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

Pradeep K. Panigrahi
Sikhsha O Anusandhan (deemed to be) University, doc.pkp25@gmail.com

Follow this and additional works at: https://jmisr.researchcommons.org/home
Part of the Medical Sciences Commons, and the Medical Specialties Commons

Recommended Citation
DOI: https://doi.org/10.4103/jmisr.jmisr_43_21

This Letter to the Editor is brought to you for free and open access by Journal of Medicine in Scientific Research. It has been accepted for inclusion in Journal of Medicine in Scientific Research by an authorized editor of Journal of Medicine in Scientific Research. For more information, please contact m_a_b200481@hotmail.com.
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.

**Financial support and sponsorship**
Nil.

**Conflicts of interest**
There are no conflicts of interest.

Pradeep K. Panigrahi
Department of Ophthalmology, Institute of Medical Sciences & SUM Hospital, Sikksha O Anusandhan (deemed to be) University, 8-Kalinga Nagar, Bhubaneswar, Orissa, India

**Correspondence to:** Pradeep K. Panigrahi, MS, Department of Ophthalmology, Institute of Medical Sciences & SUM Hospital, Sikksha O Anusandhan (deemed to be) University, 8-Kalinga Nagar, Bhubaneswar- 751 003, Orissa, India.
Tel: +91 917 809 5854/91 700 841 5881;
E-mail: doc.pkp25@gmail.com

**REFERENCES**


This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution‑NonCommercial‑ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non‑commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

**How to cite this article:** Panigrahi PK. Comment on a case of positive coronavirus disease 2019‑infected patient with retinal detachment and a large macular hole: A case report. J Med Sci Res 2022;5:79.