/ml, compromiso de vena porta o hepáticas, ruptura espontánea al debut, metástasis e histología epitelial. Por otro lado, el trasplante hepático, la quimioterapia intrarterial y terapia blanco favorecieron la buena respuesta del HCC aunado a los avances quirúrgicos y protocolos actualizados multicéntricos.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Hepáticos

Título: SARCOMA PRIMARIO DE HIGADO: ESTUDIO CLINICO-PATOLOGICO E INMUNOHISTOQUIMICO DE 4 CASOS Y SU DIAGNOSTICO DIFERENCIAL CON TUMORES INTRABDOMINALES EN NIÑOS DEL HOSPITAL ESSALUD EDGARDO REBAGLIATI LIMA PERU 1999-2018

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Resumo: INTRODUCCION Sarcoma de hígado es una neoplasia mesénquimal infrecuente, de difícil diagnóstico por imágenes e histología. Objetivo: enfatizar el diagnóstico precoz, diferencial y su manejo. MATERIAL Y METODOS Estudio Descriptivo, Retrospectivo Longitudinal, tipo Series de Casos de niños de 0 a 14 años en Essalud durante 19 años. RESULTADOS Data de 77 casos con neoplasia hepática infantil: 4 casos (5.19%) fueron Sarcoma Hepático. Edad media 9 años, femenino 100%. Tiempo de enfermedad 2 semanas; dolor abdominal y masa palpable 100% y baja de peso 50%.; alfa-fetoproteína rango normal 100%. ecografía y tomografía: gran masa quística multitabicada >15 cm (15.1 a 30 cm) en lóbulo hepático derecho 100%. Un caso (25%) metástasis pulmonar y derrame pleural. Caso 1 y 2 biopsia: sarcoma indiferenciado embrionario con desmina y vimentina positivo recibieron ciclofosfamida+doxorubicina/ifosfamida+etoposido. Primer caso postquimioneoadyuvante: cirugía radical y quimioadyuvancia, 6 meses después recaída hepática sometiéndose a cirugía radical fallece. Segundo caso estadio IV recibió quimio al 50% presentando hemorragia masiva hepática y fallece. Caso 3 por imágenes: eco y tomografía diagnosticaron quiste hidatídico, recibió albendazol 15 días, complicándose con ruptura del tumor, realizando taponamiento y drenaje de vesículas diseminadas en hígado, patología: sarcoma indiferenciado embrionario hepático desmina y vimentina (+) y ki67:50-60% post 2 cursos de quimio: cirugía radical por tumor abscedado+fistula hepatocutánea+quimioadyuvancia. Caso 4: biopsia: hepatoblastoma epitelial post 3 cursos de cisplatino, tumor de 19.3cm aumentó a 30cm + trombo en vena porta, revisión de láminas: leiomiosarcoma hepático, vimentina y desmina y alfa-actina (+). Inició imatinib+ifosfamida y doxorubicina, luego cirugía radical+quimoadyuvancia. Sobrevida global 50%: tres sarcomas indiferenciado embrionario, solo uno en remisión y un caso de leiomiosarcoma en remisión. Sobrevida libre de enfermedad 20.2 meses. CONCLUSION El sarcoma indiferenciado embrionario y leiomiosarcoma son tumores hepáticos infrecuentes, cuya clínica e imágenes son un reto al diagnóstico. Fácilmente se complican con absceso y/o hemorragia por ruptura del tumor. El diagnóstico histológico es difícil por sobre posición morfológica con otros tumores hepáticos e inmunohistoquímica inespecífica. La cirugía radical más quimioterapia y terapia blanco ha incrementado su sobrevida.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Ósseos

Título: CLINICAL, EPIDEMIOLOGICAL FEATURES AND PROGNOSTIC FACTORS IN RELATION TO SURVIVAL IN PEDIATRIC PATIENTS WITH DIAGNOSIS OF OSTEOSARCOMA AT GUILLERMO ALMENARA HOSPITAL – PERU

