

GLAUCOMAS

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Aqueous humor is produced in the ciliary body and drained from iridocorneal angle. There is a delicate balance between production and outflow of humor aqueous. In glaucoma both production and outflow are altered. If the outflow system is impaired to the point that IOP begins to increase.

Clinical Signs:

- ✓ Corneal edema
- ✓ Enlarged episcleral vessels
- ✓ Fixed, dilated pupil
- ✓ Aphakic crescent
- ✓ Luxated lens
- ✓ Iris atrophy
- ✓ Shallow anterior chamber
- ✓ Buphthalmos
- ✓ Increased IOP
- ✓ Loss of corneal sensitivity

Diagnostic Methods

- Tonometry
- Ophthalmoscopy
- Gonioscopy

CLASSIFICATION

Primary and secondary

1. Primary Glaucomas

a. Primary Open Angle Glaucoma

drainage angle appears gonioscopically normal

b. Primary Angle-Closure Glaucoma

drainage angle appears gonioscopically narrowed or closed

2. Secondary Glaucomas

associated with other ocular and systemic disorders (obstruction of the iridocorneal angle [uveal cysts, neoplastic cells, inflammatory cells, scar tissue, viscoelastic materials], pupillary block)

unilateral or bilateral

TREATMENT

The higher the IOP and the longer it remains increased, the less the chance that vision can be restored.

Emergency Treatment of Acute Glaucoma

1. Latanoprost
2. Mannitol
3. Pilocarpine

In long term management of glaucoma, surgical techniques (cyclocryotherapy, laser cyclophotocoagulation, gonioimplantation, enucleation) may be used.