

Smartphone-assisted retinal evaluation in COVID-19 admitted patients

Dear Editor,

Recently, India has gone through the second wave of Coronavirus disease (COVID-19) pandemic. There has been a huge spike in the number of COVID-19 infected patients nationwide. Patients with comorbidities such as diabetes mellitus, hypertension, leukemias, and patients on immune-suppressants are more prone to develop COVID-19 infection. All these patients often need retinal evaluation by an ophthalmologist during their stay in the COVID-19 wards as many of them may have co-existing sight-threatening retinopathies. Additionally, during the second wave of the COVID-19 pandemic, rhino-orbital-cerebral mucormycosis (ROCM) cases also have emerged like an epidemic.^[1] ROCM patients tend to develop retinal manifestations like central retinal artery occlusion, orbital infarction syndrome, disc edema, serous retinal detachment, etc.^[2] They also need daily or alternate day fundus review to

document the findings and prevent further sight-threatening complications.

As ophthalmologists, we have been performing our duties at the COVID-19 designated hospital at our institute since the initiation of the COVID-19 pandemic. We perform a retinal evaluation of COVID-19 infected patients admitted with other systemic co-morbidities like cerebral venous thrombosis (CVT), head injury to rule out papilledema, diabetes mellitus, hypertension, mucormycosis, etc.^[3] Mucormycosis patients in the COVID-19 ward are reviewed by the ophthalmology residents on daily basis for monitoring disease progression, new retinal lesions, and response to treatment. All these cases often need a second opinion by a senior resident or retina specialist. To reduce the undue exposure in the COVID-19 wards, we have started performing smartphone-based retinal evaluation for all these patients. Retinal images are recorded with a video mode on, smartphone flashlight on, positioning a 20 diopter condensing lens coaxially to the phone and the patient's pupil. Junior residents posted in the COVID-19 wards are all trained to perform bedside retinal photography [Fig. 1] After recording the images, either the senior resident or the retina specialist are contacted via phone or email for expert opinion. This technique

