enucleation was performed because of the rapid development of subretinal or choroidal masses thought to be consistent with either choroidal invasion or hemorrhage. Systemic and ocular problems from sickle cell disease are well known, but both systemic and ocular complications with sickle trait have also been reported. Strokes, pulmonary emboli during pregnancy and even death from influenza or vigorous exercise have been related to sickle cell trait [4]. Ocular complications include cilio-retinal artery, central retinal artery and central retinal vein occlusion [5]. All of these share lowered oxygen tension and/or dehydration as a precipitating factor. Normally hemoglobin does not polymerize during passage through capillaries because the transit time is short. Patients with sickle cell trait who have longer transit times, especially if oxygen tension is lowered, do transiently sickle, causing local vascular obstruction6. During chemosurgery the small catheter (400-450 microns) within the small ophthalmic artery of babies (500-1,000 microns) may slow blood flow, increase transit time, decreased oxygen tension, and predispose the eye to sickle induced vascular occlusion. The risk of vascular occlusion with intra arterial chemotherapy may be higher in children with sickle cell disease and sickle cell trait and we encourage clinicians to be on the lookout for such associations.

Fig. (2b). Gross of eye enucleated demonstrating subretinal blood.

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CONFLICTS OF INTEREST

The authors have no conflicts of interest to report with regard to this manuscript.

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Fig. (2c). Histology of eye after enucleation (insert demonstrates a completely calcified retinoblastoma). There is massive subretinal hemorrhage. There is no viable tumor.

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