





THE OPHTHALMOLOGIST'S ROLE

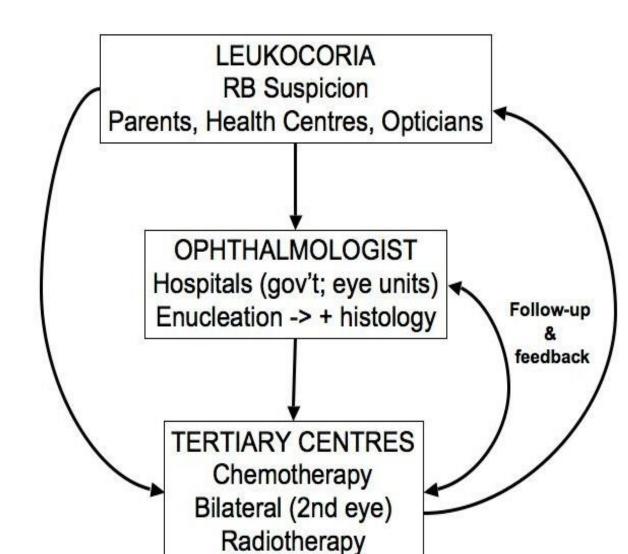
DR IRENE NANSUBUGA



TEAM PLAYER

The ophthalmologist

- ☐ Diagnoses and encourages genetic testing
- Guides and gives both medical and surgical treatment alongside the team
- Monitors effectiveness of treatment especially through regular EUAs and imaging
- follows patient with pediatric oncologist to detect tumour recurrence
- Encourages Public Health and awareness through advocacy and early detection programs

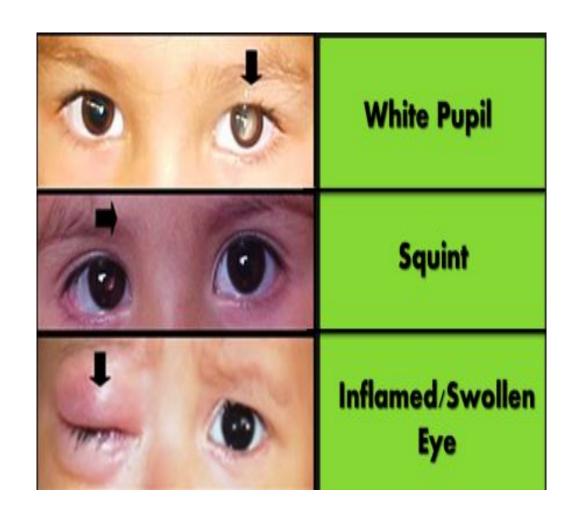




Presentation

- Leukocoria (80%)
- Strabismus (15%)
- Nystagmus (10%)

- Advanced disease:
 - Buphthalmos
 - Glaucoma
 - periorbital cellulitis.
 - Proptosis



EXAMINATION

CLINICAL

1. Red Reflex Test: A simple but crucial screening tool—absence of a red reflex can indicate retinoblastoma.

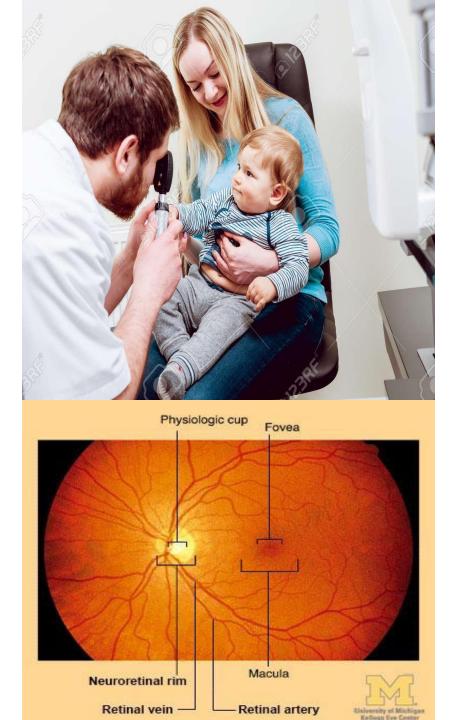
Can be with a torch, arch light or direct opthalmoscope.

