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Dear Editor-in-Chief,

Clinical presentation of retinoblastoma: a tertiary hospital experience

We carried out a retrospective review of the case records of patients who were diagnosed with Retinoblastoma at University College Hospital, (UCH) Ibadan between 1981 and 2005. The aim of the study was to describe the clinical presentation of Retinoblastoma at the Ibadan with a view to making recommendations towards better management of the disease. Patients were identified from the clinic and ward registers and their case records were reviewed. Patients whose records were unavailable or incomplete were excluded.

A total of 62 patients were studied. The age range was five months to 8 years with a mean of 31 months. Forty nine patients (79.0%) were aged three years or less at presentation. There were 39 males and 23 females (Male: Female = 1.7: 1). Twenty one cases (33.9%) were bilateral, 24 (38.7%) affected the right eye, while in 17 (27.4%) patients the left eye was involved. The average age of the patients with bilateral disease was two years while the average age of the unilateral cases was 2 years 11 months.

Surgical excision of tumour was performed in 45(72.5%) patients. 19 patients (30.6%) had enucleation, while 26 (41.9%) had exenteration or orbital clearance of recurrent tumours. The parents of the remaining patients refused definitive therapy.

The histological report was available in 32 (71%) of the 45 patients who underwent surgery. Sixteen (50%) of these patients had poorly differentiated retinoblastoma, 14 (43.8%) had mild to moderate differentiation, while two (6.2%) had well differentiated retinoblastoma. In addition to surgical excision of their tumours, 28 patients (59.6%) had radiotherapy while 25 (53.2%) had chemotherapy; 19 patients received both chemotherapy and radiotherapy.

The outcome of treatment was considered good in 2 (3.2%) patients, fair in 11 (17.7%) and poor in 44 (71%). 5 (8.1%) of our patients died during admission.

The average age, 31 months, is late compared to developed countries, where the average age at presentation ranges from 18 to 24 months [1-3]. In developing countries, it may be as late as 38 to 42 months [4,5]. This is often as a result of late presentation resulting in delayed diagnosis. Late consultation by parents, lack of awareness by primary health care providers and poor accessibility to health care contribute to this delay.

A male preponderance was observed though most studies have reported that both sexes are affected equally [6]. This may be as a result of the importance placed on male children by their parents in our cultural setting.

Approximately 34% of cases were bilateral; this rate is higher than previous reports from the same environment (18% [7], 23.5% [8], 25% [9]). In addition, the Right to Left ratio was 1.4:1. This is at variance with previous findings that the tumour has no predilection for the right or left eye. More studies are required to clarify this issue.

In conclusion, retinoblastoma is diagnosed late in Ibadan, Nigeria. Health education and continuing medical education for primary health care providers is essential to promote early presentation, referral and prompt diagnosis of this disease in developing countries.

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