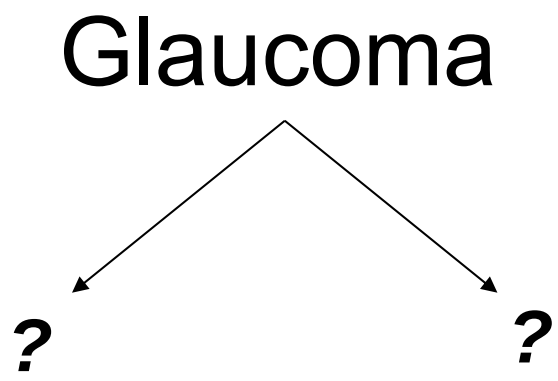
Q

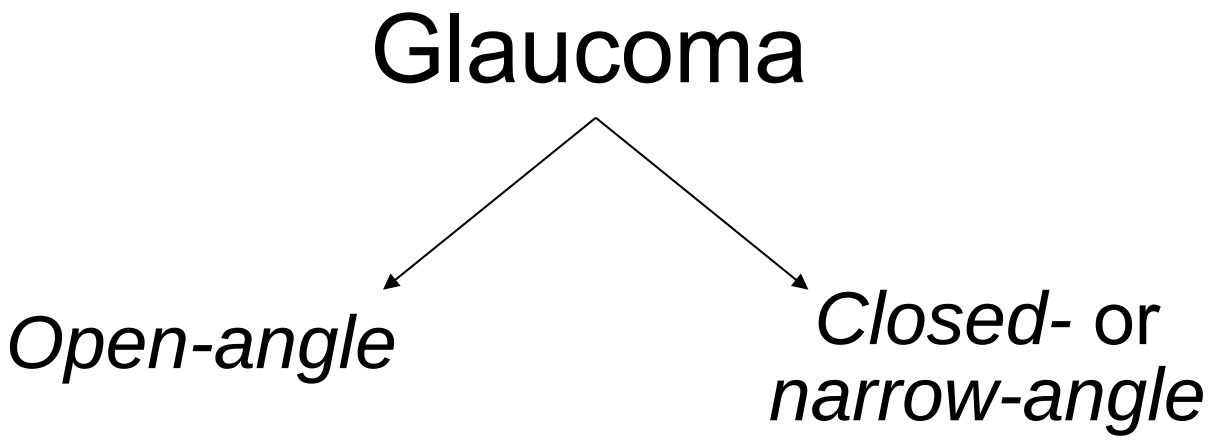
Primary Angle Closure Glaucoma



The first thought you should have when encountering a pt you suspect has glaucoma is…

A

Primary Angle Closure Glaucoma



The first thought you should have when encountering a pt you suspect has glaucoma is…

What is the status of the angle?

Q

Primary Angle Closure Glaucoma

Glaucoma

Open-angle

Closed-* or *narrow-angle

The first thought you should have when encountering a pt you suspect has glaucoma is…
What is the status of the angle?

What does it mean to say the angle is closed*?*

A

Primary Angle Closure Glaucoma

Glaucoma

Open-angle

Closed-* or *narrow-angle

The first thought you should have when encountering a pt you suspect has glaucoma is…
What is the status of the angle?

What does it mean to say the angle is closed*?*
It means the peripheral iris is in contact with the trabecular meshwork (TM)

Q

Primary Angle Closure Glaucoma

Glaucoma

Open-angle

Closed-* or *narrow-angle

The first thought you should have when encountering a pt you suspect has glaucoma is…
What is the status of the angle?

What does it mean to say the angle is closed*?*
It means the peripheral iris is in contact with the trabecular meshwork (TM)

This contact comes in two basic flavors—what are they?
--
--

Q/A

Primary Angle Closure Glaucoma

Glaucoma

Open-angle

Closed-* or *narrow-angle

The first thought you should have when encountering a pt you suspect has glaucoma is…
What is the status of the angle?

What does it mean to say the angle is closed*?*
It means the peripheral iris is in contact with the trabecular meshwork (TM)

This contact comes in two basic flavors—what are they?
--The iris can [redacted] the TM, ie, touch it without adhering to it
--The iris can be [redacted] to the TM, ie, adhered to it

A

Primary Angle Closure Glaucoma

Glaucoma

Open-angle

Closed-* or *narrow-angle

The first thought you should have when encountering a pt you suspect has glaucoma is…
What is the status of the angle?

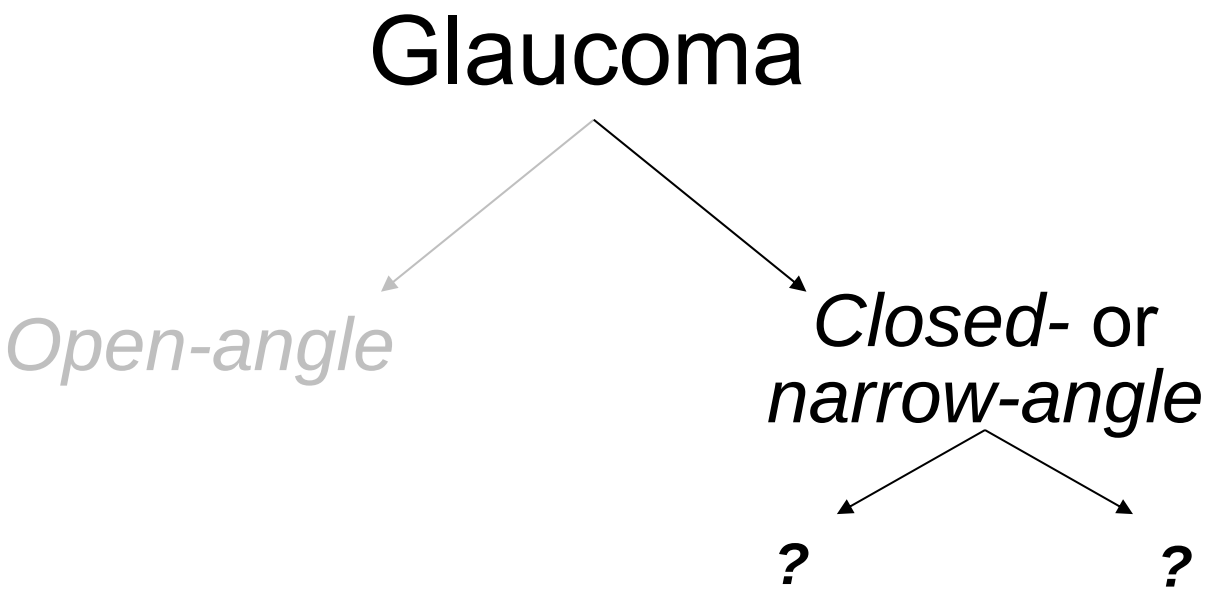
What does it mean to say the angle is closed*?*
It means the peripheral iris is in contact with the trabecular meshwork (TM)

This contact comes in two basic flavors—what are they?
--The iris can *appose* the TM, ie, touch it without adhering to it
--The iris can be *synеched** to the TM, ie, adhered to it

*I don't know if *synеched* is actually a word, but you catch my drift

Q

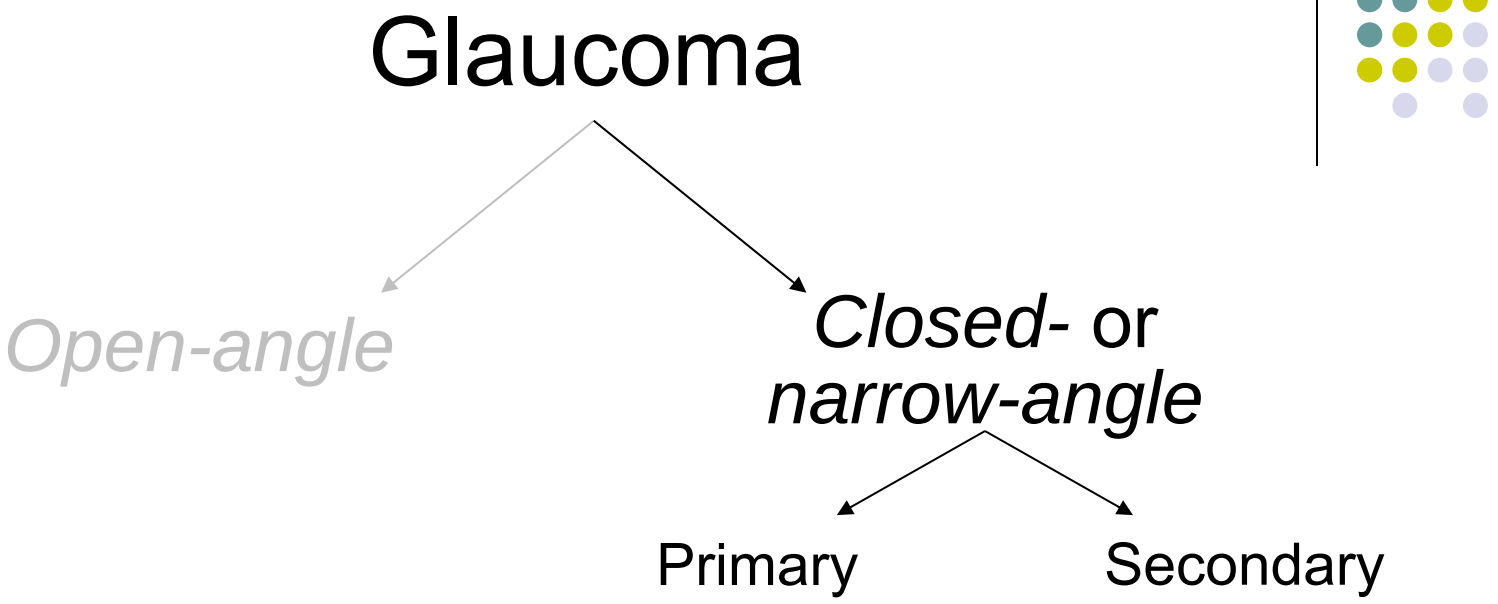
Primary Angle Closure Glaucoma



The first thought you should have when encountering a pt you suspect has angle-closure glaucoma is…

A

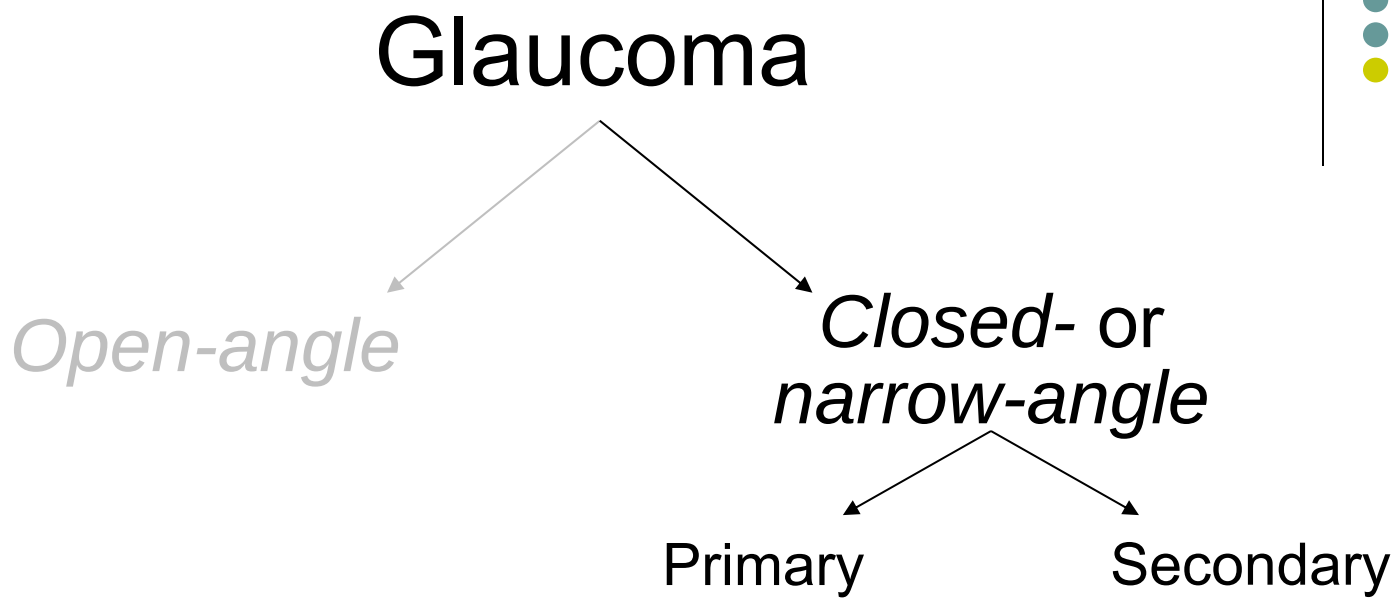
Primary Angle Closure Glaucoma



The first thought you should have when encountering a pt you suspect has angle-closure glaucoma is…
is it primary or secondary?

Q

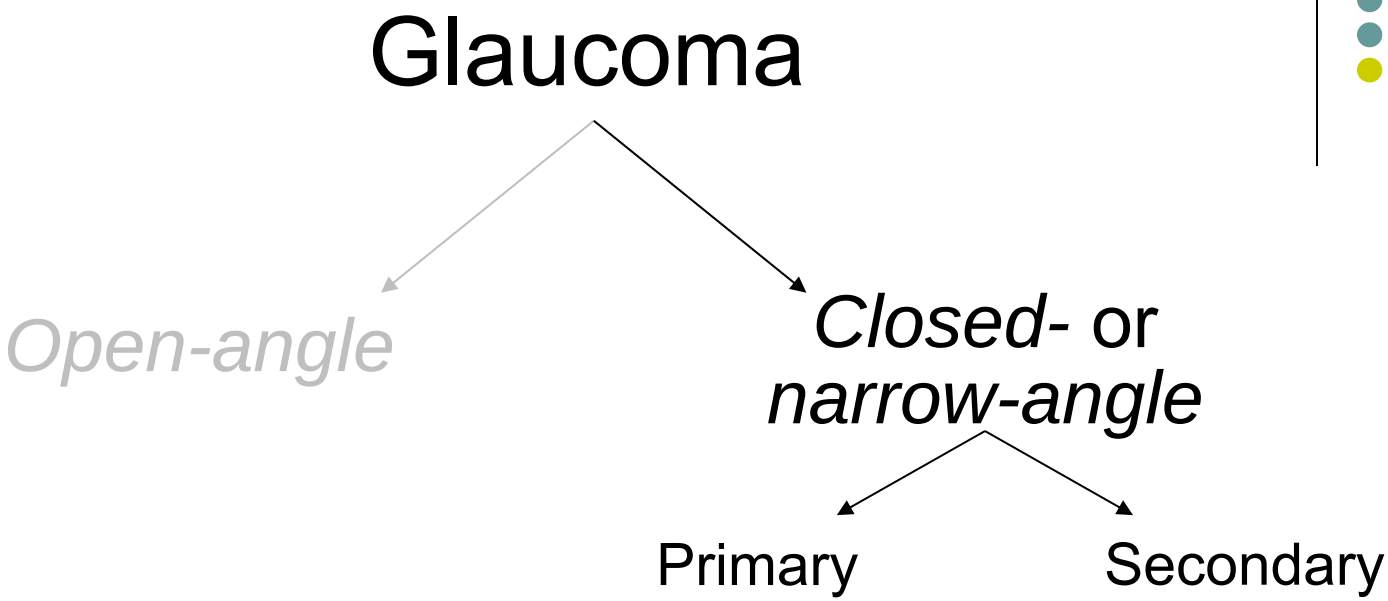
Primary Angle Closure Glaucoma



What differentiates primary from secondary angle-closure glaucoma?