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Resumo: BACKGROUND Osteosarcoma (OS) is the most common bone malignancy in childhood. Previous studies in our country report low survival rates, compared to other upper-middle income countries (UMIC). The aim of this study was to determine the association between clinical, epidemiological and other well-known prognostic factors for OS and outcome in children and adolescents with a diagnosis of high-grade OS attended at Guillermo Almenara Hospital in Lima, Peru. METHODS We retrospectively evaluated 22 patients under 18 years of age with the diagnosis of high-grade OS between January 2010 and December 2017. Demographic data (age, gender, place of residence), clinical characteristics (primary location, tumor size, metastasis at onset, initial raised serum alkaline phosphatase (ALP) and lactate dehydrogenase (LDH), histological type, surgical margins, necrosis response and presence of pathological fracture), treatment features (chemotherapy protocol and type of surgery) and overall (OAS) and event-free survival (EFS) data were analyzed. RESULTS With a median time of follow-up of 24 months (range, 1.5-66), 5-year OAS and EFS for patients with localized disease were 54.2 ± 20 and 27 ± 17% and for patients with metastatic disease were 38.1 ± 23 and 22 ± 14%, respectively. Median age was 13 years (range, 6-17 years), 14 of 22 patients (63.6%) were male. Six cases (27%) had metastatic disease at onset. Median time to diagnosis (length of time between onset of symptoms to pathological diagnosis) was 22.2 weeks (range, 4.5-108). Conservative surgery was performed in 12 of 20 patients (60%) and a difference in OAS or EFS was observed according to type of surgery. Place of residence (Andean region vs Lima), large tumor size, primary axial tumor location and presence of pathological fracture were significantly associated with worse OAS and EFS rates ($p<0.001$). Poor tumor necrosis (<90%) after neoadjuvant chemotherapy was associated with inferior OAS ($p=0.04$). Initial presence of metastasis, raised serum AP and LDH, histological subtype and surgical margins did not significantly affect prognosis. CONCLUSION In our study, tumor size, necrosis response, axial location and pathological fracture predicted poor prognosis in pediatric patients with high-grade OS. Patients living in Andean region of the country had inferior survival rates. Larger national multicenter studies are needed to clarify additional socio-economical factors and diagnostic intervals for improving survival.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Raros

Título: ADENOCARCINOMA DE VAGINA EM PACIENTE DE 14 ANOS.

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Resumo: Objetivo: Relato de caso de paciente com adenocarcinoma de vagina aos 14 anos de idade Introdução: O adenocarcinoma representa 9% de todos os tumores malignos primários da vagina. Entretanto em pacientes menores de 20 anos, representam quase a maioria dos casos.Apresenta pico de incidência entre 17 – 21 anos e é descrito em literatura associação com a exposição intra-útero ao dietil-estilbestrol. Relato de caso: Paciente do sexo feminino, 14 anos com queixa de leucorréia intermitente há 2 anos, evoluindo para sangramento vaginal com odor fétido, dor abdominal e perda ponderal de 5kg nos últimos 3 meses, pré diagnóstico. Menarca ao 12 anos. Mãe nega uso de medicações na gestação. Ao exame físico paciente emagrecida, com fáscies de dor, massa palpável em hipogástrico, massa visível em terço inferior da vagina. RNM evidenciou massa sólida de contornos lobulados ocupando e obstruindo o 1/3 inferior da vagina, 4,8 x 3,5 x 4,1cm, múltiplas formações nodulares tumorais parietais vaginais e massa mesentérica supravesical com íntimo contato com alças intestinais, estruturas sólidas e vasculares adjacentes, de provável etiologia secundária por disseminação ascendente. Citologia vaginal positivo para células neoplásicas. TC tórax normal. Realizado biópsia por agulha com laudo histopatológico de adenocarcinoma de vagina. O tumor foi considerado irressecável (EIII T3, N1,M0), iniciado quimioterapia(QT) com paclitaxel e carboplatina pois . Após 4 ciclos de QT a paciente apresentou regressão completa da massa pélvica porém manteve inalterada a lesão vaginal. Foi realizado radioterapia e ressecção da lesão residual em vagina. Após 3 anos do término de tratamento, apresentou recidiva local, evoluindo à óbito por progressão da doença. Discussão: O sangramento vaginal é o sintoma mais comum no adenocarcinoma de vagina. As características da doença são semelhantes em todas as idades, exceto pelo fato de que as pacientes pediátricas apresentarem uma incidência maior de doença mais avançada. Isto pode ser devido a realização de exame ginecológico mais freqüente nas pacientes adultas. No estudo de McNall et al, foi observado maior incidência de EIII/IV em pacientes entre 8-13 anos e um atraso em ser realizado um exame ginecológico de aproximadamente 3 meses. Conclusão: Todo sangramento vaginal anormal em meninas deve ser prontamente investigado através do exame pélvico e de imagem.O prognóstico depende primariamente do estagio da doença.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Raros

