

## RENAL CONSERVATION IN ABDOMINAL NEUROBLASTOMA

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**Aim:** We present a single surgeon series of 34 patients undergoing resection of abdominal neuroblastomas; to test the proposition that it is usually feasible to conserve the ipsilateral kidney, whilst at the same time completely resect the tumour.

**Methods:** Children with neuroblastoma were identified from our local paediatric oncology database. Information regarding each patient was gathered from casenotes, operation notes, and radiology reports.

**Results:** From 2002-2016 34 children had abdominal neuroblastomas resections; 6 low, 3 intermediate, 25 high risk. The renal vessels were affected in 34 kidneys in 25 patients. Thirty kidneys were conserved. Two kidneys were excised along with tumour due to being inseparable and the other two kidneys were excised due to vascular compromise. In 6 patients, it proved impossible to achieve complete macroscopic excision of the neuroblastoma.

Using available follow up ultrasound data for 29 patients, there were two kidneys that were smaller than the contralateral kidney and remained smaller but morphologically normal post-operatively. There was one kidney that appeared smaller on follow up ultrasound although no formal measurements of the kidneys were performed pre-operatively. DMSA of this patient demonstrated equal split function. None of the conserved kidneys have been subsequently lost.

**Conclusion:** Following a policy decision in 2004 to reject the notion that renal sacrifice was an option to be exercised in circumstances falling short of utter necessity, we now conclude that it is usually feasible to conserve the ipsilateral kidney whilst successfully resecting all of the macroscopic neuroblastoma.