

Global Ophthalmology and Glaucoma Conference

October 13-15, 2016 Kuala Lumpur, Malaysia

Malignant glaucoma

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This is a case presentation of a gentleman born in 1950 who came to me in Sep 2006 for refraction. On routine examination, he was found to be slightly hypermetropic (<1 D), with a BCVA of 6/6 N6, IOP of 30.4 mm BE, narrow angles BE and glaucomatous field defects (more in the LE) C/D 0.7 RE and 0.9 in LE. Nd Yag PI was done in BE. Despite treatment with three drops (latanoprost, dorzolamide and timolol), IOP remained around 20 mm Hg. So trabeculectomy was done in RE in July 2008. AC was formed on the first post-op day. But 1 week later, AC was minimally shallow, IOP was 9 mm Hg. Vision was 6/6 with glasses and retina was normal. Without any treatment AC got formed and IOP went up to 20. Releasable suture was removed for 3 months he was fine, then suddenly he presented with dim vision, flat AC and a tension of 26. Responded well with pad and bandage, atropine drops (every 10 mts), acetazolamide tabs and steroid drops. He had repetitions of similar episodes of flat AC and slightly high tension later in the same month (Oct 2008), again in Feb 2009 (episodes followed stoppage of atropine). So he was put on atropine drops at least once in 2 or 3 weeks in the mean time, he was developing a cataract and by March 2012 it was significant enough for it to be operated and cataract extraction with IOLI was done. Since then, he has not had a single episode of high tension in that eye till today even without cycloplegics. In the LE IOP remained in the high teens with 3 drops and he has been too scared to agree for any surgery for that eye. RE is a typical case of Primary Angle Closure Glaucoma (common in India) going on to malignant glaucoma (rare), probably initiated by over filtration after trabeculectomy. This case presentation will be followed by mentioning a few points about malignant glaucoma and treatment modalities.

Biography

Philip Kuruvilla completed his MBBS from Christian Medical College, Vellore and his Postgraduation in Ophthalmology from Christian Medical College, Ludhiana. His deep Christian faith and convictions moved him to serve in the North Indian villages of Punjab, Himachal Pradesh and Uttar Pradesh where he performed several thousands of Eye Surgeries in the span of 10 years and gained tremendous expertise in Cataract Surgery, Squint Surgery, Trabeculectomy (Surgery for Glaucoma), Ptosis, and Oculoplastic Surgeries like corrections of conditions like Ptosis (droopy eye), Entropion (inversion of eye lid), Ectropion (eversion of eye lid), Dermatochalasis (excess skin in the upper lid), etc.

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