

Glaucoma Revisited

Glaucoma being the commonest cause of irreversible blindness all over the world is rather complex disorder requiring timely detection and optimal management to preserve the remaining vision. Whatever vision has been lost is permanent and irreversible, hence the need for earliest detection and appropriate management.

In our part of the world the incidence of angle closure and open angle glaucoma seems nearly equal.

While the chronic simple glaucoma (POAG) is branded as slow, insidious, asymptomatic disease and angle closure glaucoma as acute symptomatic disorder, we have to bear in mind a few important facts.

1. Not all angle closure glaucomas present as acute symptomatic disorder.
2. Angle closure glaucoma can cause visual loss in very short period and delay in its management is disastrous.
3. Angle closure glaucoma is a different type of disorder requiring immediate specific management with inexpensive miotics like pilocarpine, followed by non-invasive laser iridotomy or simple surgical intervention like peripheral iridectomy, achieving permanent cure in most of the cases.

On the contrary chronic simple glaucoma requires very expensive, life long medications with systemic side effects or complex surgical interventions with less than desired outcomes with chances of early and late complications.

While very expensive time consuming at times unreliable and inconclusive diagnostic tests are required for chronic simple glaucoma, the most important and

inexpensive test to diagnose angle closure glaucoma is gonioscopy which unfortunately is usually ignored.

Perimetry also despite being time consuming and expensive is an important and necessary investigation in glaucoma though its role in diagnosis of early glaucoma is unreliable. It is very useful in differentiating typical and diagnostic glaucoma visual field defects from visual field defects of other disorders like hemianopias and pituitary tumors etc.

Perimetry is again of limited help in follow up of established glaucoma cases unless it is precisely correlated with disc changes.

The most important investigation in glaucoma is the appearance of optic disc, provided the size of the disc and position of cup is taken into consideration. The cup disc ratio is still an important criterion in diagnosis and follow up of glaucoma if the size of the cup, with its location, shape, eccentricity and distance between the edge of the cup and neural rim is properly recorded.

Recently more stress is laid on the relationship of disc size with neural rim size, recording the rim size at its narrowest part and if absent document its position and extent in follow ups to evaluate the disc damage likelihood index.

M Lateef Chaudhry

Editor in Chief

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