A

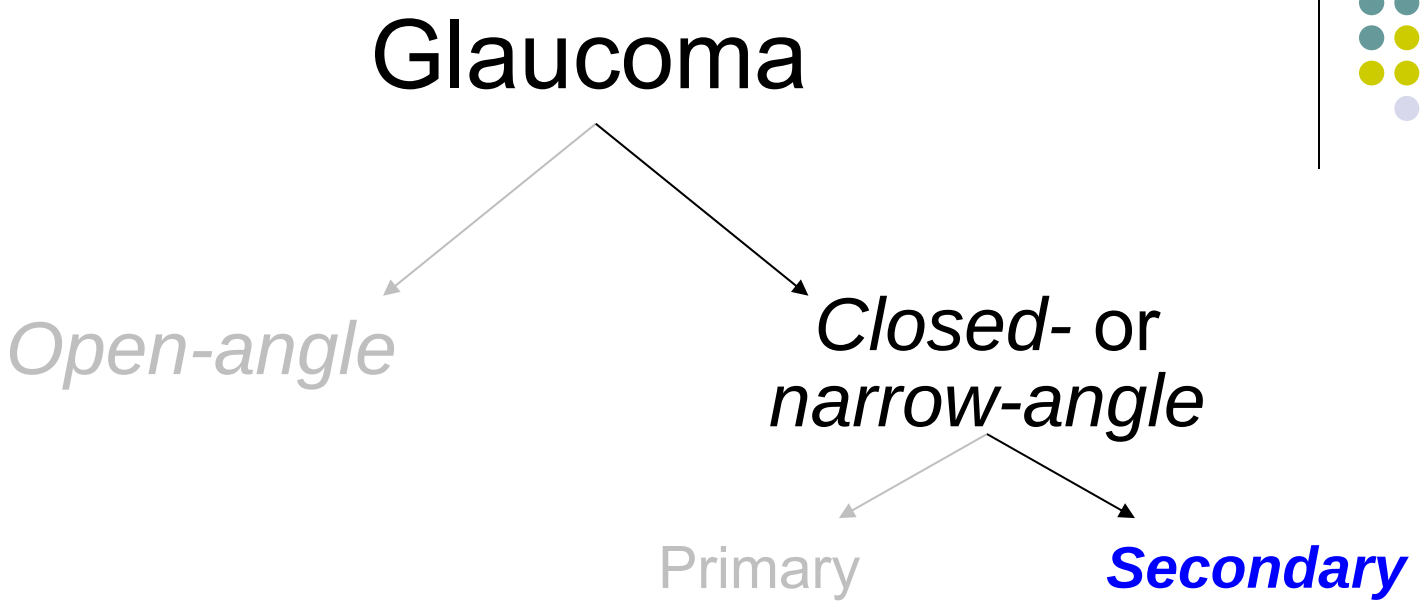
Primary Angle Closure Glaucoma



What differentiates primary from secondary angle-closure glaucoma?

In secondary, a specific pathological cause of angle closure can be identified, whereas no such cause is present in primary dz

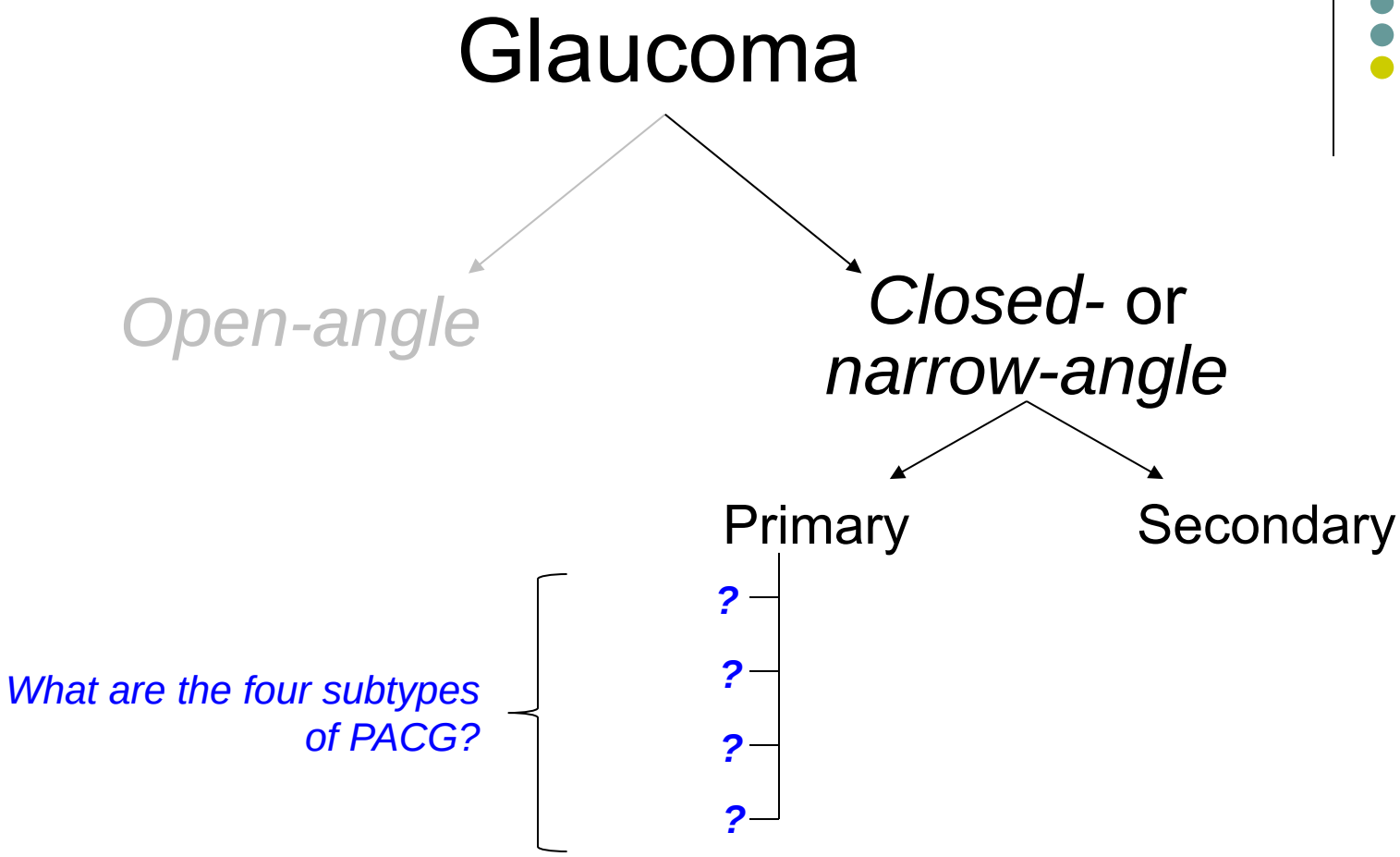
Primary Angle Closure Glaucoma



Secondary angle-closure glaucoma *is discussed in detail in its own slide-set; see the Table of Contents*

