

Hepatoblastoma

What is a Hepatoblastoma?

Hepatoblastoma is a tumour of the liver. Liver tumours in children are rare and make up less than 1% of all childhood cancers. They are most often found in children under the age of 3 and are more common in boys than girls.

What are the signs and symptoms?

The most common sign is a lump or tightness in the abdomen, which is sometimes painful. Other symptoms might include poor appetite, weight loss, nausea, vomiting and weakness. A small number of children present with a yellowish tinge to the skin or whites of the eyes. This is known as jaundice.

How is Hepatoblastoma diagnosed?

There are several tests used to diagnose hepatoblastoma. These may include CT scans, x-rays, ultrasound scans and sometimes MRI scans.

A biopsy of the tumour is needed to confirm diagnosis. This involves inserting a fine needle through the abdomen and taking a small amount of the cancerous tissue. An ultrasound or CT will help to guide the doctor for this procedure.

Hepatoblastomas produce alpha-fetoprotein (AFP) which can be measured in blood tests. AFP is high in 90-95% of children diagnosed, and can be a useful way to monitor how the tumour is responding to treatment, and also useful in follow up care.

More information on these tests and procedures is found in the procedure section of this folder.

What is staging?

Once liver cancer is diagnosed, more tests are used to determine the stage, or extent of the disease. The staging system is based on the extent of tumour in the liver, and its ability to be removed by surgery. Imaging scans such as CT, MRI (see test section for explanation) or bone scans may check for the spread of disease to other parts of the body. Staging is done to find out your child's chance of recovery, and to help in choosing treatment.

How is Hepatoblastoma treated?

Treatment is chosen by looking at features, such as age, health, stage of disease, level of AFP, and the type of cancer cells involved.

All children with liver tumours will undergo surgery at some stage, to attempt to remove the tumour. This may be done at diagnosis, or chemotherapy may be used to shrink the tumour before surgery. Large parts of the liver can be removed as the liver quickly renews itself. Very occasionally, a liver transplant may be needed.

What is my child's chance of recovery?

This depends on the extent of your child's cancer at diagnosis, and the ability to remove the tumour surgically. Statistics show that overall long-term survival is around 60-70%. If your child is diagnosed in the early stage of disease, there is about a 90% chance of long-term survival.

Your doctor will discuss with you all the specific information relating to your child.

What follow-up is required?

Your child will be followed up regularly to make sure that they are growing and developing normally. This follow up will include scans, chest x-rays and blood tests.

How do I get further information?

Your child's doctor is most familiar with your child, their condition and treatment. Please don't hesitate to discuss any questions or concerns with them. Refer to the section 'Sources of more information on cancer'.