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ROP MANAGEMENT: WHERE DID WE GO WRONG?

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Introduction:

ROP is an important cause of preventable childhood blindness. Though the outcomes are good if ROP is treated on time, not all cases progress as per the expectation.

Materials and methods:

A case of a preterm baby 26+4 week gestational age, birth weight 920 gm, on prolonged oxygen support with respiratory distress syndrome and early onset neonatal septicemia.
At post menstrual age (PMA) 29+4 weeks, baby had avascular retina in zone 1 with no plus disease.
At 2nd follow up, PMA 34+4 weeks, baby had an occlusive form of aggressive ROP in zone 1 for which he underwent bilateral avastin injection. Aggressive ROP regressed in 3 weeks and normal retinal vascularization started.
At PMA 43 weeks (8 weeks post avastin injection), disease recurrence was observed in zone 1. Both eyes underwent retinal laser treatment. Slow Disease regression was observed in follow up.
At PMA 49 weeks, the extraretinal proliferation increased for which additional retinal laser was done. Inspite of adequate retinal laser therapy, baby developed preretinal hemorrhage at the site of stage 3 disease in zone 2 with significant retinal traction.
For this, Baby underwent bilateral pars plana vitrectomy with preoperative avastin injection at PMA 53 weeks.

Results:

Inspite of the intervention, the baby continued to develop further traction and preretinal hemorrhage leading to stage 4 ROP in right eye and stage 5 ROP in left eye.

Conclusions:

Though the outcomes are good if ROP is treated on time, not all cases improve as per the expectation of the treating surgeon.
What if differently done, we could have had better outcome?