

Laser PI is Not Enough for PAC and PACG

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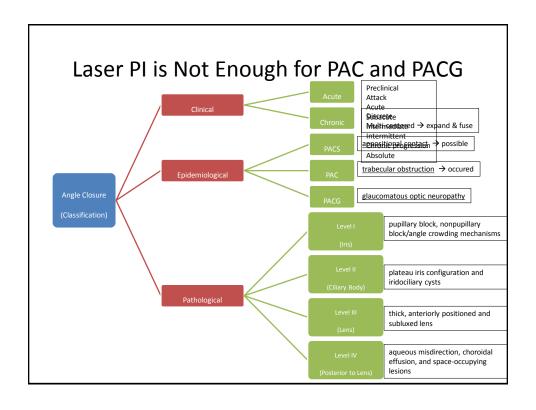
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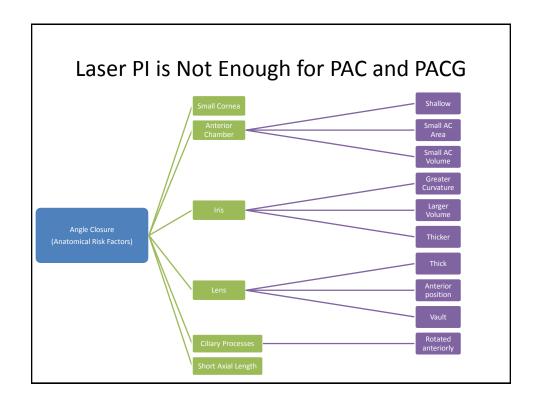
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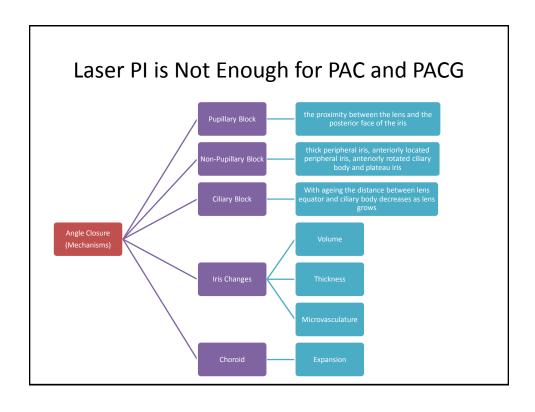
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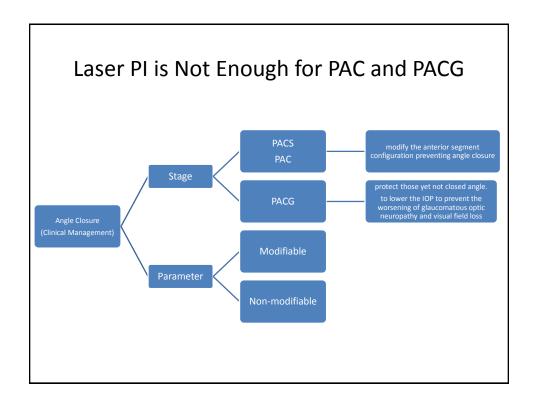
Overview

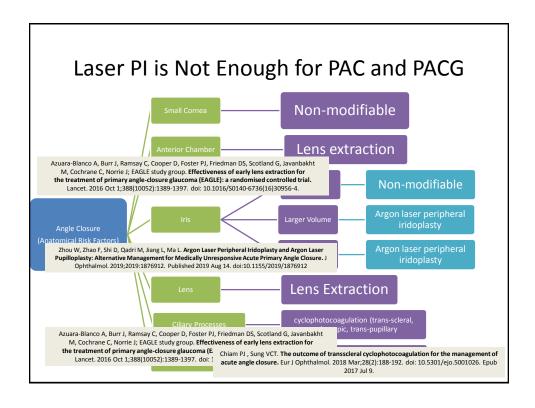
- What is the spectrum of angle closure? (Classification (clinical, Epidemiologic, Pathologic))
- What makes more eyes prone to angle closure? (Anatomical risk factors)
- How does angle closure happen? (Mechanisms)
- What is the treatment of angle closure? (Treatment options)

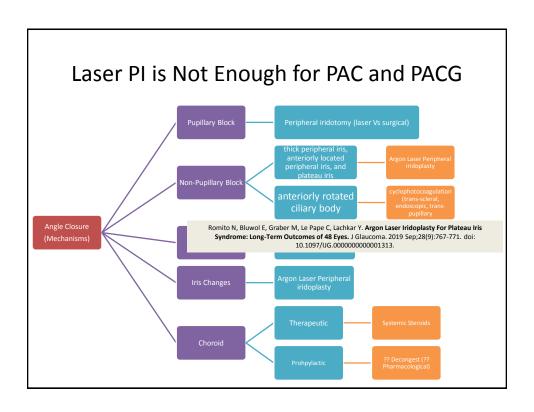












Laser PI is Not Enough for PAC and PACG

PACG: PAC together with evidence of glaucomatous optic neuropathy →

- Filtering surgery (trabeculectomy) (± antimetabolites)
- Filtering surgery in combination with →
 - lens extraction (phacoemulsification)
 - angle surgery (trabeculotomy)
- Selective laser trans

• Goniosynechiolys is El Sayed YM , Elhusseiny AM, Albalkini AS, El Sheikh RH, Osman MA. Mitomycin Caugmented Phacotrabeculectomy Versus Phacoemulsification in Primary Angle-closure Glaucoma: A Elwehidy AS, Bayoumi NHL, Badawi AE, Hagras SM, Kamel R, MD, PhD. Combined phacoemulsification-viscosvnechialvsis-trabeculotomy versus phacotrabeculectomy in Kurysheva NI, Lepeshkina LV, Shatalova EO. Predictors of Outcom in Selective Laser Trabeculoplasty: A Long-term Observation Study in Primary Angle-closure Glaucoma After Laser Peripheral Iridotomy Compared With Primary Open-

angle Glaucoma. J Glaucoma. 2018 Oct;27(10):880-886. doi: 10.1097/IJG.000000000001048.

Take Home Message

- There are multiple mechanisms underlying angle closure
- Each mechanism dictates its own therapeutic approach
- Tailoring of treatment to every eye is mandatory for an optimum outcome

