Editorial

Should the Newly Proposed Protocols Concerning Diseases such as Retinoblastoma be Applied in the Developing Countries?

Since the modern protocols of chemoreduction and local treatments of regressed retinoblastoma (RB) has been proposed and in the developed countries efforts have been made to salvage and preserve the diseased eye, the protocols have found way and being applied in the developing countries, but for what prices? In this issue of the Iranian Journal of Ophthalmology (IrJO) (Pages: 17-24) Naseripour and coworkers have presented their 10 years experience with RB from the ocular oncology center of Iran Medical School. They have emphasized that 7.9% of their patients were presented with proptosis and 51% had extraocular extension of the tumor. I was tempted to review the RB registry of Farabi Eye Hospital of Tehran Medical School from 1980 to 2002 to get an overlook on the conditions of our RB patients during that period. 558 RB cases have been hospitalized during that period which included 735 diseased eyes. 67.4% of cases were unilateral, 27.8% were bilateral, and 4.8% were confirmed familial cases, five of them unilateral. The mean delay in diagnosis and treatment (enucleation, exentration, irradiation, chemotherapy, and local treatments) of each group was 4.7±6.1 m, 7.6±10.3 m, 16.5±29.3 m, respectively. 9.6% (N=71 eyes) of our RB patients were presented with proptosis, 8.3% (N=61) of the eyes had advanced glaucoma, 48.2% (N=353) of the eyes were in stage V of Reese-Ellsworth, 1.8% (n=13) eyes were phthisic, 1.8% (N=13) had the brain involved and 5.8% (N=33) had far metastases. Our pathologists reported 20.7% (N=152) cases of extension of RB to optic nerve and 9.1% (N=67) of orbital involvement.

More advanced age of our patients compared with developed countries, delay in consultation and treatment, extensive local and extraocular extension of the tumor, and also cultural limitation and difficulties in transportation to the specialized medical centers are all factors to be considered in our therapeutic approach which force us to apply the more radical and rapid protocols. Most of our patients are from the rural and very low income communities, and in our series 29.9% (N=167) patients have never referred back to our center after the initial surgical and medical interventions.

More than 90%² of survival rate and salvage of the eye by modern protocols are every one’s dream, but we should be aware of the conditions of our patients and where we live, and what prices we are paying for these modern approaches.

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References