Retinoblastoma: Promoting Early Diagnosis

Dr. Njambi Ombaba
Objectives

- Overview of the clinical presentation and treatment of retinoblastoma
- Understand causes of late presentation
- Outline ways of enhancing early diagnosis of childhood eye problems
Outline

- Introduction
- Clinical presentation and management
- Reasons for late diagnosis
- How to enhance early diagnosis and referral
Introduction

- Childhood genetic, eye cancer arising from the retina

- Typically occurs before 5 years of age

- 60% unilateral; 40% bilateral; Rarely trilateral

- 10% Family history
Presentation

White reflex 60%
Strabismus 25%
Ocular inflammation 10%
Proptosis 50%
Management

- **Early diagnosis** - key to cure
- High cure rate > 90% if treated early
- Late presentation with metastasis - 100% mortality
- Standard treatment is enucleation
Other treatments

- **Focal laser/ cryotherapy**: small tumours

- **Chemotherapy/ Radiotherapy**
  
  Extra ocular and metastatic disease
Role of Counseling
Late diagnosis

Late arrival
- Accessibility
- Financial
- Cultural
- Ignorance

Missed diagnosis
- Ignorance
- Dismiss parents concern
- Lost follow up

Complex referral system
- Failure to track patients
- Accessibility
- No direct referrals
Enhancing early diagnosis

**Raise awareness**
- Posters
- Childhood blindness booklet
- RB Guidelines

**MCH booklet**
- Eye section

**Direct referrals**
- Health facility with an ophthalmologist
- Daisy Cancer Fund
Awareness

Posters

Guidelines

Ministry of Health

RETINOBLASTOMA
BEST PRACTICE GUIDELINES 2014

KENYA NATIONAL RETINOBLASTOMA STRATEGY
**The MCH booklet**

### REASONS FOR SPECIAL CARE (Tick as appropriate)
- Birth weight less than 2.5 kg
- Birth less than 2 years after last birth
- Fifth or more child
- Teenage mother
- Brothers or sisters undernourished
- Multiple births (Twins, triplets)
- Child in the family dead
- Orphan
- Child has disability
- Parent HIV positive
- History / signs of child abuse / neglect
- Any other (Specify)

**IF YOU HAVE TICKED ANY OF THE ABOVE: COUNSEL THE CAREGIVER AND / OR REFER AS APPROPRIATE**

### IDENTIFICATION OF EARLY EYE PROBLEMS IN AN INFANT

<table>
<thead>
<tr>
<th>EYE CARE ASSESSMENT</th>
<th>AGE IN MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At Birth</td>
</tr>
<tr>
<td><strong>TETRACYCLINE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>EYE OINTMENT (TEO)</strong> GIVEN</td>
<td></td>
</tr>
<tr>
<td>PUPIL</td>
<td>Black</td>
</tr>
<tr>
<td>SIGHT</td>
<td>White (If white refer)</td>
</tr>
<tr>
<td>FOLLOWING OBJECTS</td>
<td>Following Objects</td>
</tr>
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<td>SQUINT (Crossed Eyes)</td>
<td>Not following objects (Refer to eye clinic)</td>
</tr>
<tr>
<td>ANY Other Problems</td>
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Other Childhood Eye Problems
Utilization of eye section

- Too demanding
- Shortage of staff
- Not trained
- Print too small

0.8%
Way forward

Attitude Change; We can do it!
Summary

- Early diagnosis key to cure in retinoblastoma

- Any child with suspected eye problem need review by ophthalmologist

- Better utilization of MCH booklet to improve early detection
Thank you