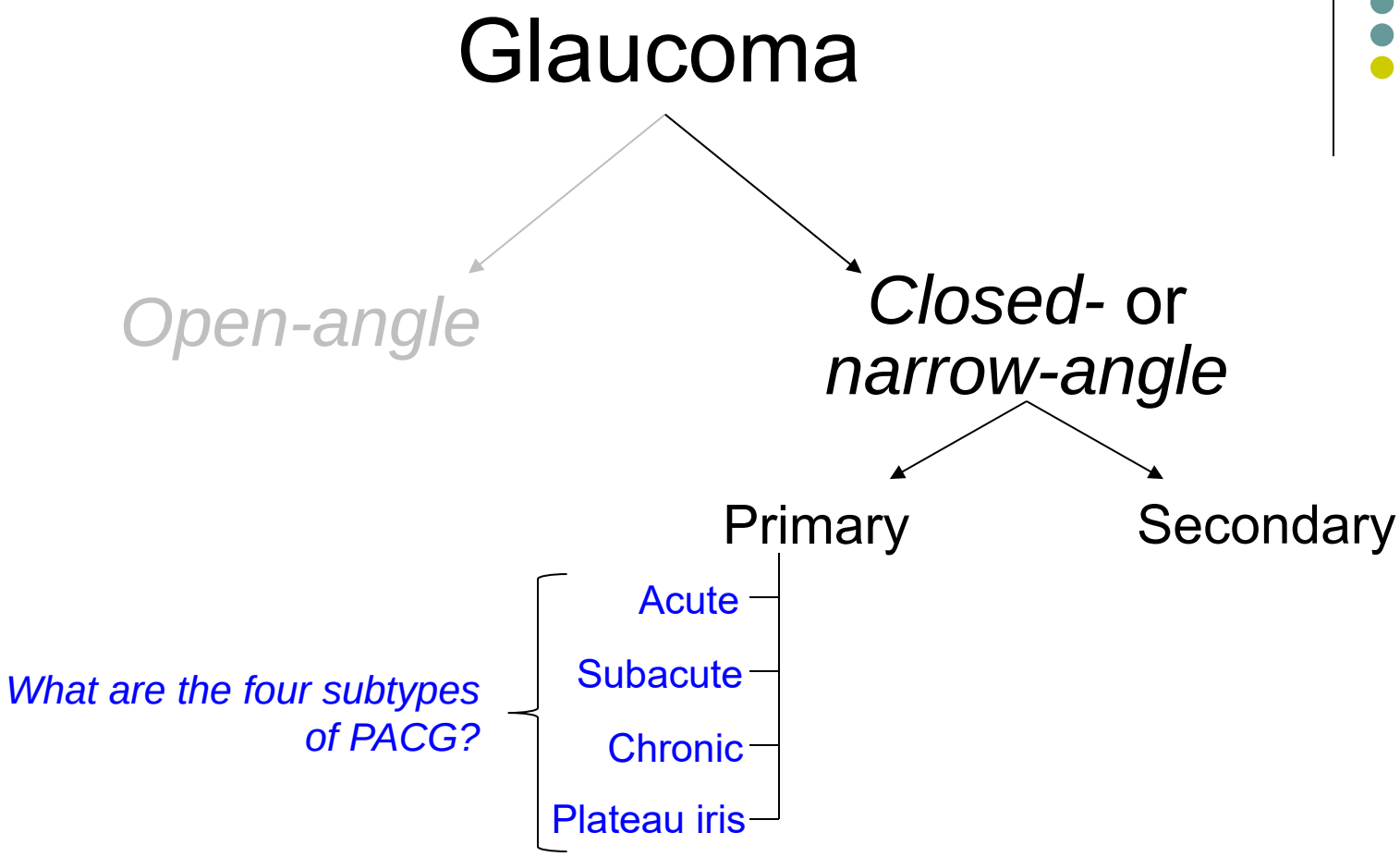
Q

Primary Angle Closure Glaucoma



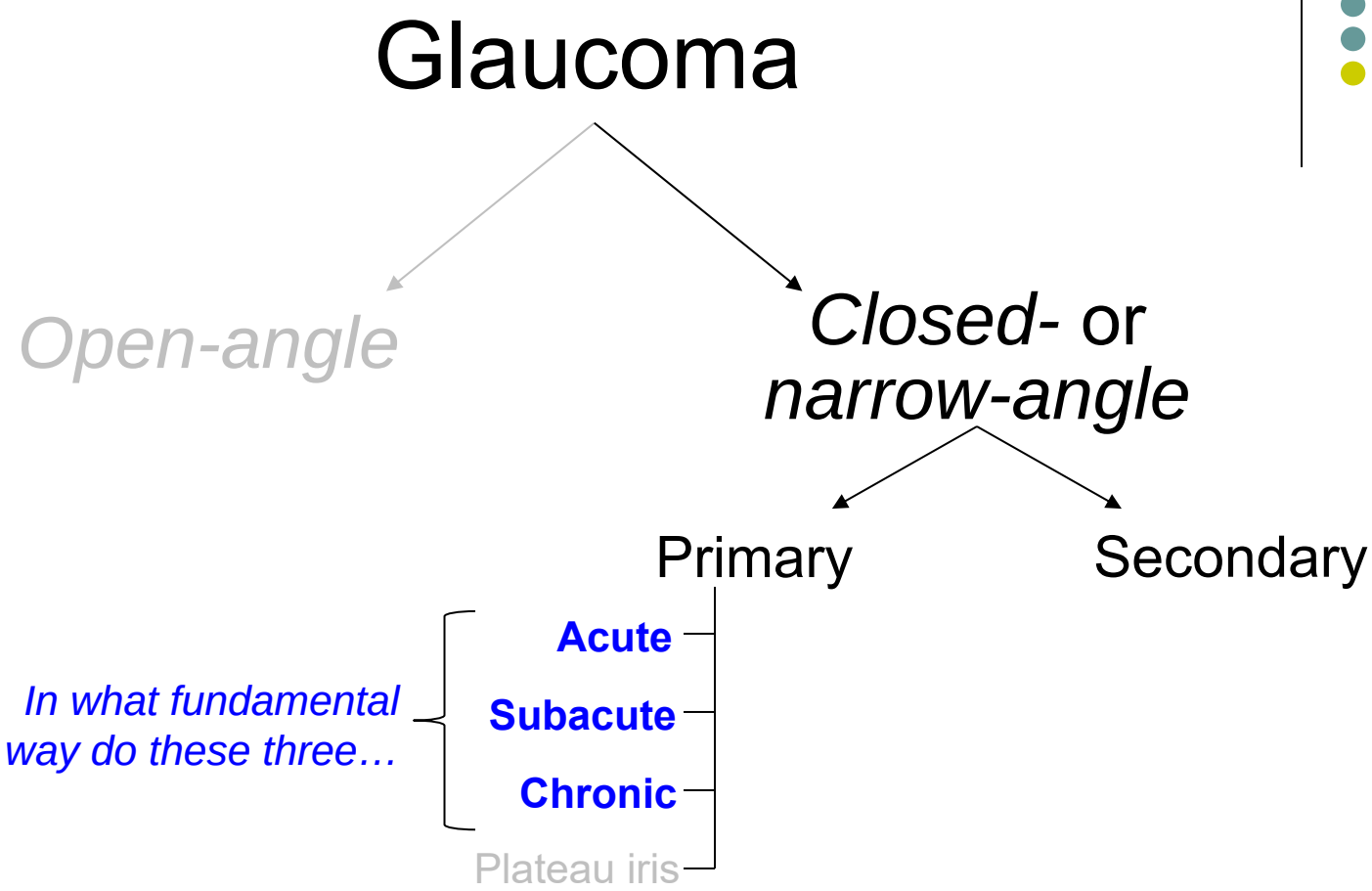
A

Primary Angle Closure Glaucoma



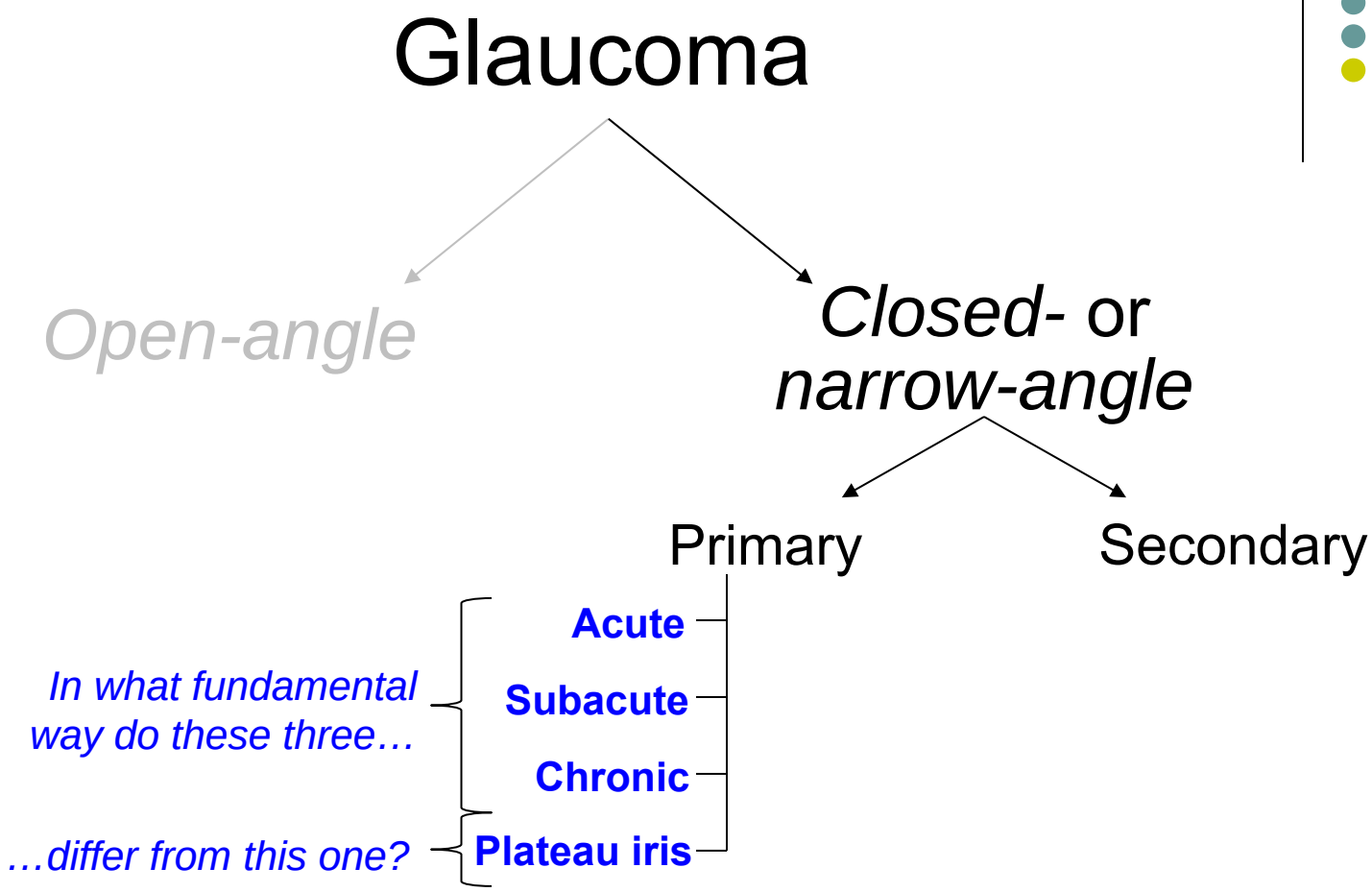
Q

Primary Angle Closure Glaucoma



Q

Primary Angle Closure Glaucoma



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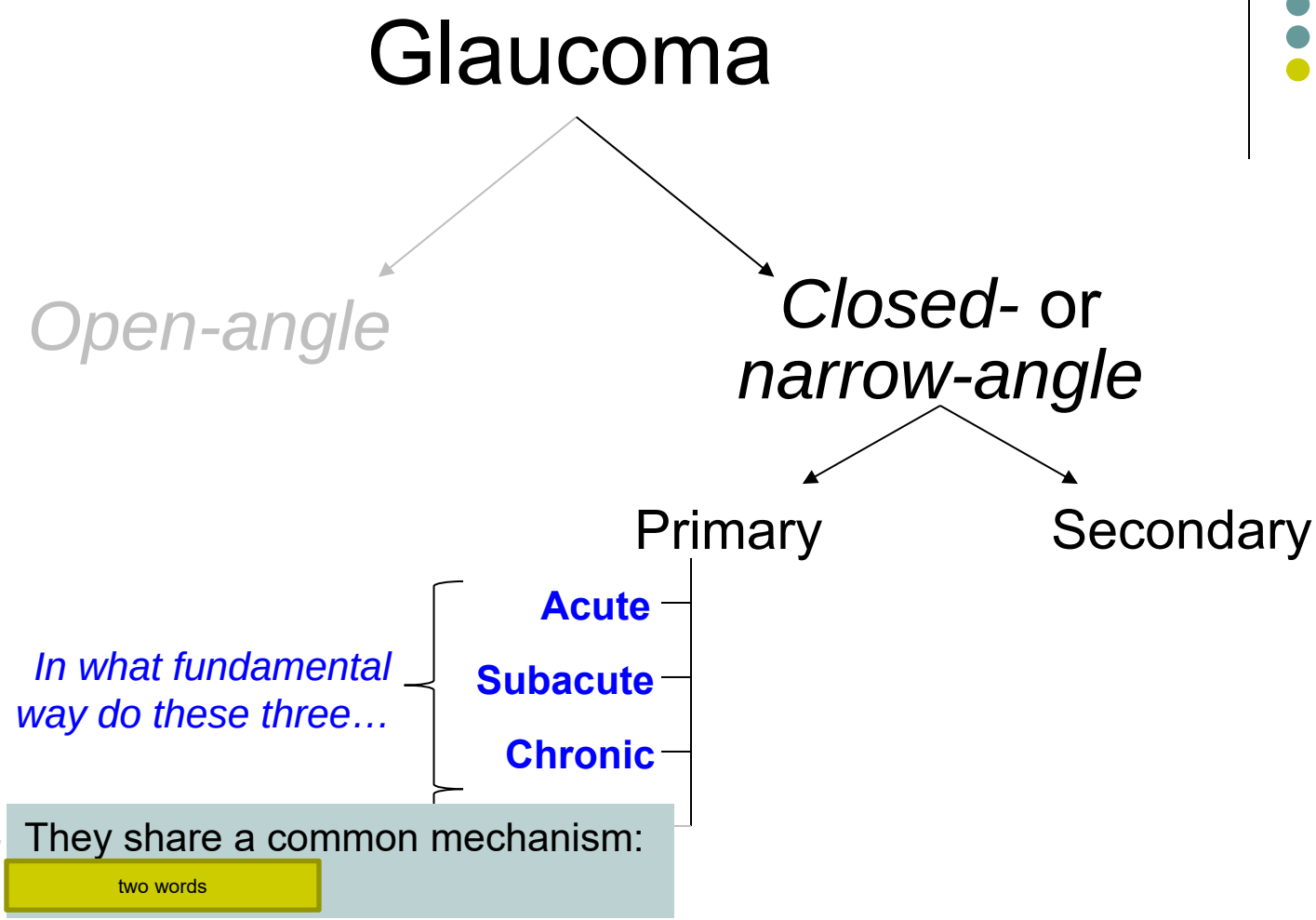
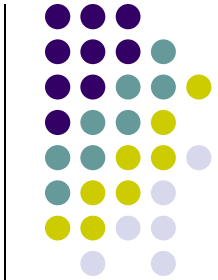
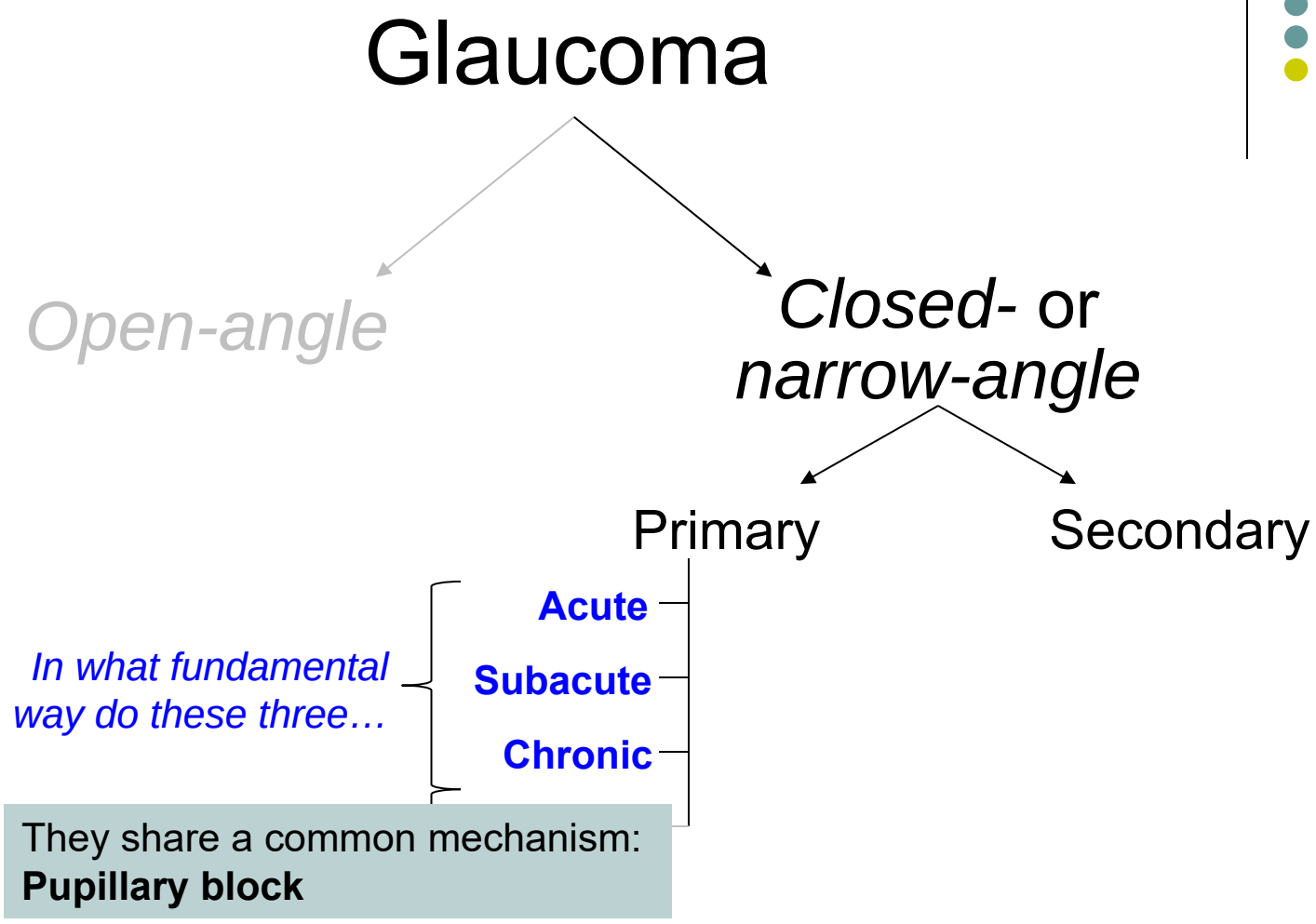
Primary Angle Closure Glaucoma



A

Primary Angle Closure Glaucoma





Q

Primary Angle Closure Glaucoma

Glaucoma

What does **pupillary block** *refer to, exactly?*

- They share a common mechanism:
  Pupillary block

Q/A

Primary Angle Closure Glaucoma

Glaucoma

What does **pupillary block** *refer to, exactly?*

It refers to contact between the two words and the one word that impedes the normal flow of aqueous from the two diff words to the two still different words through the pupillary aperture.

- They share a common mechanism:
  Pupillary block

A

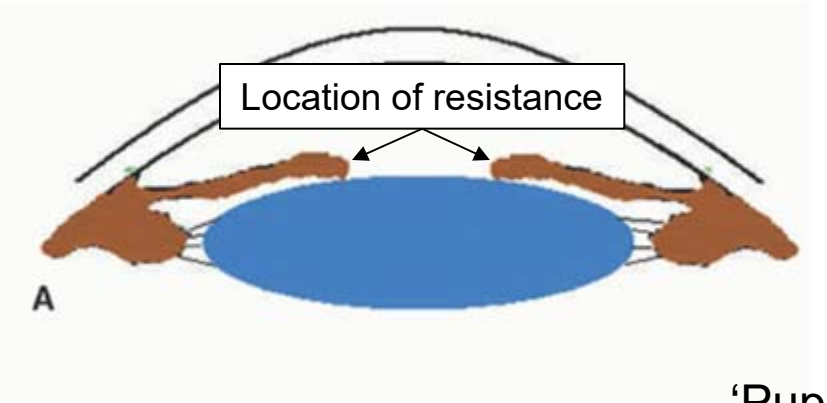
Primary Angle Closure Glaucoma

Glaucoma

What does **pupillary block** *refer to, exactly?*
It refers to contact between the pupil margin and the lens that impedes the normal flow of aqueous from the posterior chamber (PC) to the anterior chamber (AC) through the pupillary aperture.

- They share a common mechanism:
  Pupillary block

Primary Angle Closure Glaucoma



1. Resistance to aqueous flow from the PC to the AC

'Pupillary block'

Q/A

Primary Angle Closure Glaucoma

Glaucoma

What does **pupillary block** *refer to, exactly?*
It refers to contact between the pupil margin and the lens that impedes the normal flow of aqueous from the posterior chamber (PC) to the anterior chamber (AC) through the pupillary aperture.

Pupillary block leads to the development of a two words across the iris, which causes the iris to two diff words .

- They share a common mechanism:
  Pupillary block

A

Primary Angle Closure Glaucoma

Glaucoma

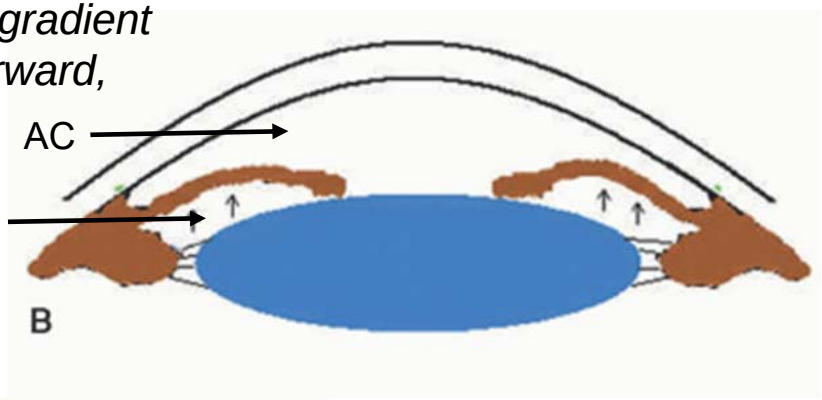
What does **pupillary block** *refer to, exactly?*
It refers to contact between the pupil margin and the lens that impedes the normal flow of aqueous from the posterior chamber (PC) to the anterior chamber (AC) through the pupillary aperture.

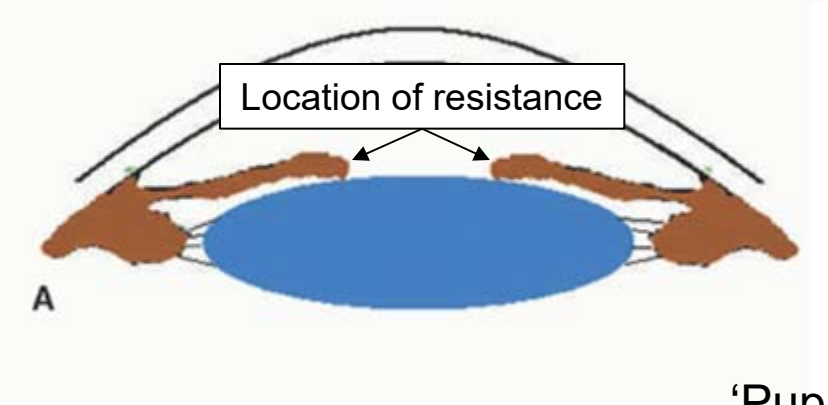
Pupillary block leads to the development of a pressure gradient across the iris, which causes the iris to bow forward .

