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LMIC-17. DIAGNOSTIC DELAY IN CHILDREN WITH CNS TUMORS IN A TERTIARY HOSPITAL IN MEXICO
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BACKGROUND: Delays in diagnosis of central nervous system (CNS) tumors have been associated with increased morbidity and mortality. We aimed to describe the time intervals for diagnosis and explore factors related to diagnostic delays in a tertiary public hospital in a middle-income country. METHODS: A retrospective study was carried out, collecting data from patients diagnosed with brain tumors between 2000 and 2021 at the National Medical Center “20 de Noviembre” in Mexico City. The data were analyzed using descriptive statistics. RESULTS: Data were collected from 163 patients with a median age of 8 years (range 0-18 years). 81 (49.7%) patients were diagnosed with gliomas, 47 (28.8%) with embryonal tumors, 20 (12.3%) with ependymomas, 10 (6.1%) with germ cell tumors of the central nervous system, 3 (1.8%) with choroid plexus carcinoma, and 2 (1.2%) with other diagnoses. The median time of symptom start and first visit with a physician was 20 days (range 1 to 180 days). The median time in which the patients arrived at the tertiary hospital after the first visit to a physician was 184 days (range 1 to 2520). The population served by the institution, included the 32 states, with 153 patients (93.9%) coming from an urban location, with easy access to medical services. 145 (89%) of the 163 patients had parents with a medium socio-economic level (urban housing, all basic services, at least one of the parents with higher education.) Of the patients studied, 75 (46%) died, 18 (11%) abandoned treatment, 65 (39.9%) survived and 5 (3.1%) were lost to follow-up. CONCLUSION: An important delay was found in the start of treatment from the moment patients began symptoms. The identified delays warrant local and national strategies that allow prompt referrals.