Acute angle closure glaucoma: relative failure of YAG iridotomy

EDITOR,—The recent paper by Buckley and others raises interesting issues with respect to the management of acute angle closure glaucoma. However, their conclusion may not be valid, namely 1 . . . it would appear that if there is a delay in presentation, especially in the elderly patient, surgical iridectomy should be given consideration as the first surgical option.2

The data show that patients who had a Nd-YAG laser iridotomy as the initial procedure (YPI) had a significantly greater risk of needing a second surgical procedure (repeat YPI, surgical iridectomy, or trabeculectomy) when compared with patients who had a surgical iridectomy as an initial procedure. In the YPI group, logistic regression analysis showed that duration of the acute attack was the only variable for which there was any suggestion of an association with the need for further surgery (repeat YPI, surgical iridectomy, or trabeculectomy). It does not follow that, if there is a delay in presentation, surgical iridectomy should be considered as the first surgical option, but rather a surgical procedure (YPI, surgical iridectomy, or trabeculectomy).

The paper does not consider the advantages of peripheral iridectomy over trabeculectomy, but it might be suggested that in elderly patients with a delay in presentation, trabeculectomy should be undertaken as the first 'surgical' option. Based on their data, this seems to be a fair assumption — no cases that underwent trabeculectomy needed a second procedure and 82% were controlled without additional medication. Furthermore, this surgery was undertaken in patients with the longest duration of symptoms (and presumably in those with advanced chronic angle closure). Although malignant glaucoma has been reported as a complication of trabeculectomy in primary angle closure glaucoma in other studies, presumably this was not a problem in the cases in this series that underwent trabeculectomy. (Table 2 — no patient underwent vitrectomy or vitreous aspiration.)

Because it is difficult to predict on presentation which patients with chronic angle closure glaucoma will subsequently require trabeculectomy, a well performed Nd-YAG laser iridotomy followed, if necessary, by medical therapy and trabeculectomy has been reported to be an effective method of dealing with this problem.3 4 However, in the light of the findings of their paper and in order to give clear guidelines on treatment of patients with acute glaucoma and a significant delay in presentation, a randomised prospective surgical trial of surgical peripheral iridectomy versus trabeculectomy may be useful to provide guidelines on the treatment of these patients.

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Acute angle closure glaucoma was reported to be common in patients undergoing YAG iridotomy in this study. In order to prevent this complication, it is important to ensure that the patient is sufficiently stable and that the iridotomy is performed under adequate conditions.

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REFERENCES

Keratoconus Self Help and Support Association

For some time keratoconus patients at Moorfields Eye Hospital have met as a self help and support group. On 10 March 1994 this was formally constituted as the Keratoconus Self Help and Support Association. Mr Roger Buckley, MA, FRCS, FRCORPh, Director of Moorfields Contact Lens Department, accepted the Association's invitation to become its president. The Association aims to heighten awareness of keratoconus, its effects, and management, both within the medical and optical professions and generally. Funds are to be raised for publication of a pamphlet for this purpose. While the condition does not lead to blindness, for some the deterioration is such that a corneal transplant is the only option. Even then a contact lens may still be needed. There will be active support for research, regular meetings, and other activities including fundraising and a newsletter. Links are already being established with related societies and associations. Nor will the Association lose sight of its principal purpose, help and support for keratoconus sufferers. All keratoconus sufferers are welcome to join and associate membership is open to any interested non-sufferer. Further details: Mike Oliver (chairman), 39 Eversley Road, London SE7 7LF.

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NOTICES

A course entitled '1995 Update in the Management of Age-Related Macular Degeneration' will be held on 21 January 1995 at the Thomas B Turner Building, Johns Hopkins Medical Institutions, Baltimore, Maryland, USA, sponsored by The Wilmer Ophthalmological Institute of Johns Hopkins Medical Institutions. Further details: Program Coordinator, Johns Hopkins Medical Institutions, Office of Continuing Medical Education, 720 Rutland Avenue, Turner 20, Baltimore, MD 21205-2195, USA. (Tel: (410) 955-2999; Fax: (410) 955-0807.)

Office of Continuing Medical Education

The International Society for Optical Engineering (SPIE) will hold a conference entitled 'Photonics West '95' on 4–10 February 1995 at the San Jose Convention Center, San Jose, California, USA. This meeting consolidates three established California meetings, OE/LASE, Biomedical Optics, and the IS&T/SPIE Symposium on Electro-optics Imaging Science and Technology. Further details: SPIE, PO Box 10, Bellingham, WA 98227–0010, USA. (Tel: 206/676–3290; Fax: 206/647–1445.)

Photonics West '95
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