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Association of retinoblastoma with clinical presentation and histopathological findings

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Purpose: To assess an association of clinical presentation and histopathological findings of patients with retinoblastoma.

Materials and Methods: We retrospectively analyzed, clinical and histopathology records of all the patients admitted with a diagnosis of retinoblastoma at a tertiary referral center, Nepal from May 2009 to June 2016.

Results: Forty-one patients (42 eyes) were diagnosed with retinoblastoma. The mean age was 2.9 ± 2.05 years with M:F - 1.4:1. Unilateral eye involvement was seen in 40 cases (97.6%). Leukokoria was the most common presentation (57.14%), followed by proptosis (14.2%). Using the International Intraocular Retinoblastoma Classification, most of the patients (75.6%) were classified as Group E. The cut ends of Optic Nerve Invasion (ONI) with tumor cells were seen in 31.7%; one patient with intracranial invasion was referred after admission. According to the International Retinoblastoma Staging Working Group pathology classification, 60% of tumors were as Stage PT1. Statistically significant associated was seen between ONI ($p=0.011$) and extraocular invasion ($p=0.020$) with age, histopathology revealing poorly differentiated cells with leukokoria; choroidal invasion with proptosis ($p=0.004$) and secondary glaucoma ($p=0.003$); extraocular invasion with leukokoria ($p=0.000$) and glaucoma ($p=0.000$); advanced histopathology stage with orbital invasion ($p=0.005$). After a minimum of two years follows up, recurrence was 7.5%. Proptosis ($p=0.001$), ONI ($p=0.046$), advanced stage ($p=0.003$), cell type ($p=0.027$) and age ($p=0.009$) was significantly associated with recurrence of tumor.

Conclusions: A positive histopathological association was seen with age, proptosis, and glaucoma. Advanced disease, proptosis, optic nerve cut end infiltration and tumor stage showed positive associations with recurrence.

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