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abstract

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Clinical Profile of Children with Ewing Sarcoma in a Tertiary Care Institute: An Institutional Experience

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Introduction: Ewing Sarcoma Family of Tumors comprises a group of primary bone and soft-tissue tumors. The incidence of Ewing Sarcoma peaks in adolescence, slight predominance in males. The common sites of occurrence are the pelvis, followed by the extremities. The multimodal management of Ewing Sarcoma comprises chemotherapy, surgery, and radiotherapy. The study aims to observe the clinical profile of children with Ewing Sarcoma.

Methodology: This is a retrospective analysis of children with Ewing Sarcoma admitted between January 2020 and November 2024. All the cases with an IHC-proven diagnosis of Ewing Sarcoma were reviewed. Relevant investigations, including imaging and staging details, were noted. Treatment was started as per the EFT 2001 protocol. Clinical profile of the patient, including age, gender, site of disease, and stage of disease, was noted. Treatment details of the patients were noted.

Results: A total number of children with solid malignancies registered during this period was 322, and ES accounted for 54 (16,7%) cases. 42 (77,7%) children were males. 32 (59.2%) children belonged to the age group of 10-14 years. Around 44 (81,4%)children had osseous Ewing Sarcoma. At presentation, 26 (48,1%) children had metastases. All of them were started on Neo-adjuvant chemotherapy according to the EFT 2001 protocol. 26 (48,1%) children had surgery as definitive therapy. Radiation was given to 40 (74%) children. Limb salvage surgery was done in 18 (69,2%) children.

Amputation was done in 8 (30,7%) children. Post local therapy, all of them received adjuvant chemotherapy. 8 (14,8%) children had a relapse.

Conclusion: In our institutional experience, the majority were males. The primary site was osseous in the majority of the children. Around 48,1% had metastases at the time of diagnosis. A multidisciplinary approach is needed in the management of Ewing Sarcoma. In our institution, all Ewing Sarcoma children received Neoadjuvant chemotherapy initially. The majority of our children received radiotherapy as definitive local therapy in view of unresectability.