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Comment on a case of positive coronavirus disease 2019-infected patient with retinal detachment and a large macular hole: A case report

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Comment on a case of positive coronavirus disease 2019-infected patient with retinal detachment and a large macular hole: A case report

Respected Sir,

With great interest, I went through the article titled a case of positive coronavirus disease 2019 (COVID-19)-infected patient with retinal detachment and a large macular hole: a case report by Ahmed [1]. I would like to congratulate the author for having successfully managed a case of complex retinal detachment surgically during the ensuing COVID-19 pandemic. Early surgery in cases of retinal detachment usually results in good final visual acuity. Delay in diagnosis or delayed presentation can result in development of complications like proliferative vitreoretinopathy, which can make the surgical process technically demanding and also result in poor final functional and anatomical outcomes. The present COVID-19 pandemic is a challenge for both patients and health providers. Patients do not present with their symptoms early, fearing contacting the infection from the hospital. This delay in seeking medical advice can result in worsening of the initial disease.

Arjmand *et al.* [2] reported that patients with retinal detachment during the pandemic period presented with poorer visual acuity, greater quadrant involvement, and more macular involvement as compared with patients with retinal detachment before the pandemic. They concluded that closures after the pandemic affected the clinical characteristics of retinal detachment at presentation with respect to initial visual acuity, macular detachment, and extent of detachment. Zhao *et al.* [3] have reported on the risk factors for progression of rhegmatogenous retinal detachment in patients who had to undergo 14 days of quarantine before surgery. Progression of retinal detachment was defined as the presence of either choroidal detachment or proliferative vitreoretinopathy progression during the quarantine period. They noted that 88.6% of cases did not present to the hospital within 1 week of onset of symptoms. Progression of retinal detachment was noted in 26.6% of cases during the quarantine. They found that a combination of choroidal detachment and retinal breaks location posterior to equator was associated with progression of detachment and concluded that surgery should be scheduled as soon as possible in patients with such characteristics.

In the present case, the author was able to perform the surgery successfully using all safety precautions during the preoperative, intraoperative, and postoperative phases [1]. Timely surgical intervention resulted in good final outcomes. Surgery for retinal detachments should be performed early to achieve good outcomes. Surgery should not be delayed in COVID-19-positive cases. Surgical intervention and

postoperative care can be managed by using all safety measures as has been shown in this successful case.

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Conflicts of interest

There are no conflicts of interest.

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