# Retinoblastoma: Promoting Early Diagnosis

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## **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

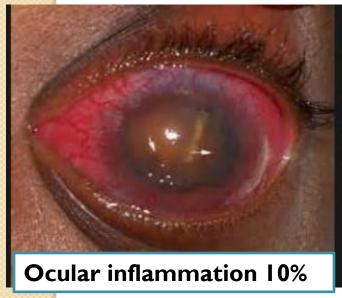
10% Family history

## Presentation











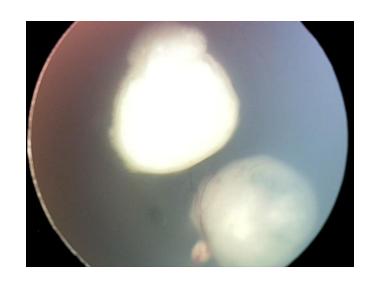
## **Management**

- 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

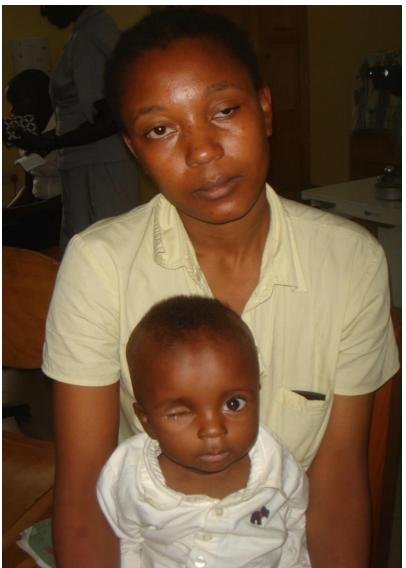




Chemotherapy/ Radiotherapy
Extra ocular and metastatic disease

## Role of Counseling





#### Late diagnosis



- 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

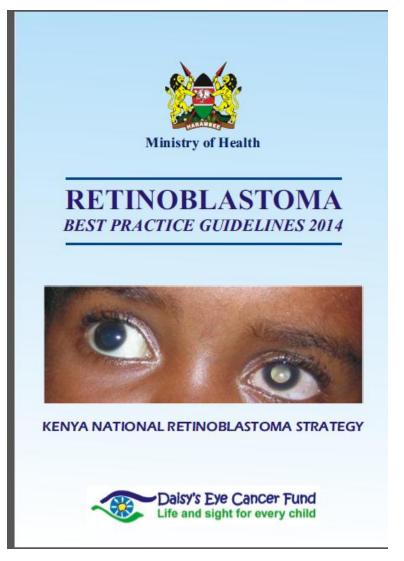
- Health facility
   with an
   ophthalmologist
- Daisy Cancer Fund

#### **Awareness**

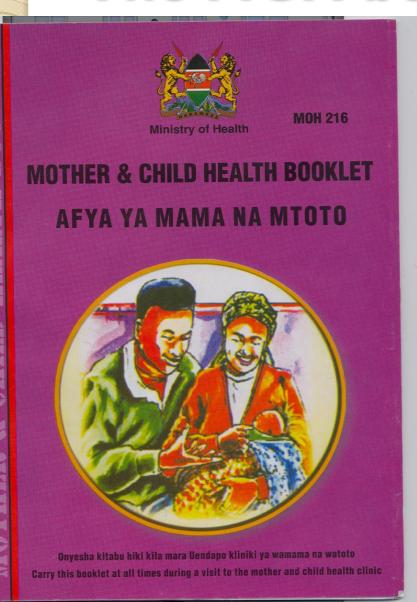
#### **Posters**

#### Tone au alama nyeupe kwenye jicho la mtoto ni dalili ya Saratani (Cancer) ya macho. Peleka mtoto kwa daktari wa macho haraka Daisy's Eye Cancer Fund A Global Response To Childhood Retinoblastoma Rattansi Education Trust Building, University way Ministry of Health P.O.Box 63302-00619, Nairobi Division of Opthalmic services Tel: 0720 729 936 Box 43319 Nairobi Tel0202729876 Website: www.daisyseyecancerfund.org Email:dops@health.go.ke

#### **Guidelines**



## 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

EYE CARE ASSESSMENT		AGE IN MONTHS			
		At Birth	At 6 Months	At 9 months	
TETRACYCLINE EYE OINTMENT (TEO) GIVEN?	TEO (ONLY at birth)				
PUPIL	Black				
0	White (If white refer)				
SIGHT	Following Objects				
	Not following objects (Refer to eye clinic)				
SQUINT (Crossed Eyes)	Squint (Refer to eye clinic)				
012	No Squint				
ANY Other Problems	Yes (Refer to eye clinic)				
	No				

## The eye section

#### **IDENTIFICATION OF EARLY EYE PROBLEMS IN AN INFANT**

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## Other Childhood Eye Problems



















## Utilization of eye section

Too demanding

of staff

Shortage of staff 0.8%

Not

Print too small

## 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