- They share a common mechanism:
  Pupillary block

Primary Angle Closure Glaucoma

2. The PC>AC pressure gradient causes the iris to bow forward, like a sail in the wind





1. Resistance to aqueous flow from the PC to the AC

'Pupillary block'

A

Primary Angle Closure Glaucoma

Glaucoma

What does **pupillary block** *refer to, exactly?*
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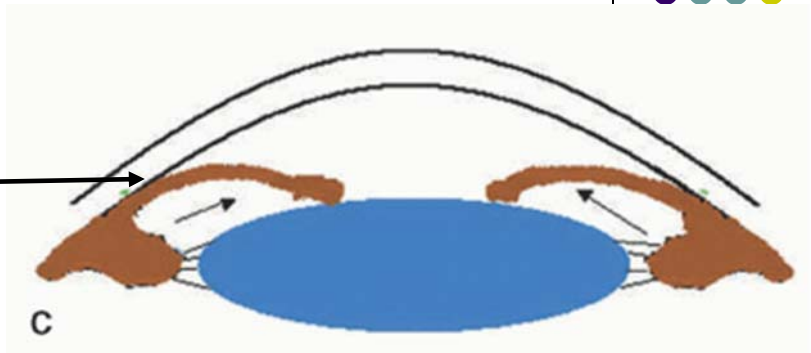
Pupillary block leads to the development of a pressure gradient across the iris, which causes the iris to bow forward . **If the iris bows far enough, the peripheral iris will come into apposition with and occlude the drainage angle, precipitating acute closure of the angle and a prodigious rise in IOP.**

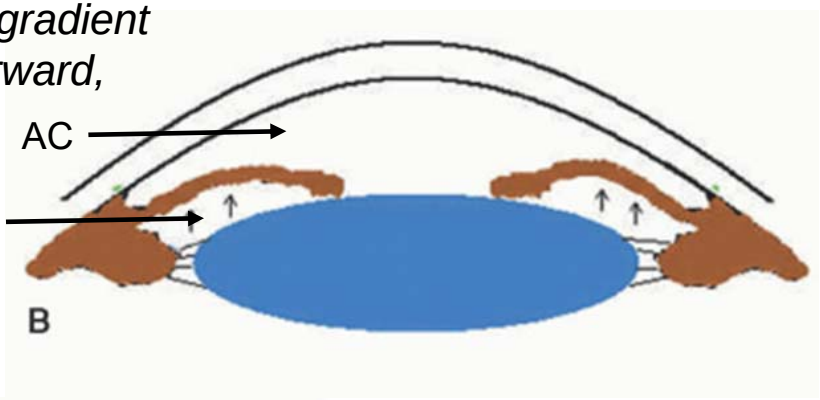
- They share a common mechanism:
  Pupillary block

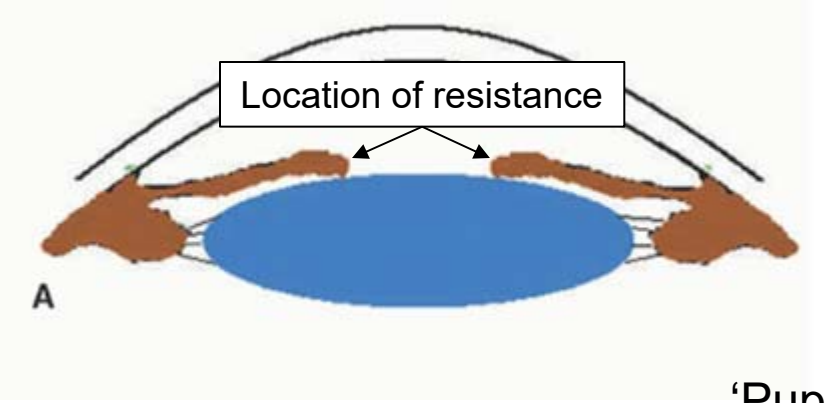
Primary Angle Closure Glaucoma

3. Forward movement of the iris leads to apposition of the peripheral iris against the drainage angle, occluding it



2. The PC>AC pressure gradient causes the iris to bow forward, like a sail in the wind

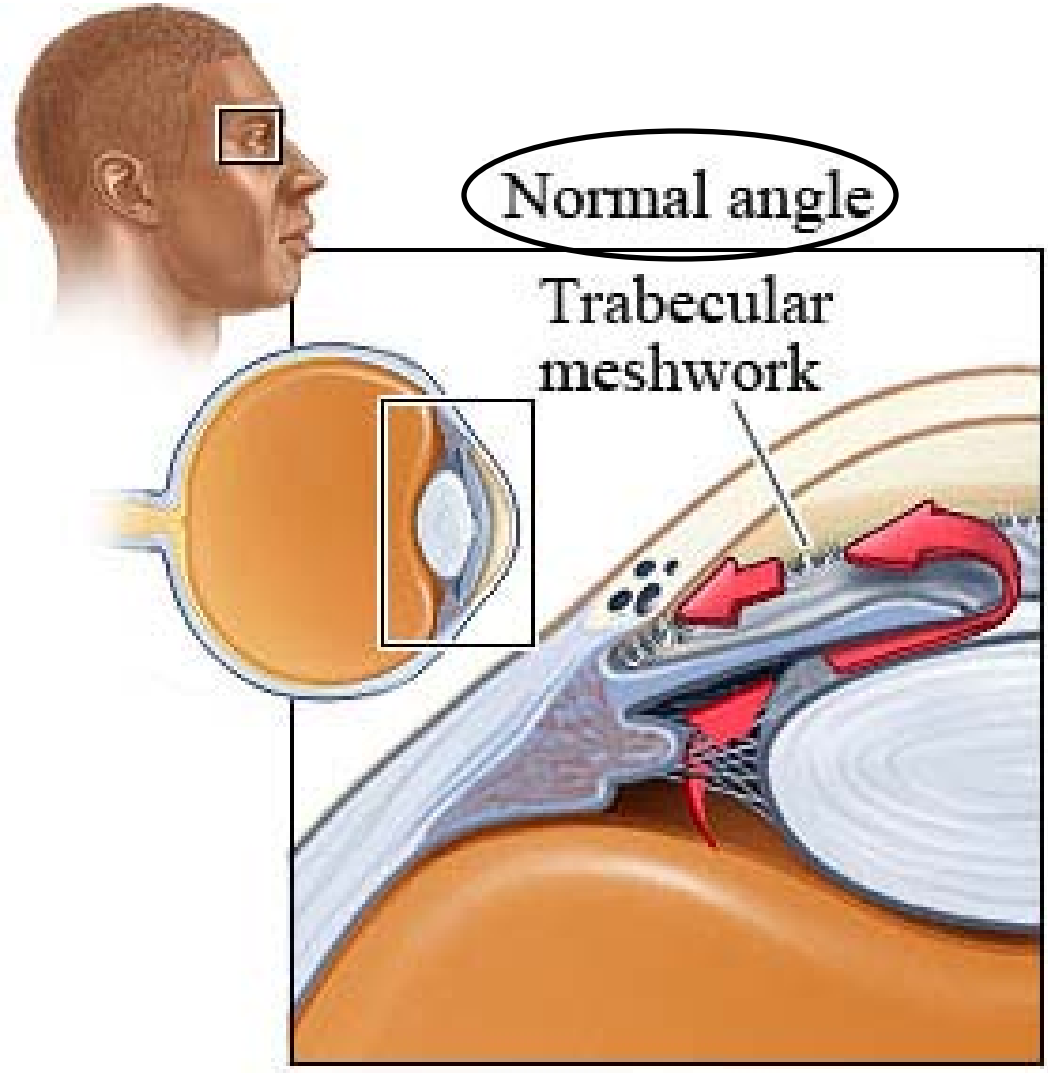




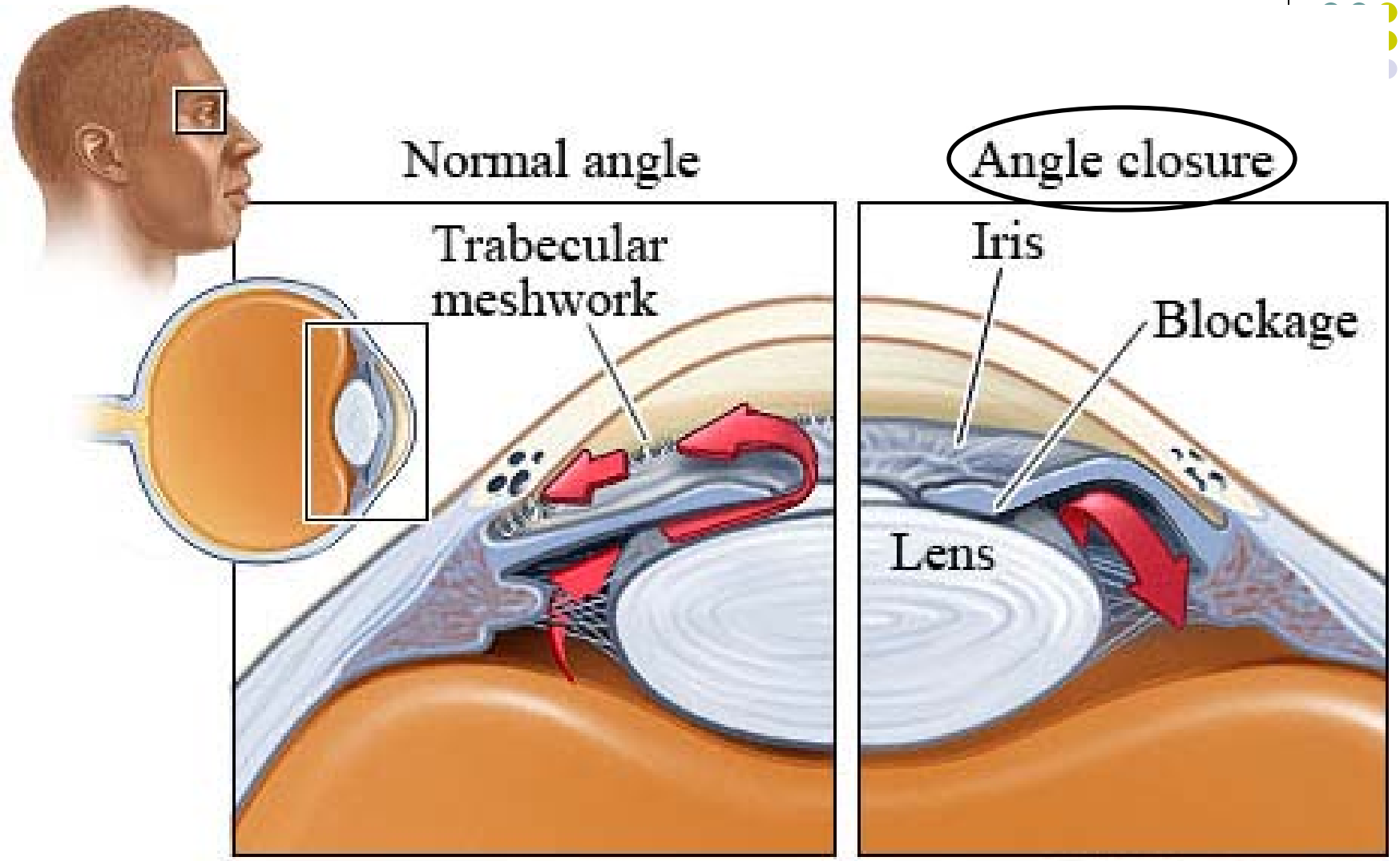
1. Resistance to aqueous flow from the PC to the AC

'Pupillary block'

Primary Angle Closure Glaucoma



Primary Angle Closure Glaucoma



Q

Primary Angle Closure Glaucoma

Glaucoma

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The posterior chamber? I didn't know the vitreous was involved.

- They share a common mechanism:
  Pupillary block

Q/A

Primary Angle Closure Glaucoma

Glaucoma

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The posterior chamber? I didn't know the vitreous was involved.
It isn't. The posterior chamber is the space immediately behind the one word and anterior to the two words . Vitreous resides in the two diff words .

They share a common mechanism:
Pupillary block

A

Primary Angle Closure Glaucoma

Glaucoma

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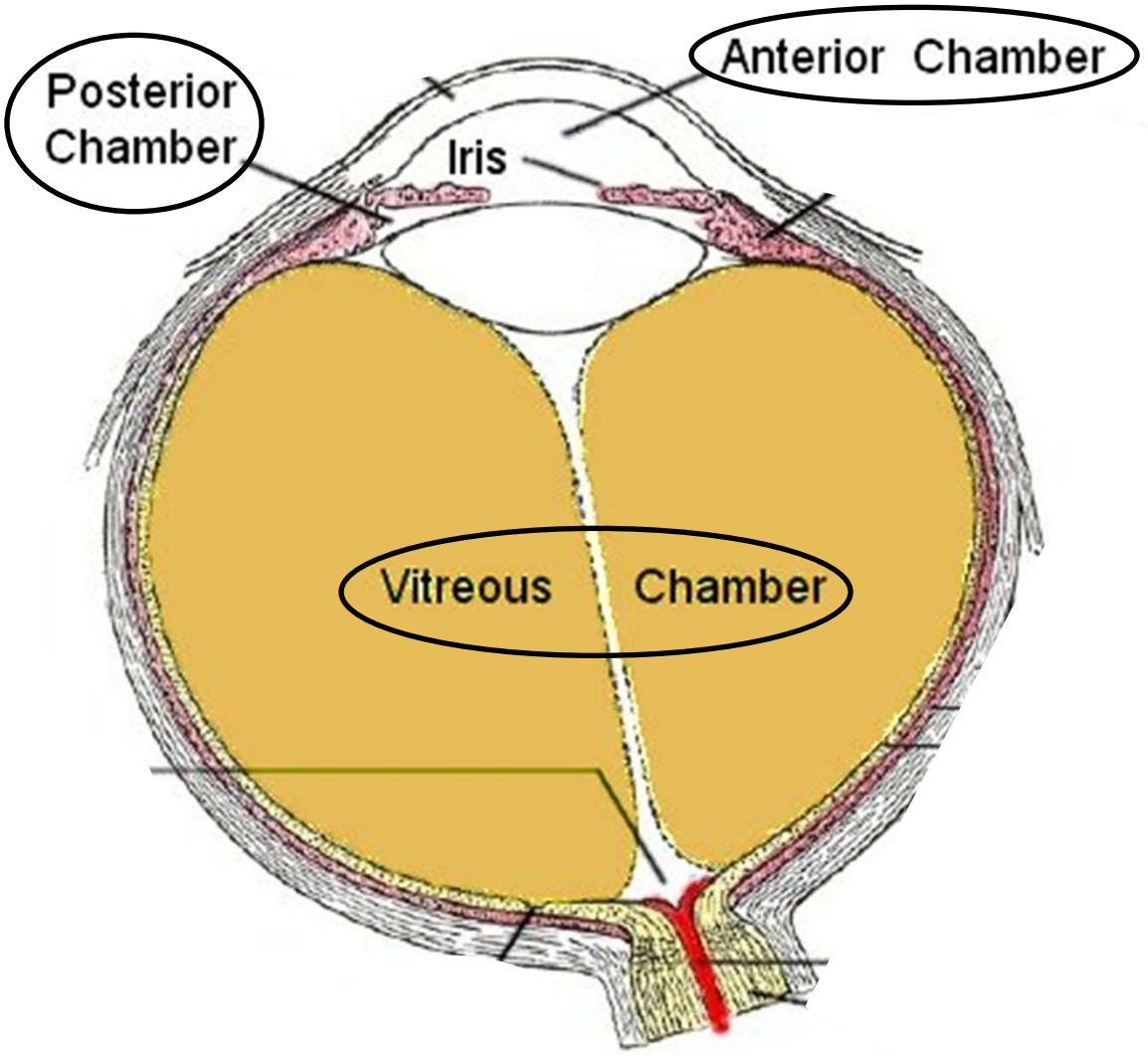
The posterior chamber? I didn't know the vitreous was involved.
It isn't. The posterior chamber is the space immediately behind the iris and anterior to the lens/zonules . Vitreous resides in the vitreous cavity .