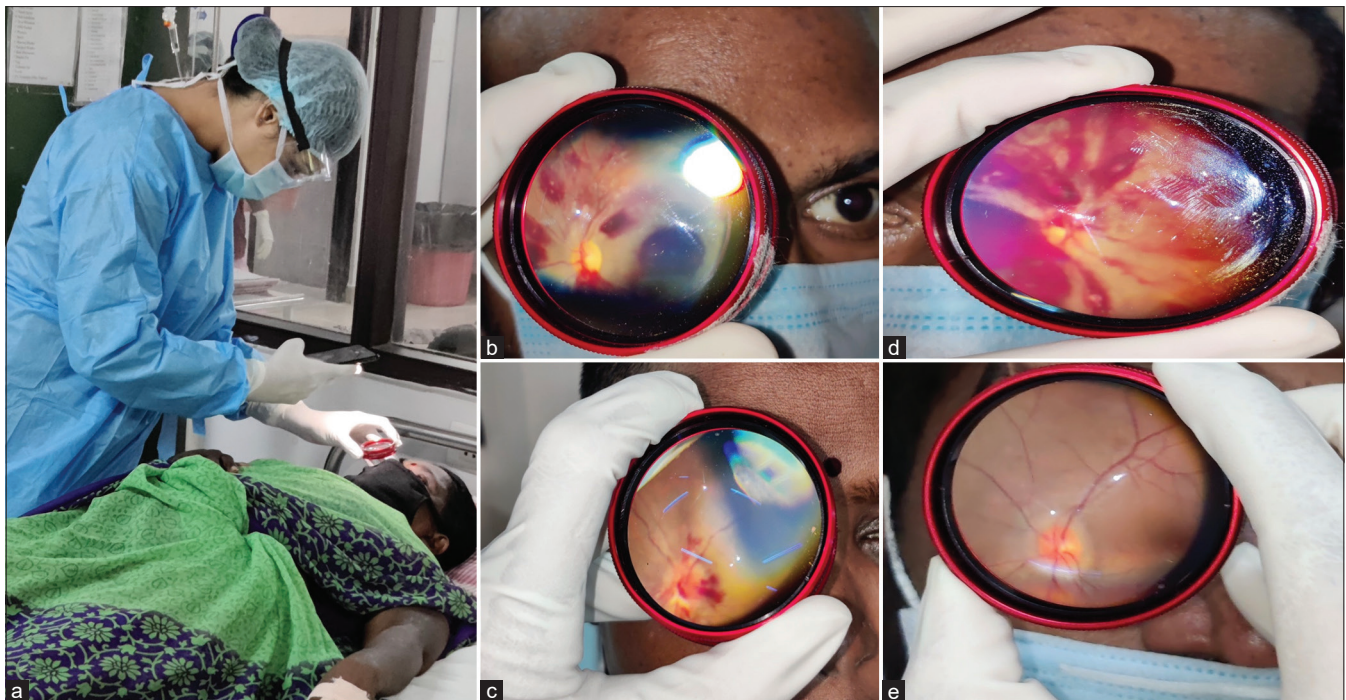


Figure 1: (a) Capturing fundus photography using smartphone; (b) and (d) RE and LE images of a patient with leukemia showing multiple superficial retinal hemorrhages, roth spots, and preretinal hemorrhages; (c) and (e) RE and LE images of a patient showing bilateral disc edema suggestive of papilledema

has been extremely beneficial for bedside documentation of the fundus findings, regular follow-up, and initiating ocular treatment at the earliest whenever indicated. Smartphone fundus photography is already being used in ophthalmology for different conditions.^[4-6] We, hereby, advocate to use this simple and easily available technique for documenting retinal findings in patients admitted in the COVID-19 wards to facilitate early diagnosis and intervention, and to reduce unnecessary exposure.

Declaration of patient consent

Patient consent was obtained for the publication of images.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Sandip Sarkar, Tanmay Gokhale, Farnaz Y, Amit Kumar Deb

Department of Ophthalmology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry, India

Correspondence to: Dr. Amit Kumar Deb,

Department of Ophthalmology, Jawaharlal Institute of Postgraduate Medical Education and Research, Puducherry - 605 006, India.
E-mail: amitjipmer@yahoo.co.in

References

1. Sen M, Honavar SG, Bansal R, Sengupta S, Rao R, Kim U, *et al.* Epidemiology, clinical profile, management, and outcome of COVID-19-associated rhino-orbital-cerebral mucormycosis in 2826 patients in India – Collaborative OPAI-IJO study on mucormycosis in COVID-19 (COSMIC), report 1. *Indian J Ophthalmol* 2021;69:1670-92.

2. Sen M, Honavar SG, Sharma N, Sachdev MS. COVID-19 and eye: A review of ophthalmic manifestations of COVID-19. *Indian J Ophthalmol* 2021;69:488-509.
3. Deb AK, Gokhale TN, Mani M, Sarkar S. Perspective of ophthalmologists providing direct care to COVID-19 positive patients at JIPMER, Puducherry. *Indian J Ophthalmol* 2020;68:2315-6.
4. Goyal A, Gopalakrishnan M, Anantharaman G, Chandrashekharan DP, Thachil T, Sharma A. Smartphone guided wide-field imaging for retinopathy of prematurity in neonatal intensive care unit – A Smart ROP (SROP) initiative. *Indian J Ophthalmol* 2019;67:840-5.
5. Raju B, Raju NSD. Regarding fundus imaging with a mobile phone: A review of techniques. *Indian J Ophthalmol* 2015;63:170-1.
6. Shanmugam MP, Mishra DK, Madhukumar R, Ramanjulu R, Reddy SY, Rodrigues G. Fundus imaging with a mobile phone: A review of techniques. *Indian J Ophthalmol* 2014;62:960-2.

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.

Access this article online	
Quick Response Code:	Website: www.ijo.in
	DOI: 10.4103/ijo.IJO_2043_21

Cite this article as: Sarkar S, Gokhale T, Farnaz Y, Deb AK. Smartphone-assisted retinal evaluation in COVID-19 admitted patients. *Indian J Ophthalmol* 2021;69:2884-5.