

Update on angle-closure glaucoma: diagnosis

ATUALIZAÇÃO EM GLAUCOMA DE ÂNGULO FECHADO: DIAGNÓSTICO

JAIR GIAMPANI JR, WANDERLEY M. BERNARDO AND RICARDO SIMÕES

<http://dx.doi.org/10.1590/1806-9282.60.04.002>

1. What is the importance of gonioscopy in the diagnosis of patients with angle-closure glaucoma?

- a. It allows the extension of a given open angle to be established.
- b. This is the most relevant examination for the classification of glaucoma.
- c. Excessive pressure exerted on the lens can reduce the opening angle of the anterior chamber.
- d. It does not allow differentiation between the apposition of the iris and the true goniosynechia.

2. What is the role of UBM (ultrasound biomicroscopy) in the diagnosis of patients with angle-closure glaucoma?

- a. The disadvantage is the impossibility of assessing retro-iridian structures.
- b. The main advantage is the immersion of the ultrasound probe.
- c. The apposition of the iris to the outer wall of the cameral sinus has been more frequently detected by UBM than gonioscopy.
- d. UBM can replace the semi-quantitative analysis of gonioscopy.

3. What is the role of AS-OCT (anterior segment optical coherence tomography) in the diagnosis of patients with angle-closures glaucoma?

- a. The main advantage is the possibility of assessing retro-iridian structures.
- b. It is the traditional method and reference for the diagnosis of angle-closure glaucoma.
- c. AS-OCT does not allow assessment of iris profile.
- d. AS-OCT is useful for quantitative evaluation of the cameral sinus.

4. Can AS-OCT replace gonioscopy?

- a. The sensitivity of OCT (98%) to detect closed angles is always greater.
- b. There is greater concordance between the two methods in detecting closed angles in the upper quadrants.

c. OCT can replace the semi-quantitative analysis of gonioscopy.

d. The specificity of OCT (98%) to detect closed angles is always greater.

5. What is the validity of the prone-position test in dark room in the diagnosis of angle-closure glaucoma?

- a. Definitive diagnosis of chronic angle-closure glaucoma.
- b. Identification of “congestive glaucoma,” with positivity in 98% of cases.
- c. Checking the probability of angle closure when there is IOP elevation.
- d. Diagnosis of angle closure, with positivity in 98% of cases.

ANSWERS TO CLINICAL SCENARIO: UPDATE ON POLYCYSTIC KIDNEY DISEASE (HEREDITARY): GENETIC DIAGNOSIS AND COUNSELING [PUBLISHED IN 2014; 60(3)]

1. In prenatal and neonatal context, is ultrasonography sufficient to confirm the clinical diagnosis of autosomal recessive polycystic kidney disease (ARPKD)?

Renal ultrasound abnormalities are detectable from the 13th week of pregnancy when the diagnosis was previously established in an affected sibling. (Alternative D)

2. In the context of an adult, if the result of the ultrasound examination is inconclusive, does the molecular test allow reaching a definitive conclusion?

The type and position of mutations in the PKHD1 gene provide information about the prognosis of the disease. (Alternative C)

3. Does ultrasound examination allow confirming the clinical diagnosis of autosomal dominant polycystic kidney disease. (ADPKD)?

In patients aged 15 to 29 years with 3 or more unilateral or bilateral cysts, the sensitivity is 69.5% and specificity is 100%. (Alternative A)

4. What are the advantages and disadvantages of indirect *versus* direct approaches in molecular testing for ADPKD?

Haplotype analysis is quick, simple and inexpensive. (Alternative **B**)

5. What is the role of molecular testing for genetic counseling of a couple or family that carries ADPKD?

Molecular tests are the only investigation that can provide predictive information about ADPKD in individuals before clinical signs and symptoms develop. (Alternative **A**)