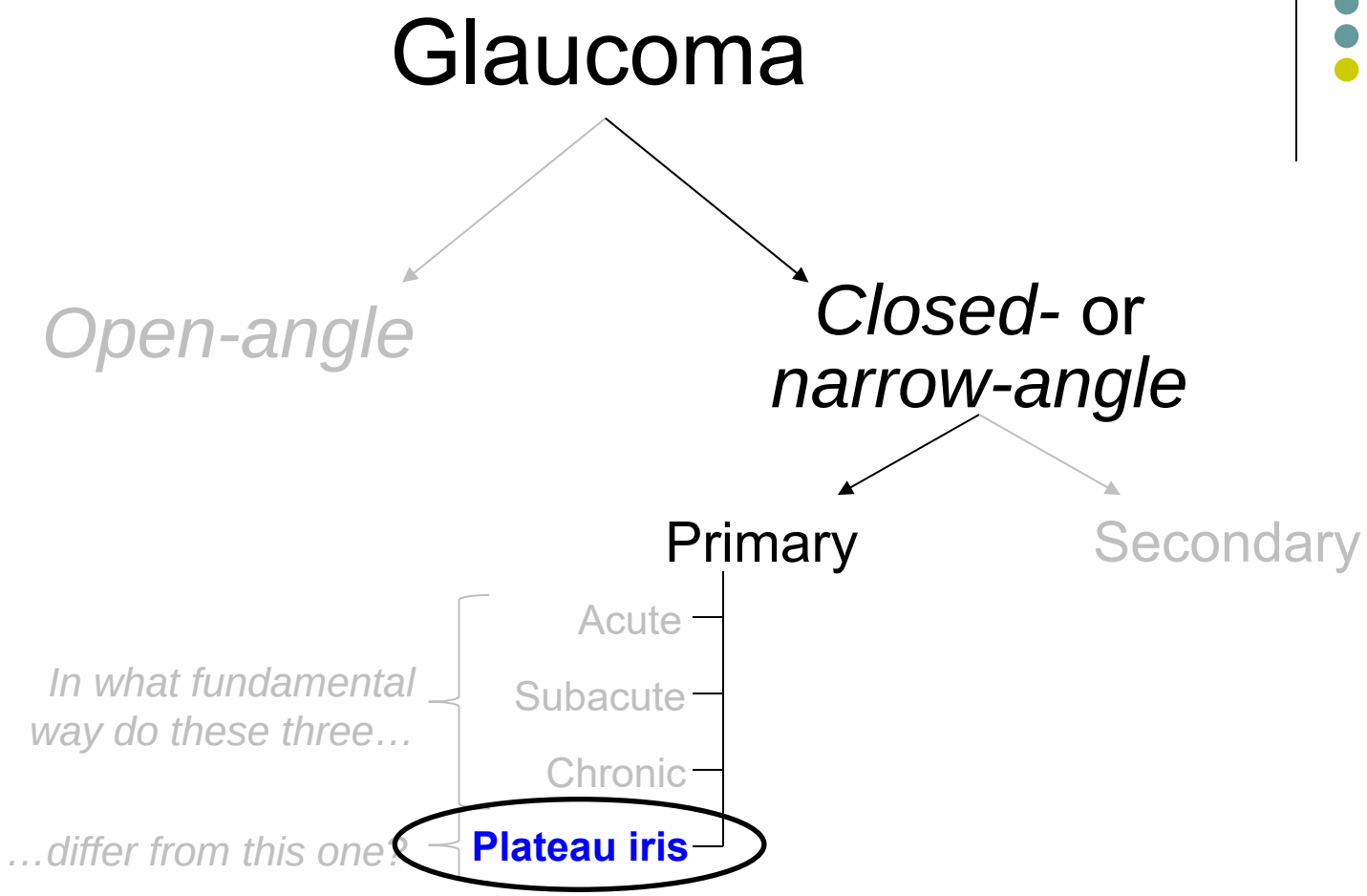
- They share a common mechanism:
  Pupillary block

Primary Angle Closure Glaucoma



Q

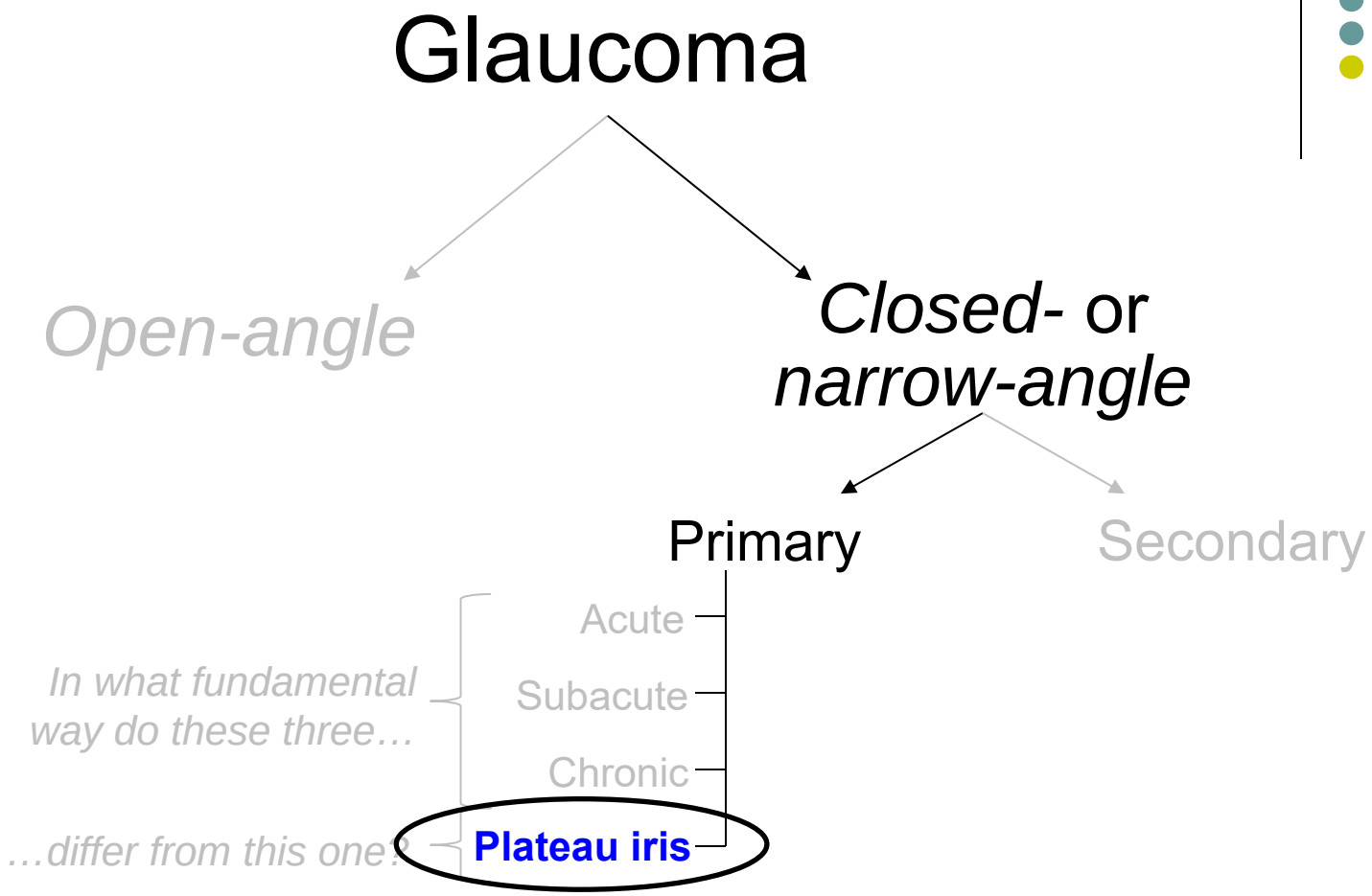
Primary Angle Closure Glaucoma



What's the dealio with plateau iris syndrome?

Q/A

Primary Angle Closure Glaucoma

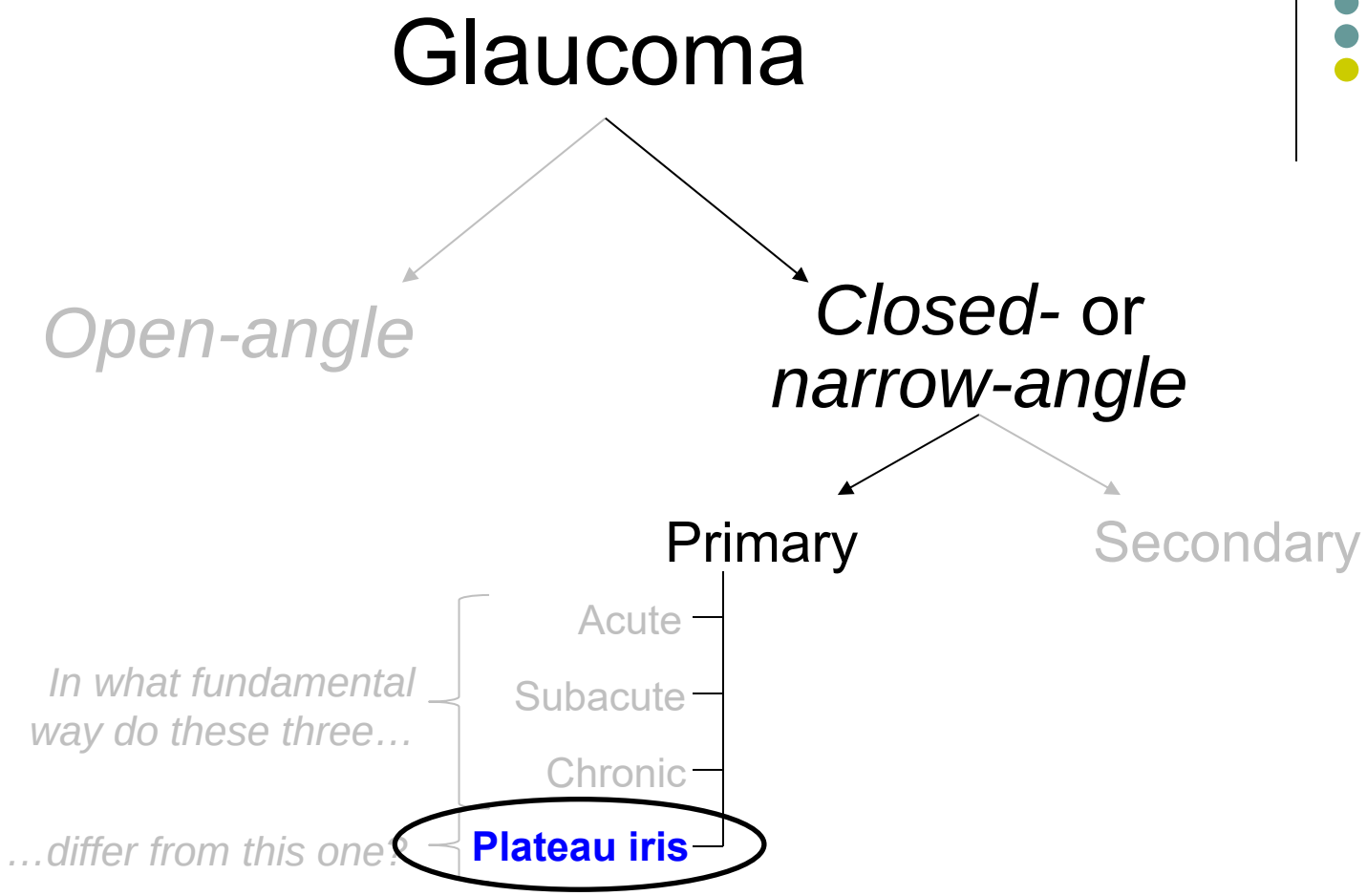


What's the dealio with plateau iris syndrome?

In plateau iris, angle closure is due to 'bad anatomy.' Specifically, the two words are more direction than normal, which in turn displace the two diff words perilously close to the two diff words. (Some plateau-iris cases have a pupillary block component as well.)

A

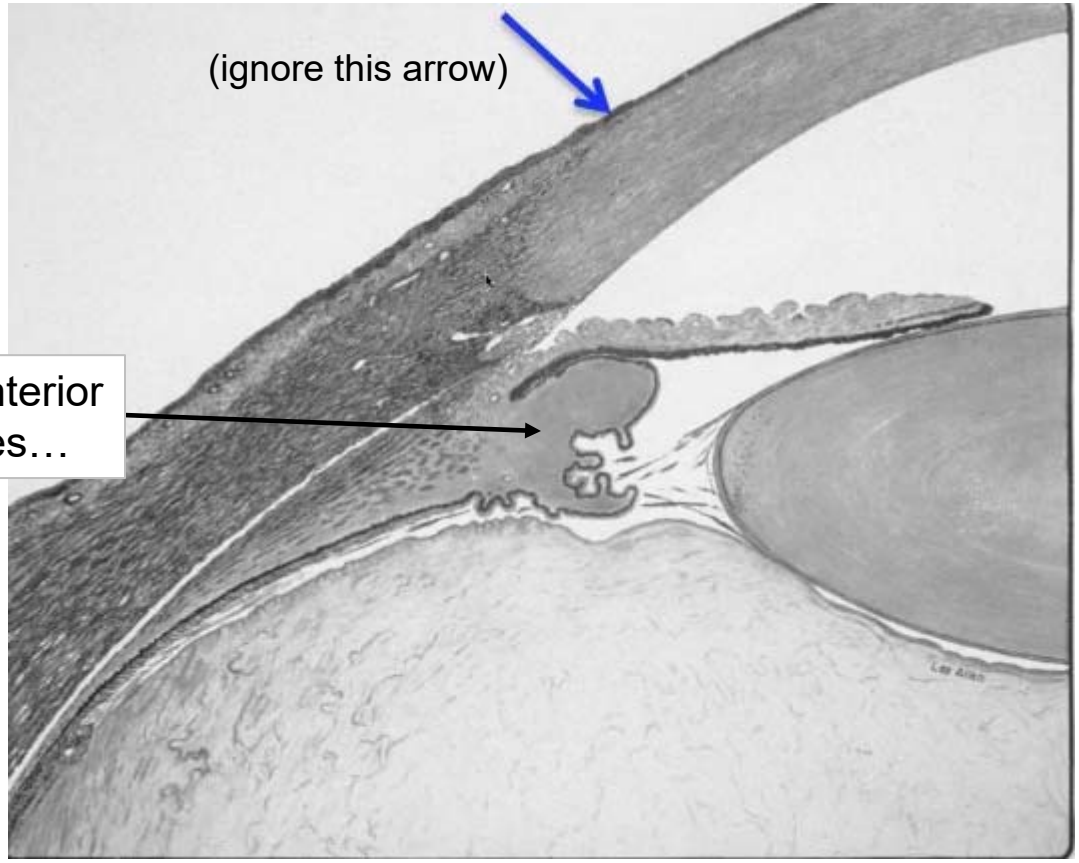
Primary Angle Closure Glaucoma



What's the dealio with plateau iris syndrome?

