

## **2 Week Rule Referral Guidelines - Neuroblastoma**

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### ***Neuroblastoma (all ages)***

Most children and young people with neuroblastoma have symptoms of metastatic disease which may be general in nature (malaise, pallor, bone pain, irritability, fever or respiratory symptoms), and may resemble those of acute leukaemia. The presence of any of the following symptoms and signs requires investigation with a full blood count: **C (DS)**

- persistent or unexplained bone pain (and X-ray)
- pallor
- fatigue
- unexplained irritability
- unexplained fever
- persistent or recurrent upper respiratory tract infections
- generalised lymphadenopathy
- unexplained bruising.

Other symptoms which should raise concern about neuroblastoma and prompt urgent referral include: **C**

- proptosis
- unexplained back pain
- leg weakness
- unexplained urinary retention.

In children or young people with symptoms that could be explained by neuroblastoma, an abdominal examination (and/or urgent abdominal ultrasound) should be undertaken, and a chest X-ray and full blood count considered. If any mass is identified, an urgent referral should be made. **C (DS)**

Infants aged younger than 1 year may have localised abdominal or thoracic masses, and in infants younger than 6 months of age, there may also be rapidly progressive intra-abdominal disease. Some babies may present with skin nodules. If any such mass is identified, an immediate referral should be made. **C**

### ***Wilms' tumour (all ages)***

Wilms' tumour most commonly presents with a painless abdominal mass. Persistent or progressive abdominal distension should prompt abdominal examination, and if a mass is found an immediate referral be made. If the child or young person is uncooperative and abdominal examination is not possible, referral for an urgent abdominal ultrasound should be considered. **C**

Haematuria in a child or young person, although a rarer presentation of a Wilms' tumour, merits urgent referral. **C**