

Update on angle-closure glaucoma: treatment

ATUALIZAÇÃO EM GLAUCOMA DE ÂNGULO FECHADO: TRATAMENTO

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1. On prophylactic laser iridotomy, in the contralateral eye, in a patient with acute primary angle closure in one eye, we can affirm that:

- a. It can prevent similar episodes in many cases.
- b. There is no increase in intraocular pressure (IOP) in treated cases.
- c. Cases with higher IOP have less chances of requiring additional treatment.
- d. In such cases, surgical iridectomy should be preferred over laser iridotomy.

2. The differences between prophylactic laser iridotomy (PLI) and prophylactic surgical iridectomy include:

- a. PLI is more effective.
- b. PLI costs less.
- c. The surgical procedure is safer.
- d. The surgical procedure is more effective.

3. It is not a complication of PLI:

- a. Acute IOP rise.
- b. Anterior uveitis.
- c. Clinical improvement of cataract.
- d. Corneal decompensation.

4. Which anatomic situation of the camerular sinus is an indication for prophylactic laser iridotomy?

- a. All cases of suspected primary angle closure.
- b. All cases diagnosed as primary angle closure.
- c. In cases without adhesions but with the presence of imprint.
- d. All cases of occludable angle, but with normal IOP and absence of adhesions and/or imprint.

5. Factors involved in the indication of PLI in cases of suspected primary angle closures include all of the following, except:

- a. Lack of symptoms.
- b. Family history of glaucoma or blindness.
- c. Patient follow-up capacity.
- d. Social and economic status.

ANSWERS TO CLINICAL SCENARIO: ANGLE-CLOSURE GLAUCOMA: DIAGNOSIS [PUBLISHED IN RAMB 2014; 60(4)]

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

This is the most relevant examination for the classification of glaucoma. (Alternative B)

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

The apposition of the iris to the outer wall of the camerular sinus has been more frequently detected by UBM than gonioscopy. (Alternative C)

3. What is the role of AS-OCT (Anterior Segment Optical Coherence Tomography) in the diagnosis of patients with angle-closure glaucoma?

AS-OCT is useful for quantitative evaluation of the camerular sinus. (Alternative D)

4. Can AS-OCT replace gonioscopy?

There is greater concordance between the two methods in detecting closed angles in the upper quadrants. (Alternative B)

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

Checking the probability of angle closure when there is IOP elevation. (Alternative C)