

PRECISE INFORMATION ON PRIMARY ANGLE CLOSURE
GLAUCOMA

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ABSTRACT:

This paper describes about Primary Angle Closure Glaucoma, its Clinical Features and its Treatment modalities.

INTRODUCTION:

In case of Primary Angle Closure Glaucoma, due to some specific reason angle of Anterior Chamber is obstructed and Intra Ocular Pressure may spike up to 40 to 60 mm of Hg.

The main reason of the Angle of the Anterior Chamber are:

- ✚ Pupillary Block Mechanism
- ✚ Platuae Iris Syndrome

PUPILLARY BLOCK MECHANISM

Here, part of the Iris or Pupil is attached to the anterior surface of the crystalline lens.

PLATUAE IRIS SYNDROME

In case of Platuae Iris Syndrome, actually “Iris Infold” is occurring into the Angle of the Anterior Chamber. Pilocarpin Eye drops is used to try to treat Platuae Iris Syndrome.

CLASSIFICATION OF PRIMARY ANGLE CLOSURE GLAUCOMA

1. Primary Angle Closure (PAC) Suspect
 - A. Here Iris and Trabecular Meshwork contact is greater than 270 degree
 - B. IOP is in normal
 - C. No changes in Optic Disc and Optic Cup ratio
 - D. No changes in Visual Field
2. Primary Angle Closure (PAC)
 - A. Features of (PAC) Suspect and IOP is spike
 - B. No changes in Optic Disc and Optic Cup ratio
 - C. No changes in Visual Field
3. Primary Angle Closure Glaucoma (PACG)
 - A. Features of (PAC) Suspect and Features of (PAC)
 - B. Visual field is damaged.

STAGES OF PRIMARY ANGLE CLOSURE GLAUCOMA

- ✚ Prodromal stage
- ✚ Stage of Constant Instability
- ✚ Acute Congestive Glaucoma
- ✚ Chronic Congestive Glaucoma
- ✚ Absolute Glaucoma

A. PRODROMAL STAGE

Here, Intra Ocular Pressure is spike for up to (40-60) mm of Hg. Due to corneal edema, color Haloes and vision blur occurs and complain of Headache also.

B. STAGE OF CONSTANT INSTABILITY

In this stage, Intra Ocular Pressure Spike is variable. At late afternoon, Intra Ocular Pressure is raised and during sleep it is reduced.

C. ACUTE CONGESTIVE GLAUCOMA

Here, severely Intra Ocular Pressure is spike due to accumulation of fluid congestion is found at the circum ciliary zone, Redness, Intense pain, decreased Visual Acuity, edema on the Optic Nerve Head.

D. CHRONIC CONGESTIVE GLAUCOMA

Sometimes it is called “Creeping Angle Closure Glaucoma.” Here also, Visual Acuity is deteriorated, Redness is found on the Sclera, Intense pain is found. It is the late stage of Acute Congestive Glaucoma.

E. ABSOLUTE GLAUCOMA

It is a stage of blindness. Severe painful eye. No PL (Perception of Light) and No PR (Projection of Rays) present. Here, eye becomes stone like.

TREATMENT:

No medical Treatment is effective. Only surgery is necessary. Before surgery some tests are very essential.

PROVOCATIVE TEST:

The meaning of the Provocative Test is “This test can induce Intra Ocular Pressure and if its value is greater than 8 mm of Hg compared to previous test IOP value, then it is considered as Primary Angle Closure Glaucoma.”

Mainly Primary Angle Closure Glaucoma is diagnosed by the Gonioscopy because here angle must be shallow

I. DARK ROOM TEST:

Here, patient is asked to stay in dark room upto 1 hour. Here Intra Ocular Pressure may spike due to Pupil Dilatation.

II. PRONE TEST:

Patient is asked to stay in prone position upto 1 hour and Intra Ocular Pressure should be measured.

III. DARK ROOM PRONE TEST:

Here, patient is asked to stay in Dark room in prone position for 1 hour and Intra Ocular Pressure should be measured.

MANAGEMENT:

- ✚ To control Primary Angle Closure Glaucoma:
- ✚ Pilocarpine (2%) is advised to give in every 5 minutes.
- ✚ Yag Laser is advised for Peripheral Iridotomy.
- ✚ Systemic Anti Glaucoma drugs are used.
- ✚ According to Zeiss 4 mirror angle if angle is less than 50 %, then Peripheral Iridotomy is advised and if angle is greater than 50%, then Trabeculectomy is advised.

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