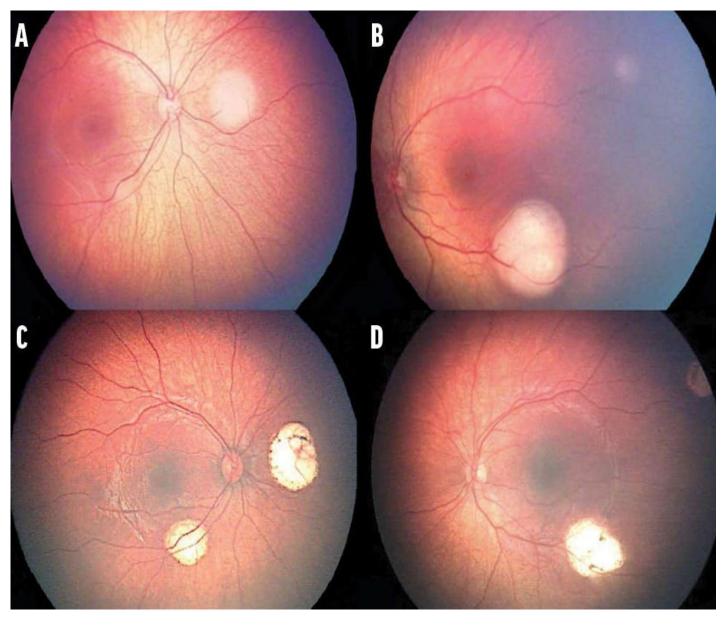
2. Dilated Fundus Examination: Performed using **indirect ophthalmoscopy** to check for intraocular tumors.











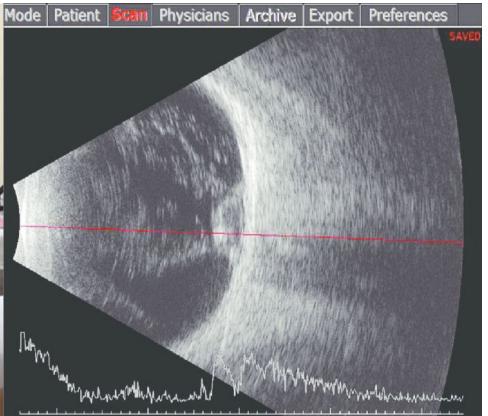


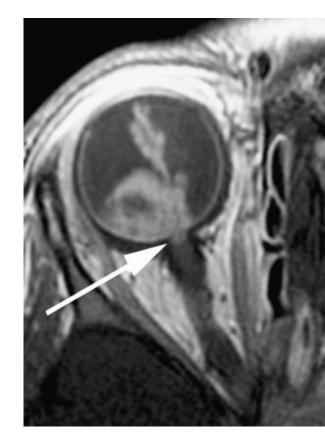
IMAGING

This can be done with

- ☐ Ret-cam images
- ☐ B-scan and A scans
- ☐ CT-scan (normally discouraged particularly in the heritable form (RB1 gene mutation) because it increases the risk of developing **secondary cancers**, especially osteosarcomas.)



