

UK Paediatric Glaucoma Society (UKPGS) Annual Meeting
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Approved CPD 6 points (Royal College of Ophthalmologists)

Abstracts

12 - Glaucoma in primary congenital aphakia

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Purpose: To study the demographics and outcomes of glaucoma management in primary congenital aphakia (PCA).

Methods: This was a retrospective review of cases of PCA. The diagnosis was made based on silvery-white corneal haze with absence of lens on B-scan. Glaucoma diagnosis was made when the intraocular pressure (IOP) >21 mmHg in OPD or >18 mmHg under anaesthesia or glaucomatous optic disc changes were present.

Results: 168 eyes of 84 subjects with PCA, out of which 29 eyes of 18 subjects who also had glaucoma, were included. Vision ranged from perception of light (PL) to hand movements in 27 eyes and 2 eyes had no PL. Median IOP (Interquartile range; IQR) was 28 (12, 38) mmHg and 12 (8, 20) mmHg in eyes with and without glaucoma respectively ($p=0.007$). Median axial length was 17.5 (13.5, 19.5) mm and 15 (14, 16) mm in eyes with and without glaucoma respectively ($p=0.03$). Median corneal diameter was 10.5 (9, 12.5) mm and 8 (5, 10) mm in eyes with and without glaucoma respectively ($p=0.01$). Median follow-up duration was 4.53 (2.03, 48.46) months. Twenty-seven eyes were on antiglaucoma medications. Trabeculectomy was performed in one eye and cyclophotocoagulation in 2 eyes and had well controlled IOP and stable vision. Two eyes which underwent trabeculectomy developed phthisis bulbi.

Conclusion: Glaucoma is associated with primary congenital aphakia in one-fifth of cases. Eyes with glaucoma had larger corneal diameters and axial lengths as compared to eyes without glaucoma. Glaucoma in PCA is best managed medically.