Sir

Re: Congenital Hemihypertrophy and Wilm's Tumour

I would like to comment on the above article by Antia-Obong et al.[1] The authors administered Vincristine to their patient for only five weeks following nephrectomy for stage I Wilm's tumour; they presumed that the patient may be cured of the disease. The appropriate treatment for stage I Wilm's tumour is nephrectomy followed by Vincristine and Actinomycin D as outlined in the table below for a total of 15 months.[2] In certain specialized centers, a more intensive and aggressive therapy, using Actinomycin D and Vincristine, may be employed for a minimum of 26 weeks.[3] These regimes are essential to achieve "a high cure rate" and diminish the chances of recurrence.

Table: Chemotherapy for Wilm's Tumour

Course	Drugs	
	Vincristine (i.v.)	**Actinomycin D (i.v.)**
1st Course:		
a During nephrectomy (intraoperatively)	1.5mg/m² as a single dose (maximum 2mg) and weekly for 8 wks	15 ug/kg as a single dose and daily for 5 days
b Six weeks		15 ug/kg as a single later dose and daily for 5 days
2nd course: three months	Two doses of 1.5mg/m² given one week apart and daily for 5 days	15ug/kg as a single dose
3rd and subsequent courses	As for 2nd course 3 months apart for a total of 15 months	As for 2nd course 3 months apart for a total of 15 months

References

1. Antia-Obong OE, Ekwere PD, Ekpo MD and Archibong EI. Congenital Hemihypertrophy and Wilm's Tumour - a Case Report. Nig J Paed al. 1988; 15: 47-50.
2. [illegible] ES. Nephroblastoma (Wilm's Tumour). In: Edelman CMed. Pediatric Kidney disease. Boston: Little Brown Company (Publishers) 1978: 1254-6.
3. [illegible] AB, Cameron JT, Lockie L and [illegible] Indep GDM. Hypertension associated with increased renin concentrations in [illegible] syndrome. Arch Dis Childh. 1991; 66: 925-6.

Felicia Eke
Senior Lecturer/Consultant
Department of Paediatrics
University of Port Harcourt,
P.O. Box 141, Port Harcourt