

16 - 20 February 2012
Abu Dhabi National Exhibition Centre
Abu Dhabi, United Arab Emirates

Overview of Primary Congenital Glaucoma

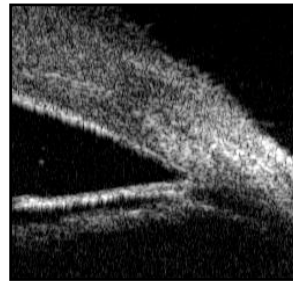
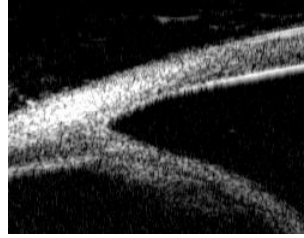
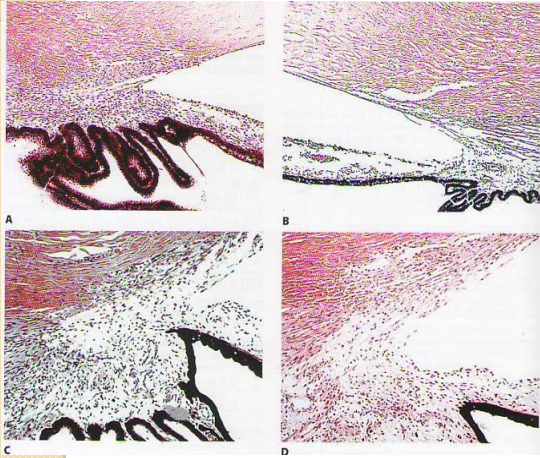
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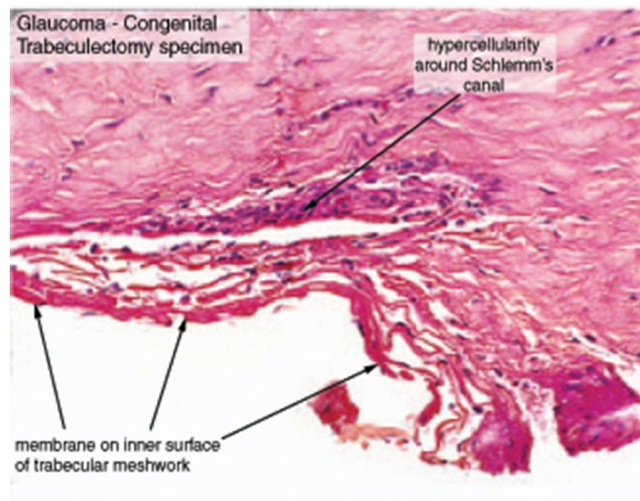
Primary Congenital Glaucoma

- Anatomy
- Pathology
- Diagnosis
- Initial treatment
- Follow-up and Recurrence
- Visual rehabilitation

Anatomy



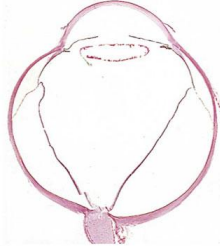
Pathology



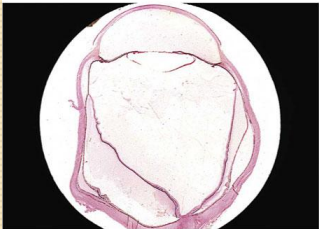
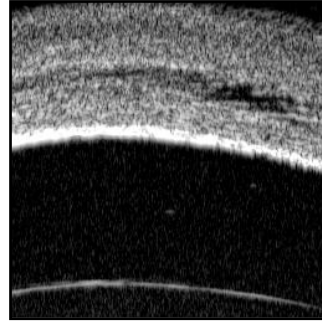
Pathology



A



B



C



D

Diagnosis



Initial treatment

- Beta Blockers
- Carbonic Anhydrase inhibitors



Follow-up

- First visit after surgery
- Frequency of visits
- Measurement of IOP and examination under sedation
- Determination of error of refraction and fitting of spectacles



Recurrence

- When to expect it?
- How to confirm it?
- What to do?

Guidelines to management

- 1- Better not to repeat the same surgery except Goniotomy
- 2- Role of antimetabolites
- 3- Drainage implants
- 4- Cyclodestruction (Diode laser)
- 5- Medical treatment

1) The concept of surgical interval..!

2) The concept of combining surgeries..!

3) Breaking the surgical rules:

When...?

Low vision peculiarities in children with glaucoma

- Restricted visual field.
- Diminished contrast sensitivity.
- Diminished color vision.



Impact of LV on daily living activities

- *Difficulty in mobility & navigation.*
- *Defective reading acuity & low reading speed.*
- *Impaired colored perception*
- *Difficulty in participation in leisure activities*

Low vision rehabilitation

- *Optical aids = magnifiers & field enhancers .*
- *Non optical aids : filters, contrast enhancers, electronic aids .*
- *Mobility & navigation training.*



Optical Aids

- Magnification: aim to use lowest possible
- Higher magnification = smaller magnifier lens, therefore smaller field of view



Non- Optical devices

Lighting



Filters



Increase Contrast

Electronic Magnifiers



Orientation and Mobility



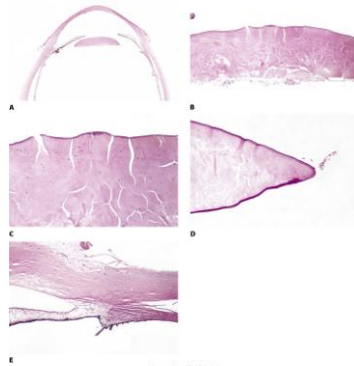


Fig. 10-6. Lenz's syndrome. A, Small, distended, cataractous lens seen. Note Langer's fold, a fusiform infold, of the zonula. B and C, Cataractous lens contains anteroposteriorly flattened, lens nucleus of lens nuclei in fetal nucleus of lens, similar to retina (see Fig. 2-17). D, Perforin acid-Schiff stain shows abnormal lens capsule excrescences just posterior to the equator on the right. Note generalized posterior lens capsule thickening. E, Anterior chamber angle shows "infantile" (late embryonic) configuration.