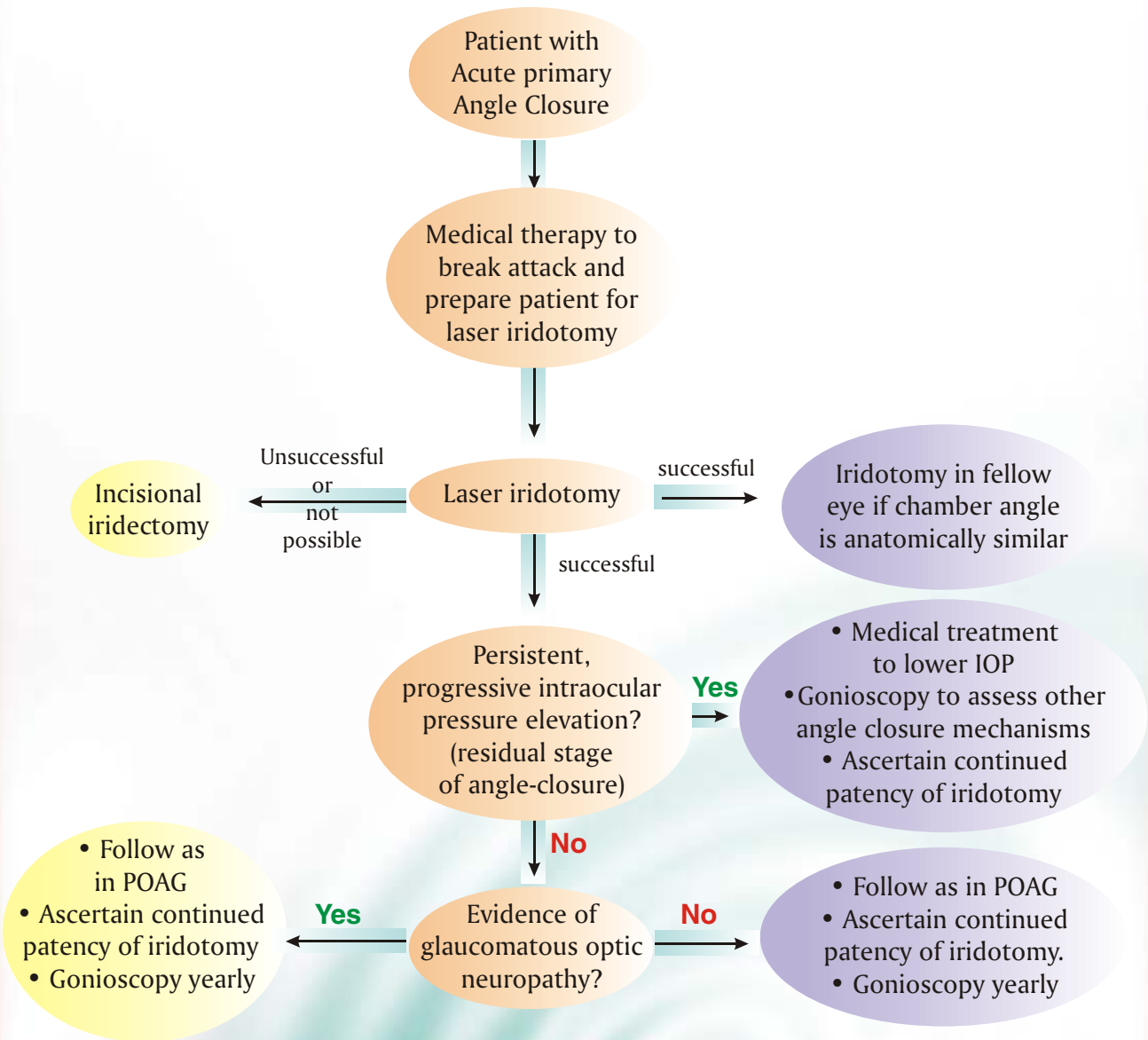


Practical pointers on MANAGEMENT OF PRIMARY ANGLE CLOSURE GLAUCOMA





Management of primary angle closure glaucoma (PACG)

■ PACG Suspect

These eyes have a shallow anterior chamber, and an 'occludable' angle, but the trabecular meshwork is visible after indentation or manipulative gonioscopy, (appositional closure). Following a baseline IOP and gonioscopy, the patient is placed in a dark room in the prone position for 45 minutes. The IOP and gonioscopy are reassessed in dim light. A rise of 8 mmHg IOP with narrowing of angles is suggestive of a positive test, and prophylactic iridotomy is recommended.

■ Subacute, primary angle closure

Patients present with complaints of unilateral headache or eye ache, blurring of vision and ipsilateral, coloured halos for a few minutes. These attacks normally follow near work in dim light or classically in a movie theatre. A sharp rise in IOP occurs due to a relative pupillary block. Laser peripheral iridotomy is recommended in both eyes. These patients need to be reviewed periodically for many years as they may later manifest a chronically elevated IOP.

■ Acute, primary angle closure

A sudden and significant pupillary block leading to abrupt closure of a considerable extent of the trabecular meshwork results in a sudden and severe rise in IOP to over 60-70 mmHg. This causes marked corneal edema and the resulting severe pain associated with vomiting. Immediate management necessitates the use of IV Mannitol, after ruling out systemic contraindications and oral acetazolamide and glycerol. Once the intraocular pressure comes down, a couple of pilocarpine 2% drops help produce miosis and break the pupillary block. Topical steroids for a few hours decrease intraocular inflammation and allow an adequate laser iridotomy. Gonioscopically the extent of angle closure needs to be evaluated with both indentation and manipulation. In the presence of PAS > 180°, chronically elevated IOPs may be expected, and the patient will require long term medical therapy or surgery.

■ Chronic, primary angle closure glaucoma

Chronic PACG has three features - extensive synechial closure of the angle, glaucomatous optic neuropathy and field loss.

Reference: <http://www.aao.org/aaeducation/library>

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