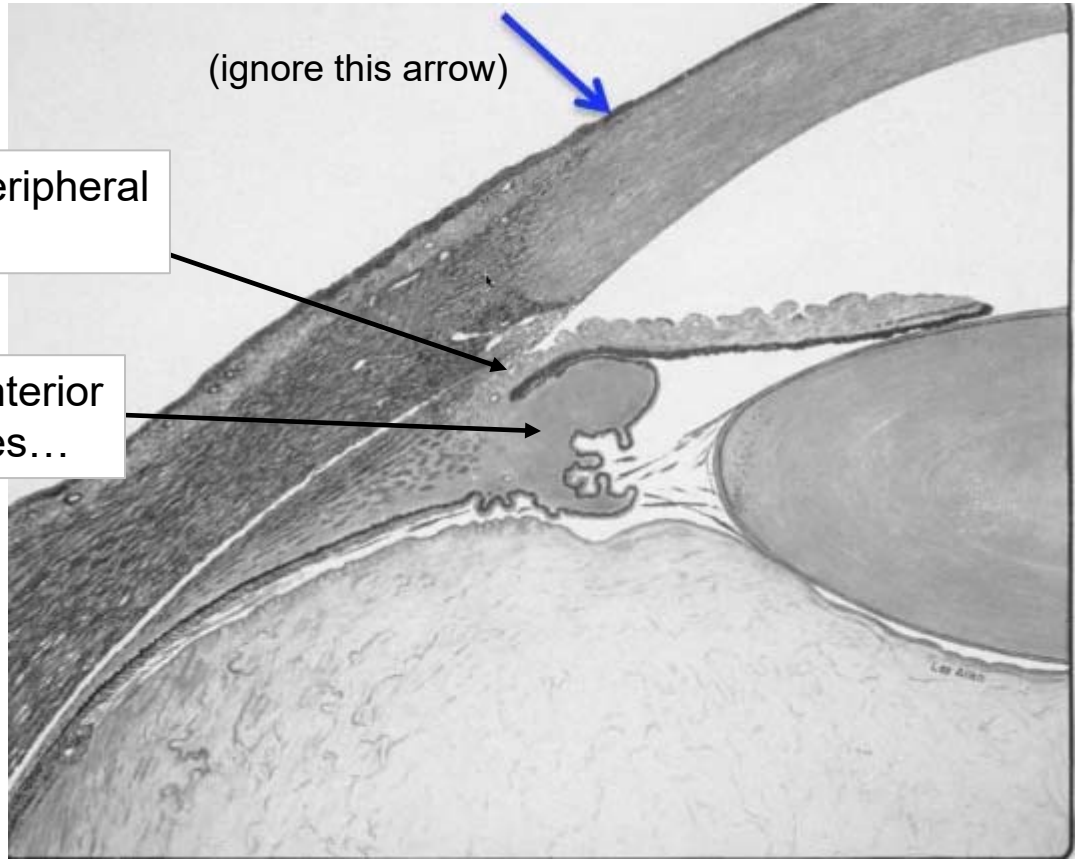
In plateau iris, angle closure is due to 'bad anatomy.' Specifically, the ciliary processes are more anterior than normal, which in turn displace the peripheral iris perilously close to the drainage angle . (Some plateau-iris cases have a pupillary block component as well.)

Acute Primary Angle Closure Glaucoma



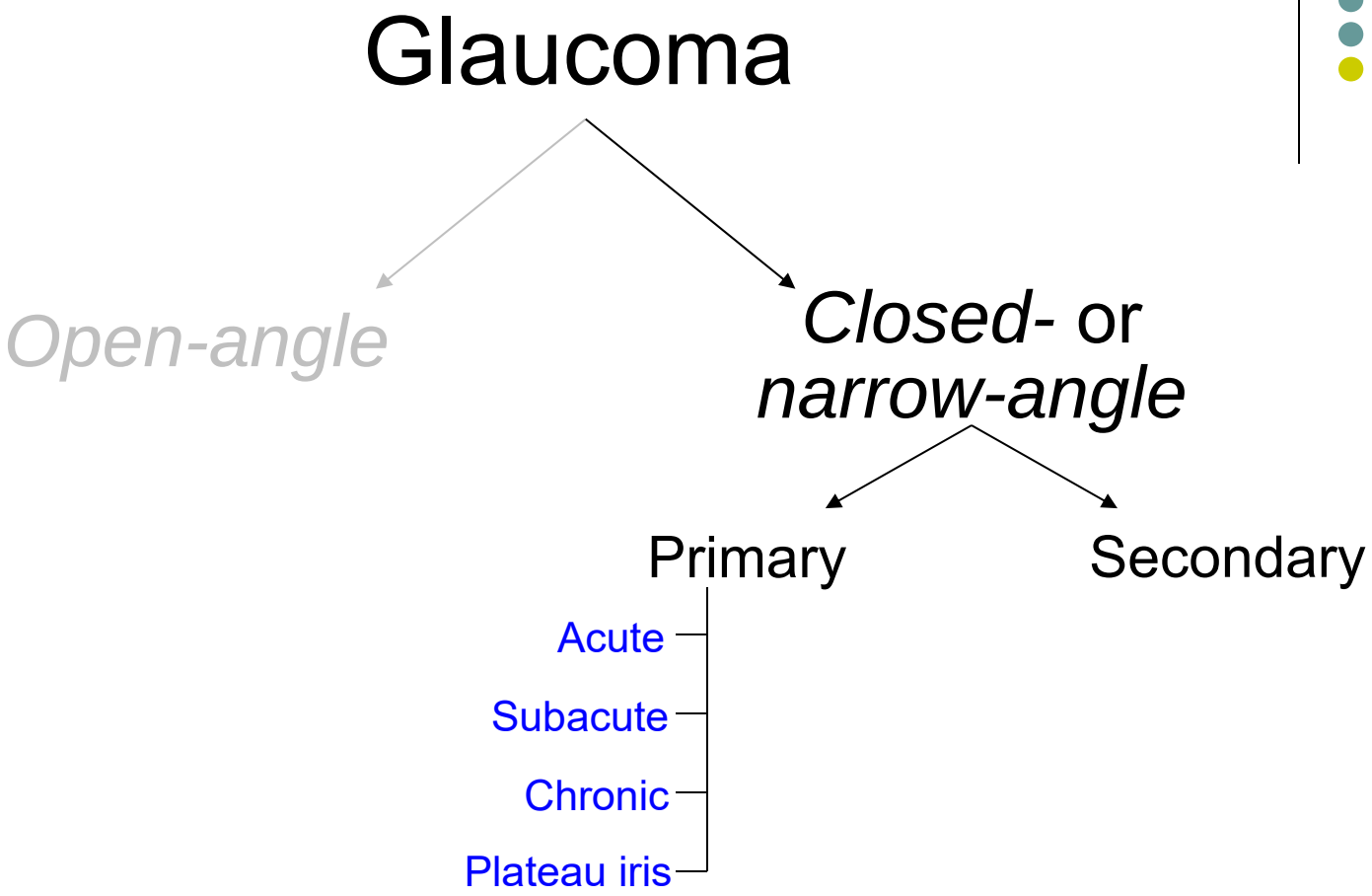
Plateau iris

Acute Primary Angle Closure Glaucoma



Plateau iris

Primary Angle Closure Glaucoma



Next let's look at primary angle closure glaucoma in more detail

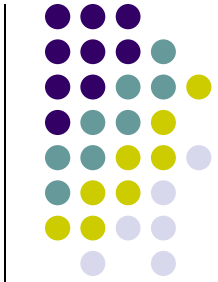
Q

Primary Angle Closure Glaucoma

Is there a racial predilection regarding the risk of PACG?

Q/A

Primary Angle Closure Glaucoma



Is there a racial predilection regarding the risk of PACG?

Yes, individuals of [ ] heritage have the highest known risk of PACG--their relative risk has been estimated to be as high as [#x] that of whites.

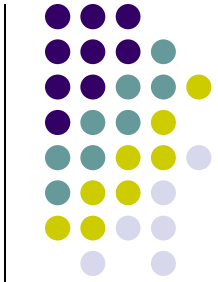
A

Primary Angle Closure Glaucoma

Is there a racial predilection regarding the risk of PACG?
Yes, individuals of Inuit heritage have the highest known risk of PACG--their relative risk has been estimated to be as high as 40x that of whites.

Q

Primary Angle Closure Glaucoma



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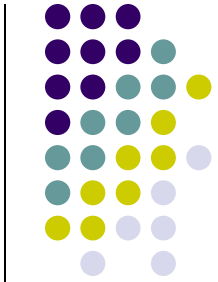
What about people of Asian descent?

A

Primary Angle Closure Glaucoma



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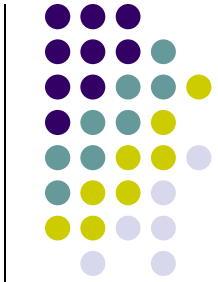
What about people of Asian descent?
Their relative risk is somewhere between that of the Inuit and whites

Q

Primary Angle Closure Glaucoma



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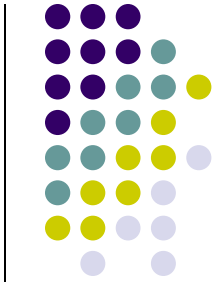
Is age a risk factor?

Q/A

Primary Angle Closure Glaucoma



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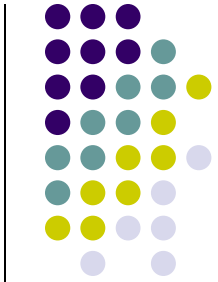
Is age a risk factor?
Yes, the incidence ↑ vs ↓ with age

A

Primary Angle Closure Glaucoma



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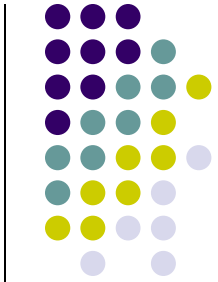
Yes, the incidence increases with age

Q

Primary Angle Closure Glaucoma



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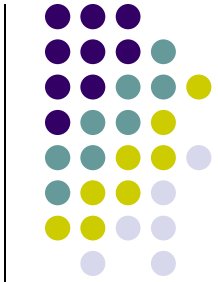
Is gender a risk factor?

Q/A

Primary Angle Closure Glaucoma



Is there a racial predilection regarding the risk of PACG?
Yes, individuals of Inuit heritage have the highest known risk of PACG--their relative risk has been estimated to be as high as 40x that of whites.

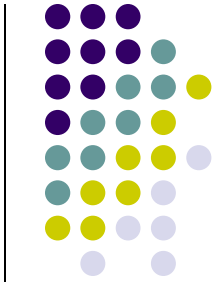
What about people of Asian descent?
Their relative risk is somewhere between that of the Inuit and whites

Is age a risk factor?
Yes, the incidence increases with age

Is gender a risk factor?
Yes, [redacted] are at higher risk

A

Primary Angle Closure Glaucoma



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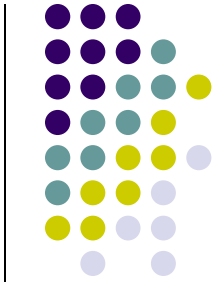

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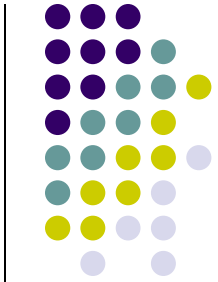
Is refraction a risk factor?

Q/A

Primary Angle Closure Glaucoma



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Yes; PACG is more likely to occur in

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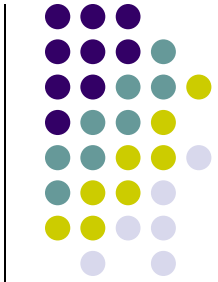
Primary Angle Closure Glaucoma



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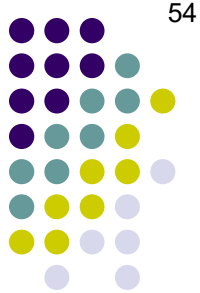

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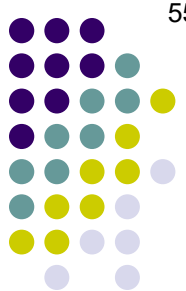

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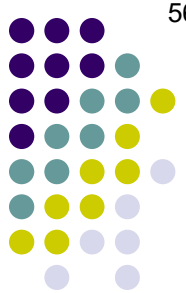

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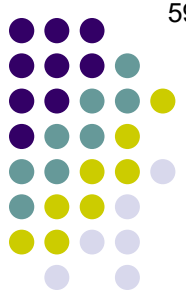

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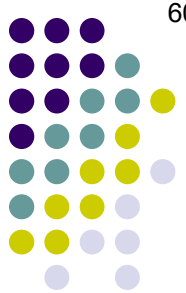

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What is its purpose, ie, its therapeutic goal?

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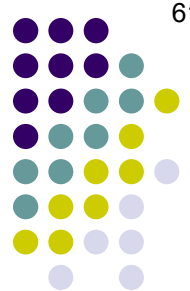

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In a nutshell, how is it performed, and how does it deepen the angle?

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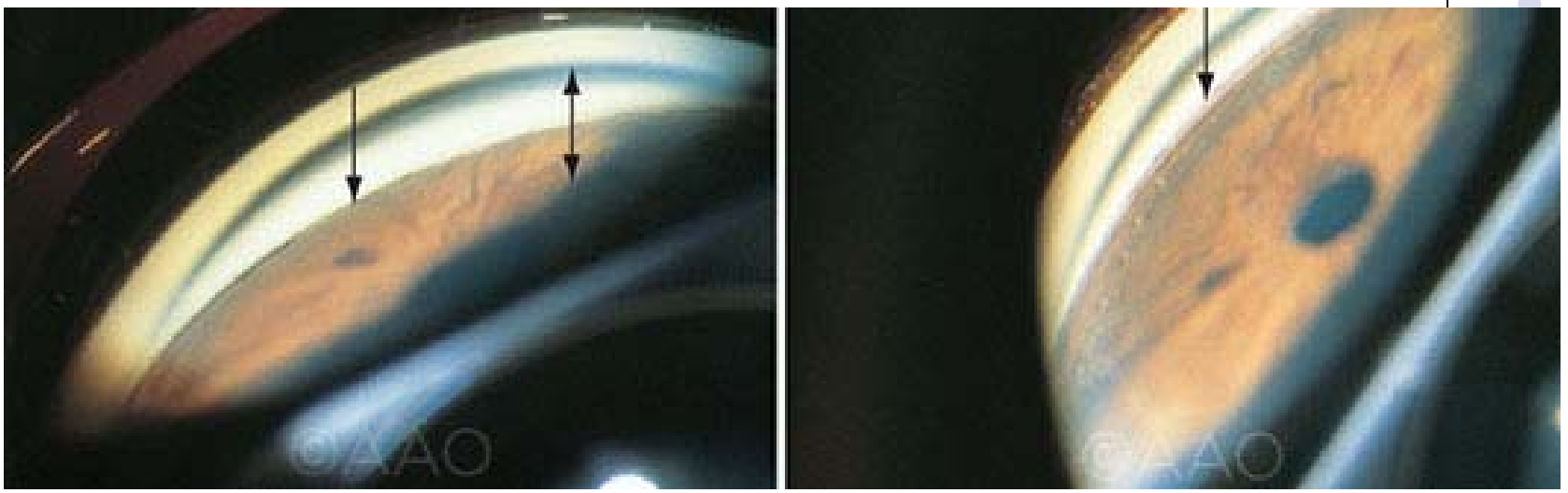
Laser burns are placed in the peripheral iris stroma, and the resulting contraction causes the iris to flatten and pull away from the angle

Primary Angle Closure Glaucoma



Left: A flat iris plane but shallow angle recess **(arrow)**. Note that the midperipheral angle appears deeper **(double arrow)** than the narrow angles associated with pupillary block. **Right:** A much deeper angle recess **(arrow)** following laser peripheral iridoplasty.

Plateau iris pre- and post-iridoplasty

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Low IOP post-event should not be interpreted as evidence of an adequately functioning angle—follow-up with serial gonio must be performed!

