

BRIEF COMMUNICATION



# Causal factors for late presentation of retinal detachment

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Rhegmatogenous retinal detachment (RRD) is the most common ophthalmic emergency and is a major causes of visual loss in the United Kingdom (UK) [1]. With prompt surgery RRD can be successfully repaired with good visual outcomes in ~80–90% of all cases [2]. This is in contrast to late presentation retinal detachment, which has commonly been described in low-income countries and attributed to a lack of access to healthcare, rurality and cost [3]. Recently, we have identified that late presentation retinal detachment (LPRD) continues to occur in the UK [4].

To investigate the reasons for this late presentation we conducted a telephone survey to all patients with diagnosis of LPRD, defined as RRD with loss of central vision for 4 weeks or more, presenting between August 2018 and July 2021 at Moorfields Eye Hospital. Patients were asked three questions: 1) why was there a delay between onset of symptoms and clinic attendance? 2) Had you heard about retinal detachment before you suffered it? 3) Do you think that knowing about retinal detachment and its presenting symptoms could help people to attend earlier? In the subgroup of patients attending between March 2020 and April 2021, which was the critical period of COVID-19 lockdowns in the UK, we asked them one additional question: 4) did COVID-19 influence in some way the delay of the attendance? All telephone surveys were conducted by the same investigator (MT).

We identified 79 patients—50 (63%) male and 29 (34%) female. The average age was 60 years (SD 16, range 18–99): The mean onset of central visual loss was 13 weeks (SD 16, range 4–112). Within the total cohort, we were able to contact 58 patients and all agreed to answer the survey.

The results of the survey are summarised in Table 1. Overall, in the question N°1 90% of patients attributed their symptoms to no serious problem. 81% of patients had never heard about RRD and all (100%) thought that knowing about RRD and its presenting symptoms would have helped them to attend earlier, 83% of patients who answered the question N°4 declared that COVID-19 influenced the delay of their presentation.

We previously noted that LPRD does not appear to be related with socioeconomic or educational status [4]. Although cases can be treated with good anatomical results, there is a high incidence of proliferative vitreoretinopathy (PVR) and visual outcomes are often less favourable. In addition, there is an increase in cost to patients and healthcare systems [2, 4].

Although the UK has a comprehensive vitreoretinal service, free at the point of access the continued occurrence of LPRD and the underlying reasons for this demonstrate the need for further education of the public on the symptoms of RRD and the need for prompt assessment. Ophthalmologists and in particular vitreoretinal surgeons should play a leading role in this process.

**Table 1.** Telephone survey about causal factors for late presentation of retinal detachment.

Questions	Answers
1. Why there was a delay between onset of symptoms and clinic attendance?	<ul style="list-style-type: none"> <li>• No concern as thought nothing serious (90%)</li> <li>• Medical reasons (5%)</li> <li>• Patients abroad, decided to wait until coming back (3%)</li> <li>• Others (2%)</li> </ul>
2. Had you heard about retinal detachment before you suffered it?	<ul style="list-style-type: none"> <li>• Yes (19%)</li> <li>• No (81%)</li> </ul>
3. Do you think that knowing about retinal detachment and its presenting symptoms could help people to attend earlier?	<ul style="list-style-type: none"> <li>• Yes (100%)</li> </ul>
4. Did COVID-19 influence in some way the delay of the attendance?	<ul style="list-style-type: none"> <li>• Yes (83%)</li> <li>• No (17%)</li> </ul>

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## DATA AVAILABILITY

The data used to support the findings of this study are included within the article.

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## AUTHOR CONTRIBUTIONS

RA and DGC conceived and designed the research. RA, MYT and AM collected the data. MYT performed the survey. RA, AM and DGC analysed and interpreted the data. RA drafted the manuscript. RA, MYT, AM and DGC made critical revision of the manuscript.

## COMPETING INTERESTS

The authors declare no competing interests.

## ADDITIONAL INFORMATION

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