

LETTER TO THE EDITOR

COVID-19 pandemic: A challenge to a child with cancer

To The Editor:

People of all ages can be infected by the new coronavirus (SARS-CoV-2). Older people and people with pre-existing medical conditions (such as diabetes and heart disease) are more vulnerable to becoming severely ill with the virus. There is a widespread anxiety among families of children with cancer due to the risk of exposure to SARS-CoV-2, either in the hospital or community setting.¹ Recently, Ogimi et al reported that infants and younger children (ie, less than 5 years) are more likely to develop severe clinical manifestations than older children, probably due to immaturity of the immune system.² Sullivan et al reported that the COVID-19 pandemic is one of the most serious global challenge to delivering affordable and equitable treatment to children with cancer.³ They have provided practical advice for adapting diagnostic and treatment protocols for children with cancer during the pandemic, the measures to be taken to contain it (eg, extreme social distancing) and how to prepare for the anticipated recovery period.

The government and administrative measures such as lockdown has further compounded these challenges. Lack of state transport, closure

of district borders and non-availability of medications has put these children at risk of rapid growth of disease, delay in treatment and poor outcome. A 4.5-year-old child, a known case of synchronous bilateral Wilms tumour, having undergone bilateral nephron sparing surgery was on adjuvant chemotherapy. The COVID-19 pandemic brought about an interruption in his chemotherapy schedule in January 2020. When he presented in early May, he had a small swelling of 1.5 cm diameter below the left subcostal margin (Figure 1A). Ultrasonography revealed a hypoechoic lesion below the skin measuring 1.5 cm in diameter (Figure 1B). Fine needle aspiration cytology was done, which revealed sheets of cells with high nuclear/cytoplasm ratio (Figure 1C). The features were highly suspicious of a malignant lesion. The lesion was excised and histopathological examination revealed a metastasis from Wilms tumour (Figure 1D). The child has been resumed on further chemotherapy.

Most childhood cancers behave aggressively and need immediate treatment, often requiring prolonged periods of intensive multiagent chemotherapy. Postponement of treatment such as surgery, radiation

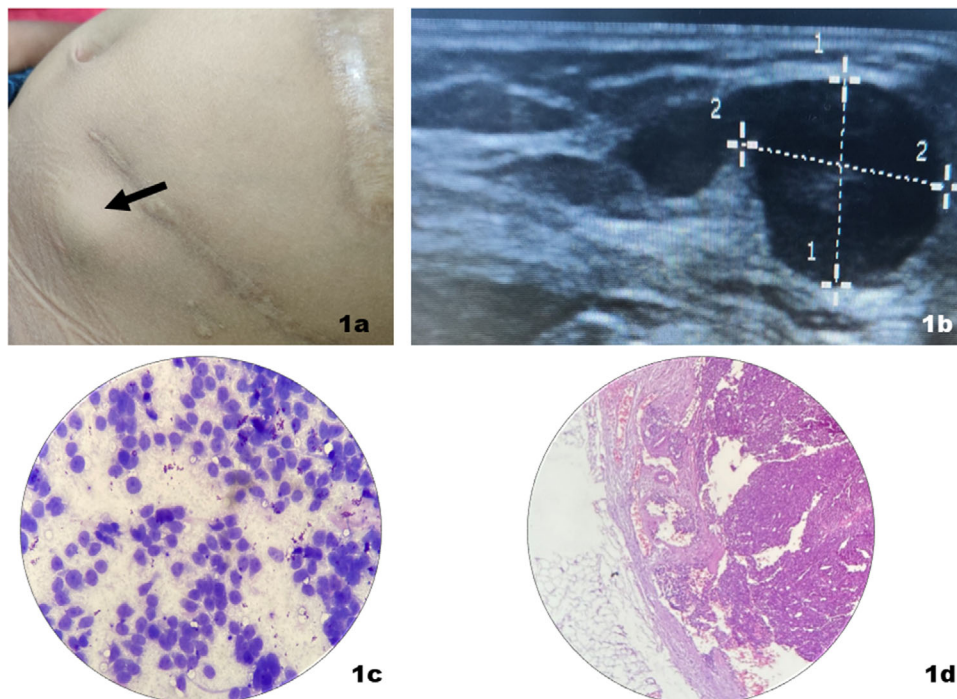


FIGURE 1 A, Subcutaneous swelling in the left subcostal region measuring 1.5 cm in maximum diameter. B, Ultrasonography showing a hypoechoic lesion. C, MGG stain showing sheets of neoplastic small round cells having high nuclear/cytoplasm (N:C) ratio with hyperchromatic nuclei and scant to moderate cytoplasm (400 \times). D, Haematoxylin and eosin (H&E) stain showing a well-capsulated lesion with adjoining adipose tissue; the capsulated lesion shows neoplastic cells suggestive of recurrence of Wilms tumour (biphasic variant, 40 \times)

and chemotherapy is not a safe option in children. There is an urgent need amongst health care professionals and families for informed guidance on the range of reasonable and safe adaptations to their services and cancer treatment during the pandemic.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

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REFERENCES

1. Kotecha RS. Challenges posed by COVID-19 to children with cancer. *Lancet Oncol.* 2020;21:e235.
2. Ogimi C, Englund JA, Bradford MC, et al. Characteristics and outcomes of coronavirus infection in children: the role of viral factors and an immunocompromised state. *J Pediatr Infect Dis Soc.* 2019;8(1):21-28.
3. Sullivan M, Bouffet E, Rodriguez-Galindo C, et al. The COVID-19 pandemic: a rapid global response for children with cancer from SIOP, COG, SIOP-E, SIOP-PODC, IPSO, PROS, CCI, and St Jude Global. *Pediatr Blood Cancer.* 2020;67:e28409.