

Bilateral Simultaneous Acute Primary Angle Closure Glaucoma: A Remarkable Case

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Abstract : Purpose: This study presents a rare case of bilateral Acute Primary Angle Closure Glaucoma (PACG). Method: A case report of a 64-year-old woman with a good outcome Acute PACG in both eyes who underwent phacotrabeculectomy surgery. Result: A 64-year-old woman complained of acute pain in both eyes, accompanied by decreased vision, photophobia, and seeing halos for three weeks. There was no history of trauma, steroid or other systemic drugs used, or intraocular surgery before. Ophthalmologic examination revealed a right eye (RE) visual acuity of 0.1, left eye (LE) 0.2. RE intraocular pressure (IOP) was 12 mmHg and LE: 36.4 mmHg in medication of timolol maleate ED and acetazolamide oral. Both eyes' anterior segments revealed mixed injection, corneal edema, shallow anterior chamber, posterior synechiae, mid-dilatation pupil with negative pupillary reflection, and cloudy lens without intumescent. There was a glaucomatous optic and closed iridocorneal angle on the gonioscopy. Initial treatments included oral acetazolamide and potassium aspartate 250 mg three times a day, timolol maleate ED 0.5% twice a day, and prednisolone acetate ED 1% four times a day. This patient underwent trabeculectomy, phacoemulsification, and implantation of IOL in both eyes. One week after the surgeries, both eyes showed decreased IOP and good visual improvement. Conclusion: Bilateral simultaneous Acute PACG is generally severe and results in a poor outcome. It causes rapidly progressive visual loss and is often irreversible. Phacotrabeculectomy has more benefits compared to only phacoemulsification for the intervention regarding the reduced IOP post-surgical.

Keywords : acute primary angle closure glaucoma, intraocular pressure, phacotrabeculectomy, glaucoma

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