

KEY WARNING SIGNS OF CANCER IN CHILDREN.



Cancer in children is rare and potentially curable in over 80 per cent of patients.

Early diagnosis is important, particularly with solid tumours. In most cases, treatment can be less intensive and more successful if the tumour is less invasive at the time of diagnosis.

THE MOST COMMON TYPES OF CANCER IN CHILDHOOD ARE:

- Leukaemia
- Brain cancer
- Neuroblastoma
- Wilms' tumour
- Lymphoma
- Soft tissue sarcoma
- Bone cancer

THE FOLLOWING FEATURES SHOULD ALERT YOU TO A POSSIBLE DIAGNOSIS OF CANCER:

<p>Lymphadenopathy - localised and persistent</p> <ul style="list-style-type: none"> • axillary/inguinal/cervical glands which are >2 cms, discrete, firm, non-tender, and do not get smaller after two weeks of treatment with antibiotics (if used for presumed bacterial infection) • glands in supraclavicular area <p><i>If lymphadenopathy persists for more than six weeks, or if uncertain, refer for an opinion/biopsy. Do not administer repeated courses of antibiotics.</i></p> <p><i>Excisional biopsy is more useful than FNA for diagnosis. Discuss biopsy with oncologist.</i></p>	<p>Breathing difficulty</p> <ul style="list-style-type: none"> • unilateral nasal obstruction can be a sign of a mass in the posterior nasal space, if not due to a foreign body. Refer for ENT investigation • repeated presentations of inspiratory stridor when previously treated for croup, and/or not improving from croup or late onset 'asthma' are a medical emergency • distended veins over the chest wall (indicating SVC obstruction) are a medical emergency <p><i>Refer for chest X-ray to exclude a mediastinal mass (the latter usually due to a T-cell lymphoma). Avoid corticosteroids until the chest X-ray has been reviewed.</i></p>
<p>Eye changes</p> <ul style="list-style-type: none"> • white reflex • recent onset of squint • proptosis • loss or changes in vision • periorbital bruising <p><i>Need to consider particularly CNS tumours and retinoblastoma. Periorbital bruising, especially if bilateral, may be due to neuroblastoma, myeloid leukaemia or histiocytosis.</i></p>	<p>Bone pain - persistent/recurrent</p> <ul style="list-style-type: none"> • not localised consistently to a specific area, often wakes the child at night and is not associated with trauma • child may develop a limp, or a toddler becomes reluctant to bear weight or stops walking • backache in a child should always be investigated <p><i>Bone pain can be a feature of leukaemia or a metastatic solid tumour such as neuroblastoma.</i></p>
<p>Pallor plus bleeding</p> <ul style="list-style-type: none"> • petechiae • purpura • unexplained bruises • persistent bloody oozing from mouth, gums or nose • anaemia <p><i>Consider haematological malignancy.</i></p>	<p>Neurological symptoms</p> <ul style="list-style-type: none"> • headaches lasting longer than two weeks • early morning vomiting • ataxia • cranial nerve palsy • deterioration in school performance and missing school • focal convulsions • focal neurological deficit
<p>Fever, apathy or weight loss - persistent/unexplained</p> <ul style="list-style-type: none"> • exclude conditions such as urinary tract infection, pneumonia or inflammatory bowel disease (and tuberculosis or HIV in certain circumstances), then • consider malignancy 	<p>Tissue mass</p> <ul style="list-style-type: none"> • important sites are: abdomen, testes, head, neck, and limbs • if a young child with abdominal distension, or a suspected mass, is uncooperative - screen with an ultrasound examination

Cancer Council WA acknowledges the advice of the Department of Paediatric Oncology and Haematology at Perth Children's Hospital.

Updated by Cancer Council WA in September 2021, this resource was originally published by Cancer Council Tasmania.

Partner:



Government of Western Australia
Department of Health