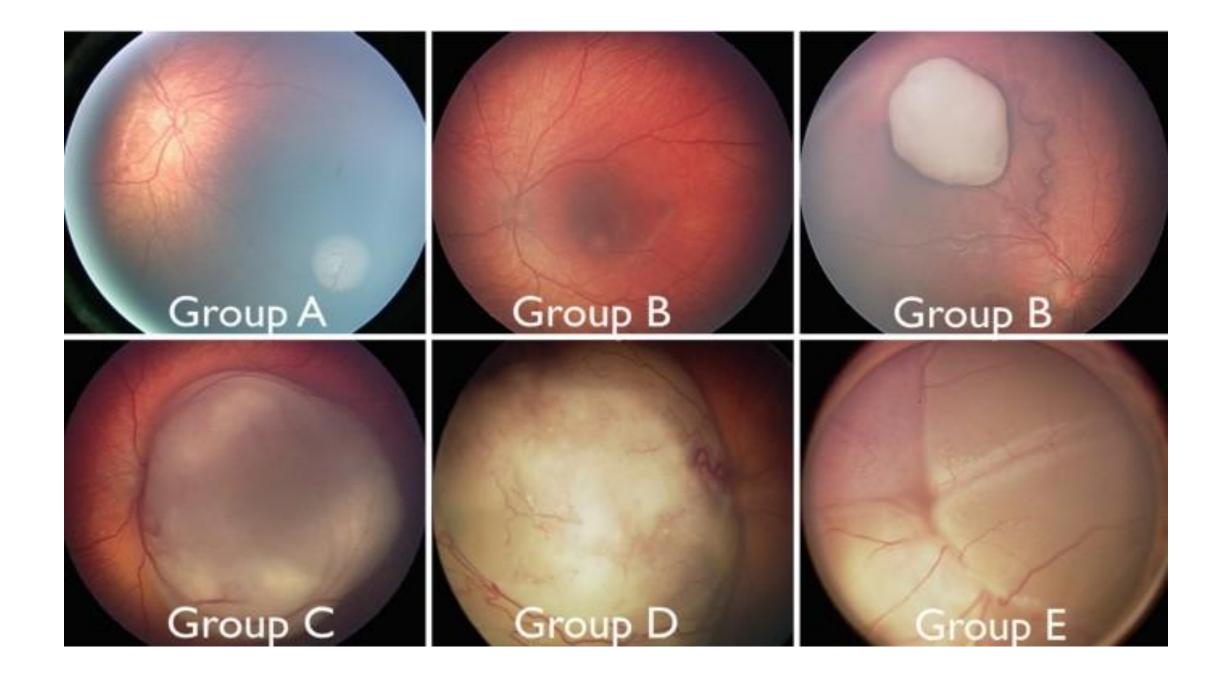




Grouping of retinoblastoma International Intraocular Retinoblastoma Classification (IIRC)

Group	Intraocular Classification of Retinoblastoma (ICRB)	Management
Group A (very low risk)		 Focal therapy (Laser photocoagulation, Cryotherapy) Occasional chemotherapy if multiple tumors
Group B (low risk)	thickness) or • Macular location (≤3 mm to foveola)	Focal therapy (Laser, Cryotherapy, Plaque radiotherapy) alongside Systemic chemotherapy intra-arterial chemotherapy

Group C (moderate risk)	 Subretinal seeds ≤ 3 mm from tumour 	Systemic chemotherapy
	 Vitreous seeds ≤ 3 mm from tumour 	Intra-arterial chemotherapy (IAC)
	 Both subretinal and vitreous seeds ≤ 3 mm from tumour 	 Focal consolidation (Laser, Cryotherapy)
Group D (high risk)	 Subretinal seeds > 3 mm from tumour 	Systemic chemotherapy + IAC
	 Vitreous seeds > 3 mm from tumour Both subretinal and vitreous seeds > 3 mm 	 Intravitreal chemotherapy for seeding control
	from retinoblastoma	Enucleation
Group E (very high risk)	 Extensive tumour occupying >50% globe or with Neovascular glaucoma Opaque media from haemorrhage in anterior chamber(hyphema), vitreous or subretinal space Invasion of postlaminar optic nerve, choroid (>2 mm), sclera, orbit, anterior chamber 	 Primary enucleation (eye removal) with histopathological assessment Adjuvant chemotherapy if extraocular spread is found



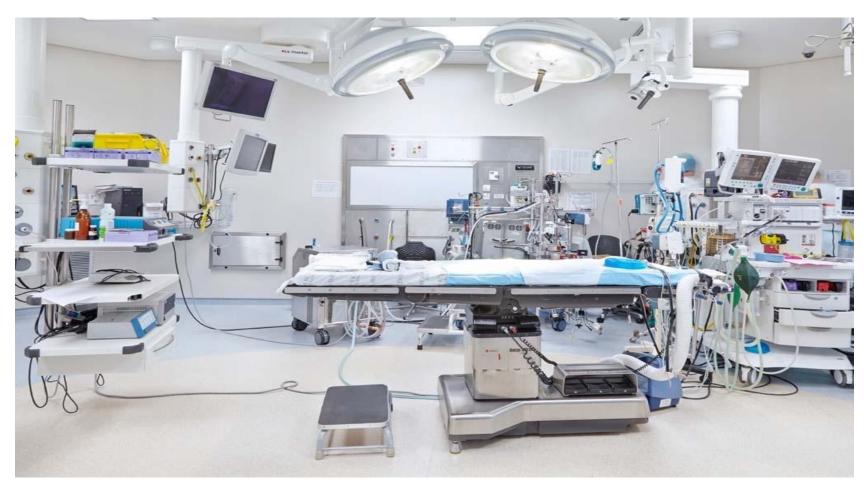
WHERE ARE WE?







WHERE WE ARE GOING?



EVERY CHILD DESERVES A WORLD WHERE THEY CAN SEE WHAT THEY FOUGHT TO LIVE IN (early

detection saves not just life but Sight too)

