Tumor Lysis Syndrome : Correspondence

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To the Editor: We read with interest the management protocol on Tumor lysis syndrome [1] by Rajendran et al. The guidelines are lucid and will be helpful in managing a common emergency in children with malignancies. However, there are a few points which need clarification:

Firstly, what should be the choice of fluid for hyperhydration? The article mentions only “saline dextrose”. Is it dextrose normal saline (DNS), N/2 D₅ or N/4 D₅? Secondly, does serum lactic dehydrogenase level (LDH) have any relevance in the risk stratification of tumors on the basis of potential for tumor lysis syndrome as mentioned in some studies [2]? Thirdly, what should be the duration of

alkalinization if it is considered for a patient with hyperuricemia who is unable to afford Rasburicase? Financial constraints limit the use of Rasburicase in large number of patients in our setup. Lastly, can we grade the severity of tumor lysis syndrome (TLS) based on biochemical parameters?

References

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