INTRODUCTION

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Childhood cancers have offered important insights into epidemiology, genetics, etiology, and treatment of both pediatric and adult malignancies (DE VITA et al., 1984).

Leukemias and lymphomas compromise nearly 48% of pediatric cancers, followed by tumors of central nervous systems (20%), the sympathetic nervous system, soft tissues, kidney, bone, liver, eye and germ cells. Frequently, these malignancies have a high growth fraction and propensity for rapid growth.

In contrast to adults, carcinomas are rare during childhood. Pediatric tumors are also characterized by unique age peaks and some have sex, race and geographic predilection. (DE VITA et al., 1984).

Lymphomas, NHL and H.D (non-Hodgkin lymphoma and Hodgkin's disease) as a group are the third most malignant neoplasm of children in the United States, comprising approximately 10% of all cancers diagnosed in children less than 15 years of age (YOUNG et al., 1973). neither disease occur frequently in children less than 5 years of age, and the relative

incidence of lymphoma increases throughout childhood (LINK et al., 1985).

In a survey of malignant tumors reported to major hospitals in the large Cairo area, they ranked lymphomas as the second most malignant tumor in males and fourth most common in females (ABOUL NASR et al., 1973).