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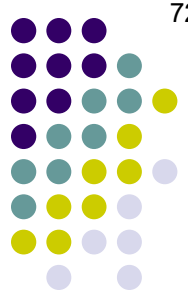

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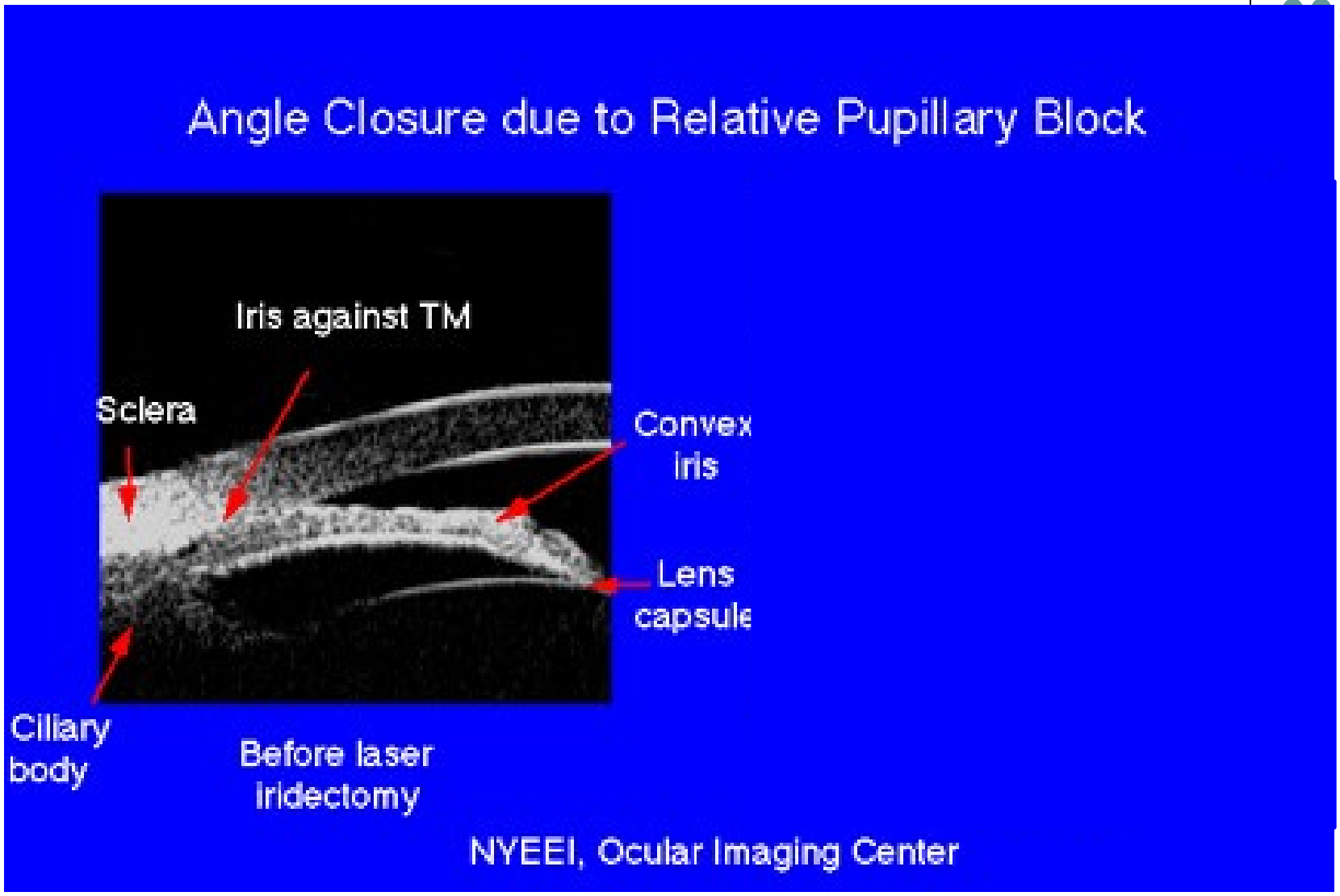
Primary Angle Closure Glaucoma



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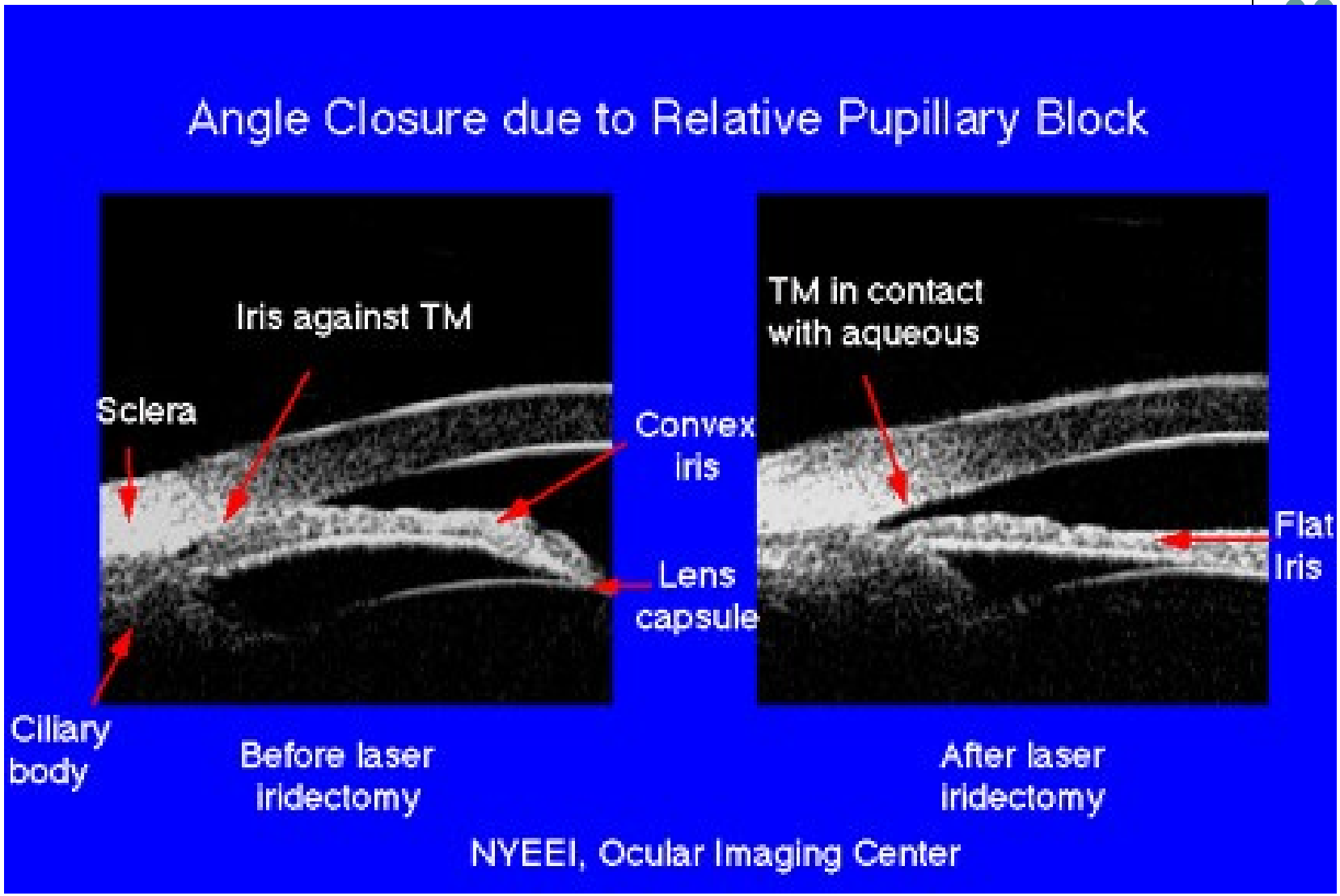
Primary Angle Closure Glaucoma



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Why doesn't LPI help plateau iris?

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We'll get to that shortly

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If LPI doesn't help in plateau iris syndrome, why is it still important to do one?

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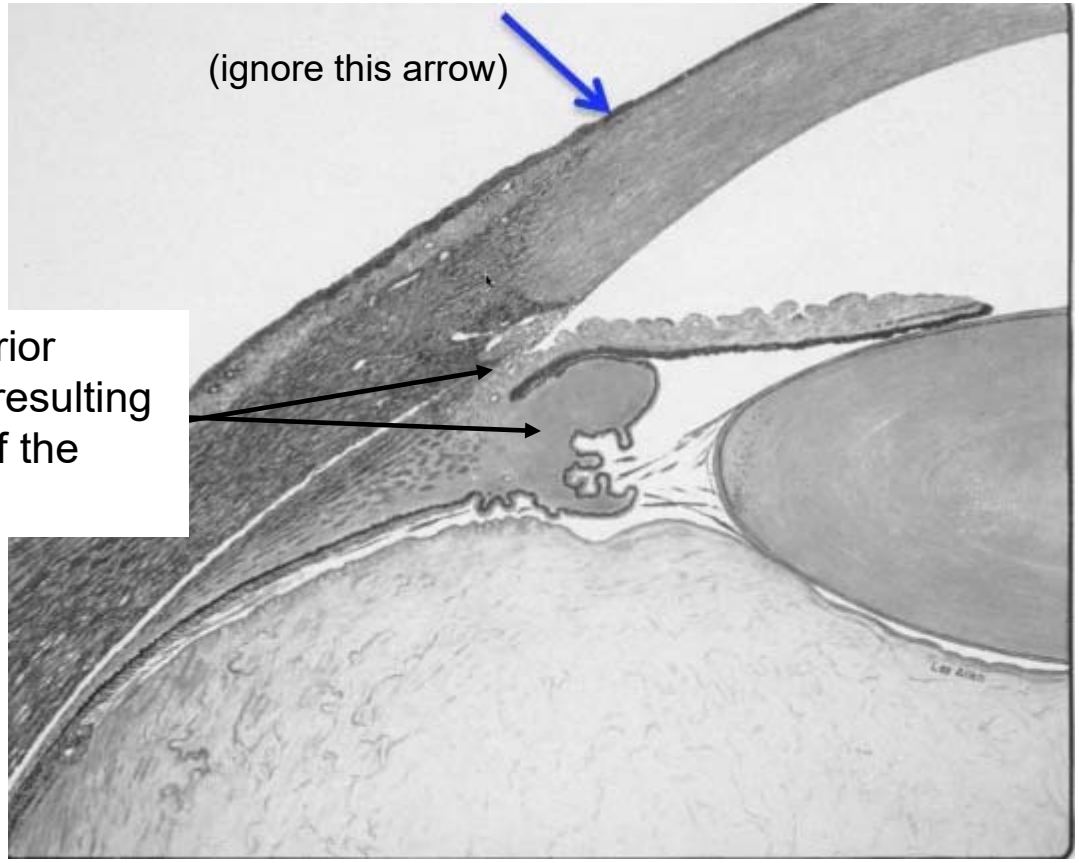
PC = Posterior chamber; AC = Anterior chamber

If LPI doesn't help in plateau iris syndrome, why is it still important to do one?
The fundamental problem in plateau iris is **not** pupillary block, with its resulting PC>AC pressure gradient. Rather, the problem is with the native configuration of the angle—the ciliary processes and peripheral iris are too anterior, resulting in an angle that is narrowed and prone to occlusion.

Primary Angle Closure Glaucoma



Note the too-anterior ciliary processes resulting in displacement of the peripheral iris

Plateau iris

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What is the classic gonioscopic description of the angle in plateau iris?
--Without *indentation/compression:*
--With *indentation/compression:*

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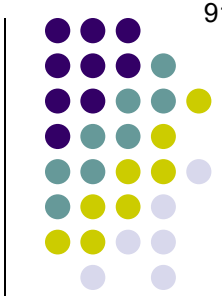

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What is the classic gonioscopic description of the angle in plateau iris?
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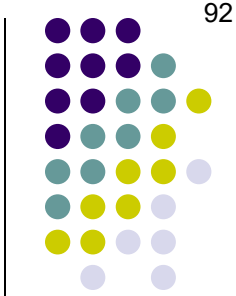
--With *indentation/compression:*

plateau iris. Some authorities maintain that a diagnosis of plateau iris should not be rendered unless a patent PI has been placed and proven ineffective.

A

For each statement, identify which form(s) of primary angle-closure glaucoma is/are associated

Acute angle closure
Sub-acute angle closure
Chronic angle closure
Plateau iris



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What is the classic gonioscopic description of the angle in plateau iris?
--Without *indentation/compression:* **A flat iris approach that plunges steeply at the angle**
--With *indentation/compression:*

(In other words, it looks like a plateau)

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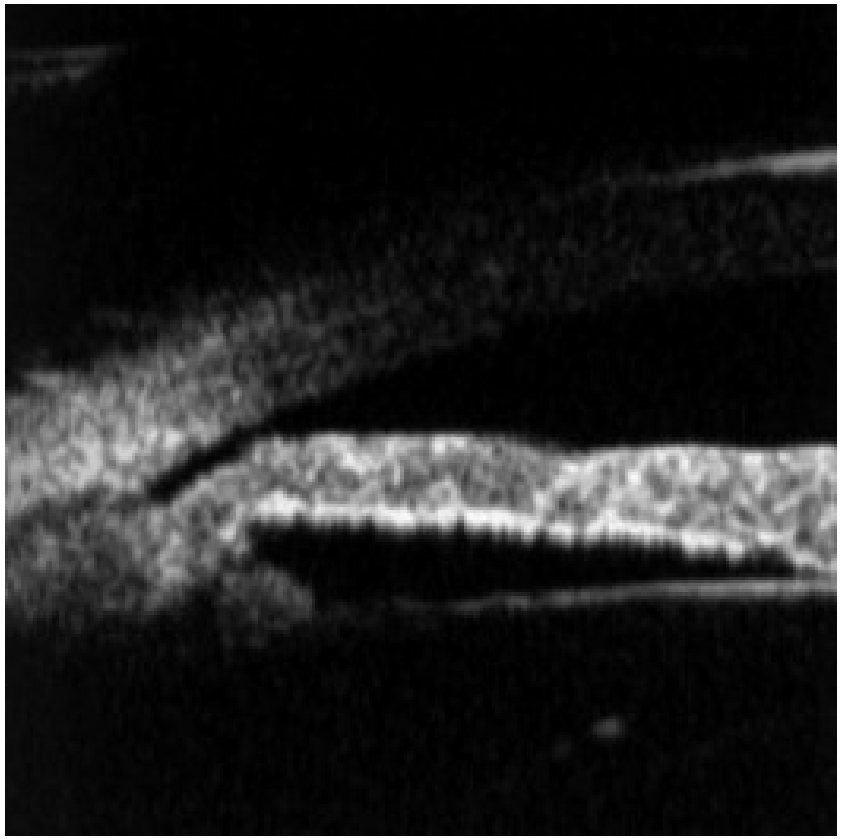
Primary Angle Closure Glaucoma



