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Reply

We appreciate the comments of Basu and Jain, and their observation of retinal detachment, severe hypertension and chronic renal failure (CRF). The authors have asked about a routine ophthalmologic examination. Detailed ophthalmological examination was done only in subjects who had visual problems or hypertension in addition to those with hereditary nephropathy. In our series of 305 patients, 134 (43.8%) had hypertension and all these underwent eye evaluation. Patients had mild to moderate hypertensive changes in the fundus but none had retinal detachment. There is a possibility that subclinical detachment could have been missed in those who were not evaluated.

There are occasional case reports of retinal detachment in association with CRF in adults

but the only reported retinal changes associated with pediatric CRF are retinal degeneration and retinitis pigmentosa(1-3). Even in adults it is a relatively uncommon complication. In a report on 330 patients of pediatric retinal detachment in children, the chief causes were myopia, retinoschisis, cataract, glaucoma and ocular trauma(4). There are some anecdotal reports of association of retinal detachment with hypertension in childhood, but none had underlying CRF(5).

Based on the results of our patients that underwent eye examination, retinal detachment seems uncommon in children with CRF. The etiology of CRF as well as the fluid and electrolyte abnormalities are different in children as compared to adults, which might explain the relative paucity of ocular complications in them.

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