Título: MEDULOEPITELIOMA MALÍGNO INTRAOCULAR

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Resumo: Objetivo: Relato de caso de paciente com meduloepitelioma malígno Introdução: O meduloepitelioma intraocular (MIO) é um tumor congênito raro que se origina no corpo ciliar epitelial não pigmentado, acometendo o segmento anterior do olho. Raramente se origina na retina ou nervo óptico. É um tumor de crescimento lento, podendo apresentar diferenciação teratóide ou não teratóide, ser benigno ou maligno. Apesar da raridade é o tumor mais comum do corpo cicliar, acometendo crianças na primeira década de vida. O diagnóstico normalmente é tardio, com mais de um ano de evolução, por apresentar sinais inespecíficos, sendo os pacientes tratados como uveíte crônica, catarata, glaucoma. Apesar da maioria dos casos ser maligno, é raro metástase à distância. Acometimento de linfonodos cervicais pode ocorrer, com predileção na região da parótida. Relato de caso: MGP, sexo feminino, 11 anos ao diagnóstico (2015) , com história de catarata diagnosticada aos 2 anos de idade, sendo acompanhada pelo serviço de oftalmologia. Com o aumento da catarata foi realizado cirurgia (TREC + MITO OD em abril/2007). Paciente seguiu em acompanhamento com a oftalmologia e mãe informou que em aproximadamente 1ano começou a apresentar hiperemia em conjuntiva, evoluindo com cobertura total da conjuntiva e proptse com aumento progressivo . Realizou em maio/15 enucleação do OD , com laudo de meduloepitelioma . Paciente encaminhada ao Serviço de Oncologia Pediátrica do HIJG 3 meses após a enucleação, apresentando volumosa massa em órbita direita, com adenomegalia endurecida em região de parótida D e cervical superior D. Paciente foi subemtida à protocolo quimioterápico com Ifosfamida+ VP16 / VCR + Doxorrubicina+ Ciclofosfamida (34 semanas) radioterapia local e em região de parótida D e cervical superior D com resposta completa da lesão. Paciente encontra-se em acompanhamento de follow-up há 21 meses, sem evidência de doença. Conclusão: O diagnóstico diferencial de meduloepitelioma intraocular deve ser considerado nos casos de crianças que apresentam uveíte crônica, catarata, glaucoma.O tratamento de escolha é a enucleação, nos casos de recidiva, acometimento extra-ocular, a quimioterapia e radioterapia devem ser consideradas, apesar de não existir protocolo de tratamento específico.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Raros

Título: MELANOMA CONGÊNITO

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Resumo: Introdução Melanoma cutâneo é uma neoplasia extremamente rara em crianças e representa de 1-3% das neoplasias pediátricas. Devido à raridade, a biologia, comportamentos clínicos e histopatológicos são de difícil caracterização. Em lesões congênitas, pode-se suspeitar de transmissão trans-placentárias. O tratamento para lesões únicas é essencialmente cirúrgico e se completamente ressecado, a sobrevida global é de 90%. Quando metastático, a sobrevida global em cinco anos não atinge 10%. Como tratamento para melanoma de alto risco pode ser usado interferon alfa por longos períodos. O uso de quimioterapia em altas doses não se mostrou mais eficaz que o uso interferon. Objetivo: descrição de caso de melanoma congênito Metodologia: Paciente masculino, apresentava ao nascimento lesão violácea em face cm cerca de um cm. Sendo suspeitado de hemangioma, foi iniciado propranolol. Após 25 dias, novas lesões em tronco e coxa apareceram e a de face aumentou. Foi submetido à ressecção cirúrgica da lesão de face e o anatomo-patológico mostrou tratar-se de melanoma maligno, apresentação congênita. Na suspeita de transferência trans-placentária, a mãe do paciente foi avaliada, mas não apresentava nenhuma lesão. Ao exame físico, o paciente apresenta cerca de 60 lesões violáceas, com elevação, variando de 0,5 a 3 cm. Em estadiamento, evidenciou-se lesões metastáticas para pulmão, pleura, fígado, tecidos moles do crânio, rins, baço, linfonodos axilares, cervicais e inguinais. Como tratamento, iniciou interferon alfa (20mu/m2 por 5 dias por 4 semanas, seguido de 10mu/m2 3 x/semana, o qual recebeu por 42 semanas) e fez duas doses de vacinas de células dendríticas. O paciente não apresentou remissão das lesões, mas manteve-se estável por cerca dez meses, assintomático, com boa qualidade de vida. Evoluiu com progressão da doença, indo a óbito por obstrução de vias aéreas, um ano após o diagnóstico. Conclusão: Em conformidade com a literatura, o paciente não apresentou remissão da doença, porém manteve-se estável durante período maior que o descrito na literatura.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Raros

