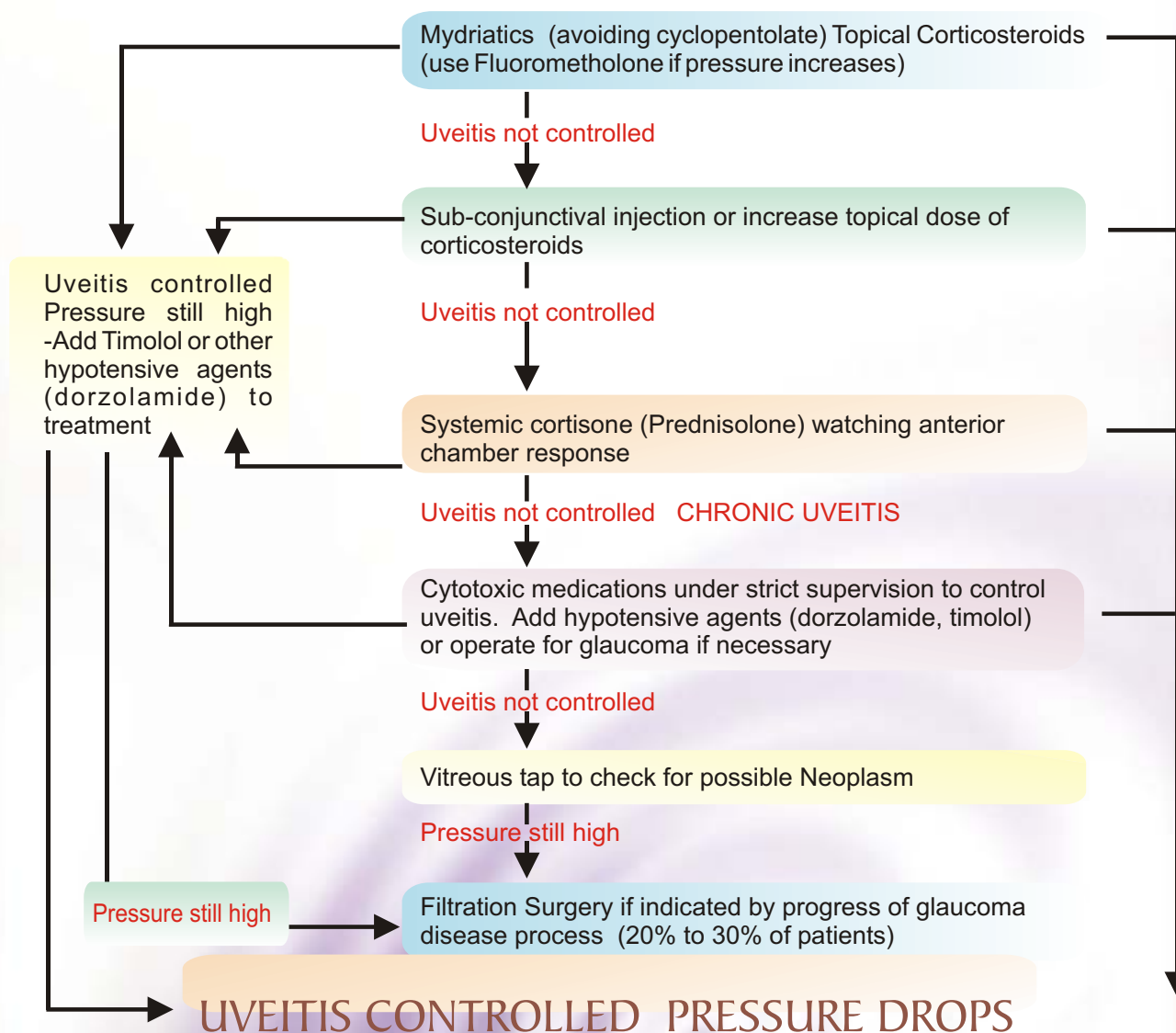


Practical pointers on
CONTROL OF SECONDARY OPEN ANGLE GLAUCOMA WITH UVEITIS

REGIMEN FLOW CHART FOR CONTROL OF
SECONDARY OPEN ANGLE GLAUCOMA WITH UVEITIS





CONTROL OF SECONDARY OPEN ANGLE GLAUCOMA WITH UVEITIS

SECONDARY OPEN ANGLE GLAUCOMA WITH UVEITIS (UVEITIC GLAUCOMA)

In uveitic glaucoma the patient first develops uveitis, either due to trauma, systemic disease or idiopathically. The ensuing inflammation results in a rise in IOP through several mechanisms.

Often, the inflammatory cells physically block the trabecular meshwork, decreasing aqueous outflow, with the angle remaining open. Occasionally, the inflammatory cells and fibrous protein will form a connective bridge between the peripheral iris and cornea, pulling these structures into apposition, and resulting in an angle closure with peripheral anterior synechiae (PAS) formation.

Because the inflammatory cells and protein in the anterior chamber form adhesions between the posterior iris and anterior lens, posterior synechiae commonly form. This will lead to iris bombé, secondary angle closure and peripheral anterior synechiae formation. There may also be a combination of mechanisms that increase IOP. Untreated, the patient will eventually experience glaucomatous optic atrophy, or possibly central retinal artery occlusion.

Successful management of uveitic glaucoma involves prompt and aggressive measures.

CLINICAL PEARLS

- Avoid pilocarpine and other miotics in inflammatory glaucoma. Miotics will induce ciliary spasm and increase inflammation, fostering both posterior and peripheral anterior synechiae.
- Steroids are absolutely necessary to manage inflammatory glaucoma. However, practitioners tend to be hesitant to prescribe steroids for patients with elevated IOP for fear of a concomitant steroid-induced pressure rise. One must realize that steroids will not increase IOP for at least two weeks, and this pressure rise only occurs in one-third of the population. In fact, steroids will actually reduce IOP by quelling the inflammation. Withholding steroids in inflammatory glaucoma is extreme mismanagement.
- Strong cycloplegia is necessary in managing uveitic glaucoma. The use of tropicamide or other weak cycloplegic agents is considered poor management.
- Avoid the prostaglandin analog latanoprost since, as in any inflammatory condition, there will already be copious amounts of prostaglandins in the anterior chamber and latanoprost will not provide any benefit

Remember: Treat the inflammation first and the IOP secondarily!

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