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Parameters determining long term visual outcome in congenital glaucoma

Ramanjit Sihota
All India Institute of Medical Sciences, India

Purpose: To ascertain parameters associated with visual outcome in congenital glaucoma.

Methodology: A cross sectional evaluation of 63 consecutive patients having congenital glaucoma was performed. Target' IOP was maintained at <15 mmHg over at least 5 years. The parameters analysed were IOP, CDR, cornea, lens, axial length, refractive errors, perimetry and orthoptic status.

Results: The mean age at first surgery was 16.84±25.62 months. Mean IOP over 5 years in was 12.55±2.23 mm of Hg. Best corrected visual acuity in Primary congenital glaucoma, PCG,eyes was 0.5065±0.43081 and Congenital glaucoma with other ocular anomalies, CGA, had BCVA of 0.64328±0.67058 (p=0.88). Forty one patients, 65.08% had a BCVA of ≥6/18. Only 5 patients, 7.9% had a BCVA of <3/60. Patients having BCVA of ≥6/18 had a CDR of 0.54±0.17 and in patients with BCVA of <6/18 it was 0.76±0.15, (p=0.0001). The mean axial length in the PCG group was 25.03±2.6 mm and in CGA group it was 23.9±2.3 mm (p=0.07). Haab's striae were noted in 44.8%, present between 3 mm and 5 mm from the optical axis, they significantly correlated poor vision. PCG detected at ≤1 month of age and those having a baseline IOP of >30 mm Hg showed greater perimetric damage. 17.5% had corneal opacification and 33.3% had cataract.

Conclusion: With an IOP control of ≤15 mm of Hg, cataract, corneal abnormalities, high myopia and a large cup disc ratio at baseline were commonly associated with vision loss in congenital glaucoma.

rjsihota@hotmail.com

A case report of acute bilateral uveitis and right macula edema induced by single infusion of zoledronic acid in the treatment of postmenopausal osteoporosis for the substitution of oral alendronate

Yiming Tian
The First Hospital of Qinhuangdao, China

Zoledronic acid induced uveitis (ZAIU) is acute bilateral or unilateral uveitis after administration of zoledronic acid, usually presented with eye irritation, periorbital swelling, blurred vision and diplopia. It is rare but severe; only 15 cases have been reported since 2005, including our case report. Recently, ZAIU is starting to be taken as part of acute-phase reaction (APR) after bisphosphonate dispensing due to the same time frame they occurred in. As a result, it seems more unfrequent to develop uveitis after oral bisphosphonate tolerance, the same as APR. Interestingly, we reported a 63 year old female patient suffered uveitis soon after intravenous zoledronic acid while tolerated a two year treatment of oral alendronate in postmenopausal osteoporosis. All the ocular symptoms presented and a diagnosis of bilateral acute uveitis and right macula edema was made after adjudicated by an ophthalmologist. The ocular symptoms were not improved until administration of topical and oral steroids. Complete resolution was achieved finally. No re-challenge and no recurrence in 6 months follow-up. This is the first report of zoledronic acid induced uveitis with macula edema after long-term alendronate tolerance. In conclusion, prior oral alendronate may not prevent ZAIU entirely, steroids are usually necessary in the treatment.

Yiming_Tian@foxmail.com