Título: SEROSITIS AS A MANIFESTATION OF CHRONIC GRAFT VERSUS HOST DISEASE

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Resumo: Serositis is defined as inflammation of any of the body‘s serosal coatings, including the pleura, peritoneum, and pericardium. It is a recognized but rare manifestation of chronic GvHD (cGvHD). In the context of hematopoietic cell transplantation (HCT), serositis and pericardial effusions are a "other manifestation" in patients with established cGvHD, and even in this setting, assigning them to cGvHD is a diagnosis of exclusion. Case report: An 8 yo boy underwent haploidentical transplantation for severe bone marrow aplasia in October 2017. He had presented secondary graft failure of a previous matched unrelated transplant. He developed acute grade II skin graft versus disease and CMV reactivation. Around day + 90 he presented in out clinics with progressive tachypnea. Pericardial and pleural effusions were identified during investigation. He was started on albumin replacement and furosemide but he had no improvement. He was submitted to pericardium and pleural drainage and no infectious agents were isolated. Pericardial biopsy was unremarkable. After surgical procedure, he presented cardiogenic shock with need for vasoactive drugs. He was started on Methylprednisolone pulse therapy 30 mg/kg BID for 3 days with improvement in his clinical condition. Discussion: Little information exists regarding clinical, immunological or radiographic findings accompanying the initiation of chronic GvHD associated serositis. Serositis associated with GVHD with or without pericarditis occurs mainly in the establishment of treatment as opposed to the new chronic GVHD. Same cohorts describe remarkable predominance of male recipients who receive myeloablative conditioning based on total body irradiation (TBI). This patient had not received TBI. Biomarkers that appear to be associated with the syndrome include low albumin levels and an increase in absolute monocyte counts, as observed in this patient. Data from larger series results are required to better understand the role of invasive procedures and the optimal treatment for this rare complication.

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Temário: SLAOP - Orientação pela Doença / SLAOP - Tumores Renais

Título: TESTICULAR METASTASIS FROM CONTRALATERAL WILMS TUMOR – CASE REPORT

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Resumo: Introduction: Wilms tumor or Nephroblastoma is the second most prevalent abdominal malignancy and is the most common malignant renal tumor in children. The knowledge of certain clinical characteristics and the accomplishment of adequate surgical procedures have an important impact on the prognosis of the disease. Testicular and paratesticular metastasis due to the tumor have been reported, but their occurrence is extremely rare, with only 10 case reported in literature. Objective: to present a case of testicular metastasis in a pediatric patient with Wilms tumor. Case report: 3-year-old male patient with left Wilms tumor, Stage III, intermediate risk. Image showed preoperative tumor rupture in the left kidney. He was treated with the SIOP protocol with preoperative chemotherapy, followed by surgery local control with left nephrectomy, left colectomy with primary anastomosis and distal pancreatectomy associated with bilateral inguinal herniorrhaphy. He received standard chemotherapy and radiation therapy for the disease. Eight months after surgery he was operated again due to intestinal obstruction by diffuse adherences and there were no signs of tumor relapse. Post operatory period was uneventful. Two months after this last procedure he presented increased right testicular volume (contralateral to the initial renal tumor). Image suggested orchitis and the patient was treated with antibiotics for 14 days, without success, so a right inguinal exploration was indicated and orchiectomy was performed due to the macroscopic appearance of the testis. Pathology revealed Wilms tumor. Conclusion: Although testicular tumor is rare in children, any solid scrotal mass should be considered malignant until proven otherwise, especially when malignant neoplasm is present outside the testicle. Therefore, we recommend routine examination of testicles in patients with Wilms tumor during treatment and follow-up period.

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