Application of interventional bronchoscopic therapy in eight pediatric patients with malignant airway tumors

Hongwu Wang, Nan Zhang, Meimei Tao, Dongmei Li, Yunzhi Zhou, Hang Zou, Sujuan Liang, and Jing Li

Minimal Invasive Tumor Therapy Center, Beijing Coal General Hospital, Beijing, China

ABSTRACT

Aims and background. Malignant airway tumors in children have rarely been reported. We evaluated the safety and therapeutic effects of interventional bronchoscopic therapy in 8 children with malignant airway tumors.

Methods and study design. We retrospectively analyzed 8 children with malignant airway tumors diagnosed by pathology, and evaluated their clinical features, chest computer tomography findings and bronchoscopic manifestations.

Results. Two of the 8 pediatric patients had high-grade malignancies (lymphoma and sarcoma) and the others all had low-grade malignancies, including 2 cases with mucoepidermoid carcinoma and 4 cases with inflammatory myofibroblastic tumor. Their ages ranged from 4 to 8 years (mean, 5.7 ± 0.9). There were no specific clinical manifestations in the children, and all of them presented with various respiratory symptoms, including cough and gasping associated with hemoptysis. Chest CT indicated round intra-airway neoplasms. Obstructive pulmonary atelectasis occurred in the main bronchus of 4 patients (3 cases of the left main bronchus and 1 case of the right intermedius bronchus). All children (1 case with local anesthesia and 7 cases with general anesthesia) underwent interventional bronchoscopic therapy, including argon plasma coagulation and CO₂ cryosurgery. The success rate for the rigid procedures was 100.0% (7/7), and the cure rate after 3 months was 85.7% (6/7). A part of the tumor remained in the lung of 1 patient with inflammatory myofibroblastic tumor after bronchoscopic treatment. One patient with local anesthesia died of suffocation caused by tumor consolidation during the bronchoscopic procedure. There were no recurrences in 6 patients during the follow-up period. One recurred patient was cured at 6 months.

Conclusions. There are no specific manifestations in children with malignant airway tumors. Interventional bronchoscopic therapy seems to be safe and effective for those tumors under general anesthesia.

Key words: airway, bronchoscopy, children, malignant tumor.

Correspondence to: Hongwu Wang, Minimal Invasive Tumor Therapy Center, Beijing Coal General Hospital, No 29 Xibahe Nanli, Chaoyang Distric, Beijing 100028, China. Tel +86-10-64685688; fax +86-10-64685688; email wanghongwu2008@yahoo.cn

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