(S2)

Zastosowanie implantów w drenażu jaskry przez pars plana (zastawka jaskrowa Ahmeda) w porównaniu z retinektomią

Implantation of glaucoma drainage implants via pars plana (Ahmed Glaucoma valve) versus retinectomy

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Advanced refractive glaucoma is often treated by cyclodestruction. Conventional filtering procedures often fail by exceeding wound healing processes. Implantation of drainage implants are accepted in the treatment of these eyes. As an alternative approach retinectomy procedure has been introduced 1 year ago. There are several advantages and disadvantages for both modalities. The baseline criteria of a starting clinical trial will be discussed in the context of existing literature.

The goal of the ongoing study is to compare the effectiveness, security and compatibility of the treatment for increased intraocular pressure by the implantation of an Ahmed Glaucoma valve via pars plana, and by retinectomy for advanced and otherwise intractable glaucoma patients. The study is designed as a prospective, randomized, controlled study for the inter-individual comparison of two operation procedures for lowering of intraocular pressure in advanced glaucoma.

(S3)

Operacje w jaskrze wrodzonej: obserwacje i pomiary długości osiowej gałki

Surgery in Congenital Glaucoma: Follow-up with axial length measurement

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Purpose: Congenital glaucoma is caused by a late and insufficient differentiation of the trabecular meshwork. Congenital glaucoma almost always requires surgical therapy, which was performed.

Material and methods: 37 eyes with congenital glaucoma underwent trabeculotomy and 26 eyes underwent goniotomy. This retrospective consecutive case series allows to compare the two surgical methods.

Results: Mean follow-up was 27.3 months for trabeculotomy and 37.1 months for goniotomy. The intraocular pressure was reduced to 17.5 mmHg in trabeculotomy eyes and to 17.4 mmHg in goniotomy eyes. Axial length growth was suppressed in all eyes that had sufficient IOP control. A correlation can be seen between pressure reduction and axial length growth.

Conclusions: IOP control is essential for both, prevention of visual field defects and standstill of eye growth, myopia and amblyopia.