Plateau iris looking all plateau-like

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Sub-acute angle closure
Chronic angle closure
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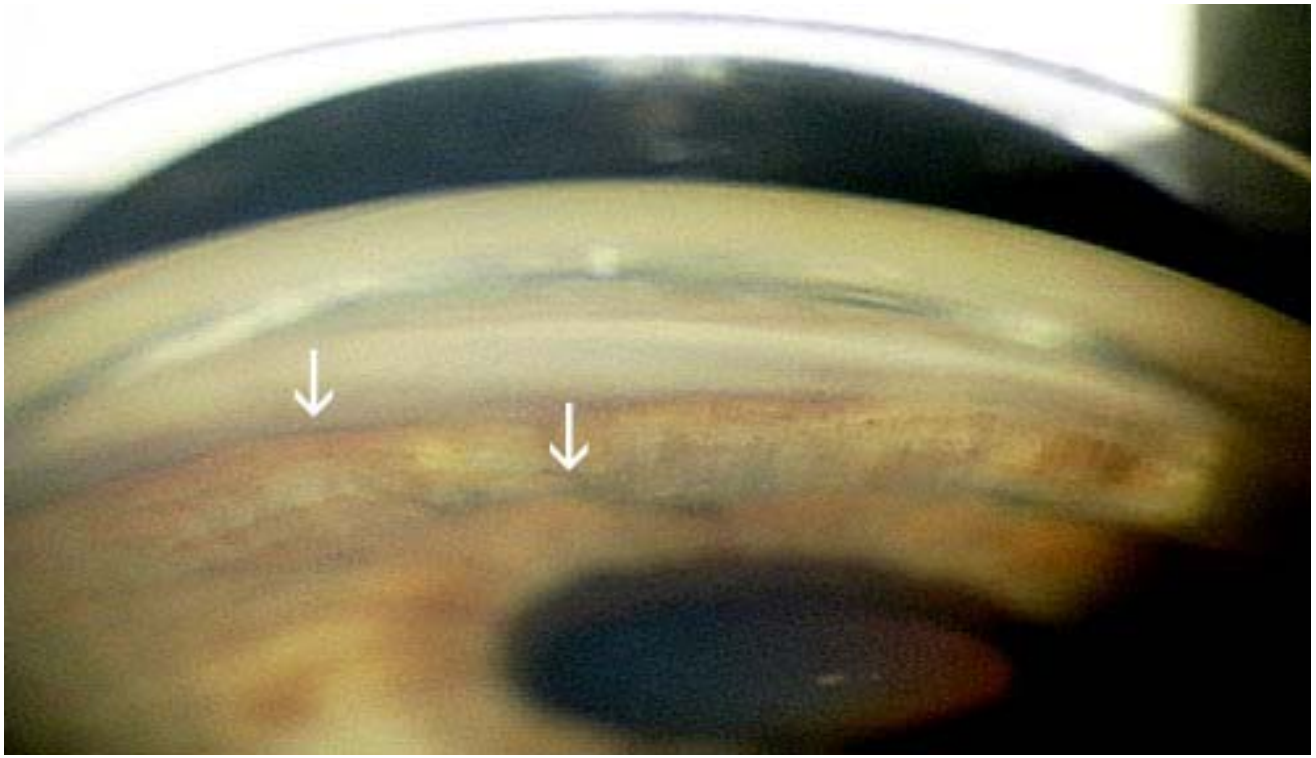
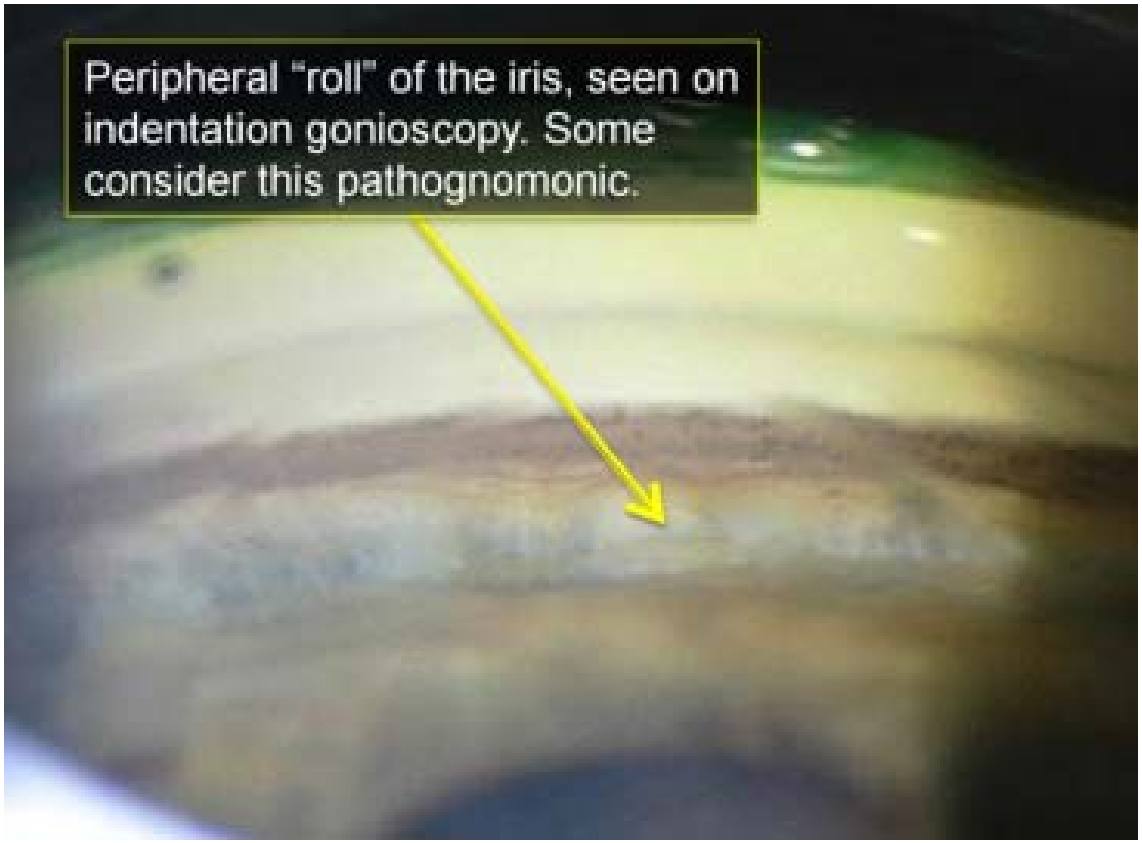


Plateau iris: ‘Sine wave/double-hump sign’

Primary Angle Closure Glaucoma



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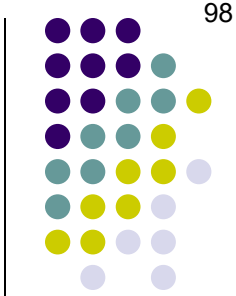

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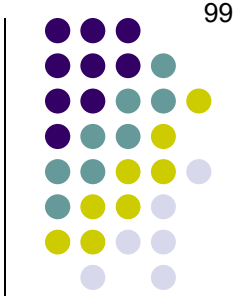

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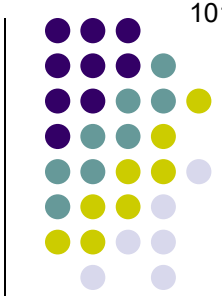

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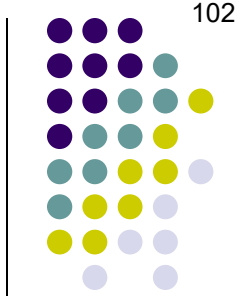

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What happens during sleep that leads to improvement?

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What happens during sleep that leads to improvement?
Sleep-induced miosis breaks the pupillary block

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When you hear that periocular pain 'improves with sleep,'
three conditions should come to mind. What are the other two?
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--?
--?

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What happens during sleep that leads to improvement?
Sleep-indu

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What does OIS *stand for in this context?*

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In a nutshell, what is OIS?

Q/A

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Occlusion of what vessel is most commonly implicated in OIS?

hypoperfusion

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Occlusion of what vessel is most commonly implicated in OIS?
The ipsilateral internal carotid artery (ICA)

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What is the term for the process that leads to ICA occlusion?

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--CVA
--PAD

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Signs:
--*?*
--*?*
--*?*
--*?*

Symptoms:

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--NVI/NVA
--AC cell/flare
--Retinal vascular changes

Symptoms:

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Signs:	**Symptoms:**
--Intraretinal hemorrhages	--***?***
--NVI/NVA	--Periocular pain
--AC cell/flare	--***?***
--Retinal vascular changes	

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For each statement, identify which form(s) of primary angle-closure glaucoma is/are associated

Acute angle closure
Sub-acute angle closure
Chronic angle closure
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(>1) - LPI important: All (***including*** plateau iris)
- Often **improves with sleep: Sub-acute**

What happens during sleep that leads to improvement?
Sleep-indu

When you
three cond
--Sub-acu
--Migraine
--**OIS**

What does OIS stand for in this context?
Ocular ischemic syndrome

In a nutshell, what is OIS?
A constellation of **signs and symptoms** owing to chronic ocular hypoperfusion

What are the signs/symptoms of OIS?

Signs:
--Intraretinal hemorrhages
--NVI/NVA
--AC cell/flare
--Retinal vascular changes

Symptoms:
--Decreased vision
--Periocular pain
--Prolonged photostress recovery time

Q *For each statement, identify which form(s) of primary angle-closure glaucoma is/are associated*

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Does it present unilaterally, or bilaterally?
Unilaterally in about 80% of cases

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Q/A

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Yes, M *v* F are twice as likely to have it

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Is there a relationship with age?

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Yes, OIS is a dz of old v young individuals

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Is there a relationship with age?
Yes, OIS is a dz of older individuals

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What happens during sleep that leads to improvement?
Sleep-induced miosis breaks the pupillary block

*When you hear that **periocular pain 'improves with sleep**,' three conditions should come to mind. What are the other two?*
--Sub-acu
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Circling back to the original point: By what mechanism does sleep improve the periocular pain associated with OIS?

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Circling back to the original point: By what mechanism does sleep improve the periocular pain associated with OIS?
It's not actually sleeping per se that does it, rather, a classic feature of OIS is that the pain improves when the pt lies down (lying down increases perfusion pressure of the eye)

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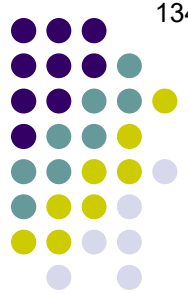

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Why is the cornea cloudy?

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Why is the cornea cloudy?
It is edematous

Primary Angle Closure Glaucoma

Cloudy cornea in acute ACG

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What causes the edema?

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What causes the edema?
Elevated IOP→endothelial-cell dysfunction

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What is the classic one-word descriptor for the appearance of the cornea in ACG?

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Why is the cornea cloudy?
It is edematous

What causes the edema?
Elevated IOP→endothelial-cell dysfunction

What is the classic one-word descriptor for the appearance of the cornea in ACG?
'Steamy'

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Why don't CACG pts get corneal edema?

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Why don't CACG pts get corneal edema?
Because their IOP doesn't get high enough

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Why would sub-acute ACG be confused with migraines?

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Why would sub-acute ACG be confused with migraines?
Think about it—these pts c/o intermittent terrible headaches that improve with sleep. Sounds like migraines to me…

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- Presents like POAG:

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In what sense(s) does CACG present like POAG?

Q/A

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In what sense(s) does CACG present like POAG?
In that, like POAG, CNAG:
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- **Presents like POAG: Chronic**

In what sense(s) does CACG present like POAG?
In that, like POAG, CNAG:
--is painless
--is associated with modestly elevated IOP (at least initially)
--results in typical-for-glaucoma progressive VF loss and ONH changes

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- **Presents like POAG: Chronic**

What does this mean, 'at least initially'?

In what sense(s) does CACG present like
In that, like POAG, CNAG:
--is painless
--is associated with modestly elevated IOP (**at least initially**)
--results in typical-for-glaucoma progressive VF loss and ONH changes

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For each statement, identify which form(s) of primary angle-closure glaucoma is/are associated

Acute angle closure
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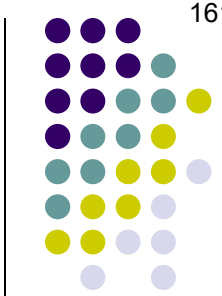

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If unchecked, CACG can progress, and IOP can climb very high

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How (ie, by what mechanism) does CACG progress?
PAS are present in CACG. Early in the dz process, enough of the angle is open to keep the IOP from getting too high. However, PAS progression is a common occurrence, and if the angle zips up sufficiently the IOP can rise precipitously.

What does this mean, "at least initially"?
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PAS *What does PAS stand for in this context?*

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What does PAS stand for in this context?
Peripheral anterior synechiae

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The haloes are said to have a particular appearance—what is it?
They are '**rainbow-colored**'

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What causes the haloes and blurry vision?
The corneal edema associated with these conditions

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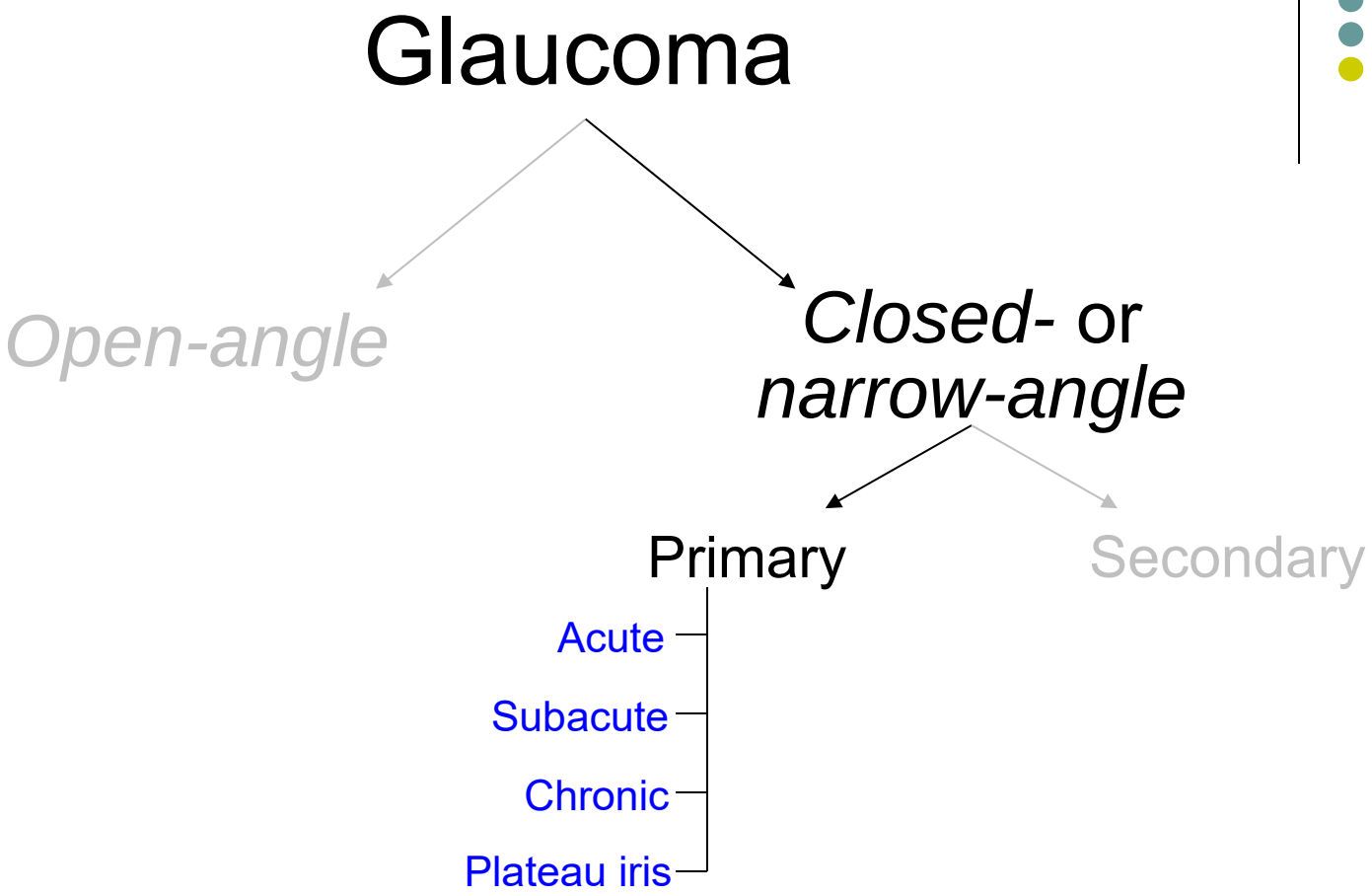
Primary Angle Closure Glaucoma



Let's summarize what we know about PACG:

Primary Angle Closure Glaucoma

Glaucoma

Open-angle

Closed- or

In **acute** ACG, the entire angle becomes occluded over a short period of time, producing a precipitous rise in IOP. The extremely high IOP causes severe eye pain and HA, N/V, and blurry vision. The event will not resolve without intervention.

y

- **Acute**
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Glaucoma

Open-angle

Closed- or *narrow-angle*

In **subacute** ACG, some *portion* of the angle occludes *episodically*, resulting in episodes of moderate (not extreme) IOP elevation. This IOP causes moderate eye pain and HA, and blurry vision. The episodes resolve spontaneously, often after sleep. IOP is normal between episodes, which can make diagnosis challenging.

Subacute

Chronic

Plateau iris

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Open-angle

narrow-angle

In **chronic** ACG, some portion of the angle is *always* occluded via PAS, resulting in consistently modest IOP elevation. This IOP is not high enough to cause eye pain, HA or blurry vision. The consistently elevated IOP produces typical glaucomatous VF loss and ONH changes.

Chronic

Plateau iris

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In **plateau iris syndrome**, anteriorly-positioned ciliary processes displace the peripheral iris into the angle, predisposing the eye to either chronic or acute ACG without the need for pupillary block (although it is often present). The diagnosis can only be made via gonio (or imaging).

Plateau iris

Let's summarize what we know about PACG: