Editorial

Histopathological Risk Factors of Retinoblastoma

In this issue of Iranian Journal of Ophthalmology (IRJO) Han Yue et al have presented a very interesting investigation on “Histopathologic Risk Factors of Retinoblastoma: A Retrospective Study of 104 Enucleated Eyes” which we are very grateful of the authors. Before indicating few points about this article and their pathologic classification it is worthwhile to mention the “Proceedings of the Consensus Meeting from the International Retinoblastoma Staging Working Group on the pathology Guidelines for the Examination of Enucleated Eyes and Evaluation of Prognostic Risk Factors in Retinoblastoma”.

They defined massive choroidal invasion “as a Maximum diameter of invasive tumor focus of 3 mm or more that may reach the sclera tissue”, and focal choroidal invasion was defined “as a tumor focus of less than 3 mm and not reaching the sclera”. In their new high risk histopathologic factors (HRFs) of retinoblastoma (RB) Han Yue et al have proposed a different concept for the HRF of choroidal invasion. They have defined type 1 as “isolated, sporadic tumor cells”, type 2 as “localized nest-like or nodulant tumors” and type 3 as “lumpish massive or dense invasion with or without obvious choroidal thickening”. The HRF has been found in 53% of 104 cases of the Chinese patients. The HRF’s for the Chinese authors were the followings: type 3 choroidal invasion, postlaminar invasion of the optic nerve, and invasion of the sclera. The invasion of the anterior segment was not considered as a risk factor and also the postoperative adjuvant therapy. In some cases the authors explain the longer lag time and consequently more advanced stages of RB are the causative factors.

Han Yue et al have indicated 53% of HRF in their cases but not explaining why only 30% have received postoperative adjuvant therapy. In some cases they admit that the parents have refused further treatments but should these untreated cases not to be classified among the deceased ones.

It is true that in developing countries the HRF for RB is much higher than the developed countries and the authors explain the longer lag time and consequently more advanced stages of RB are the causative factors. The very low mortality rate of the patients; 4 out of 104 cases in RB patients with such high risk factors for tumor extension could be explained only by the very short period of follow-up for a neoplasm which is very slowly progressive, and the loss of patients in follow-up.

In fact we can obtain an essential point from this article which is the new proposed classification of the HRF’s in histopathology of enucleated eyes of RB. The verification of this classification should be proven in a very large, multicenter and prospective investigation.

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References