



## **Intraocular pressure should be monitored after an acute episode of angle-closure**

### ***The Science behind the Tip***

Treatment of acute attacks of angle-closure glaucoma induced by pupillary block is based on medical therapy aiming at reducing intraocular pressure (IOP) and reopening the angle, and on peripheral irido(ec)tomy (PI) to re-establish communication between the posterior and anterior chambers<sup>1-3</sup>.

A successful response to medical therapy with early miosis suggests a favourable prognosis after PI. In some patients however, IOP normalization may be secondary to a ciliary body shutdown, i.e. temporary inhibition of aqueous secretion due to ischemic damage to the ciliary epithelium and the medications administered to break the acute attack. It may then take several days or weeks before ciliary function recovers, thus leading to the erroneous assumption that the angle has reopened<sup>1,2</sup>. IOP must be monitored in the months following angle-closure to detect a chronic elevation of IOP in spite of a patent PI. Dynamic gonioscopy should be performed to confirm that the angle is open, to assess the extent of peripheral anterior synechiae<sup>4</sup> and to exclude associated iris plateau configuration.

Patients successfully treated with PI should also be observed throughout their lifetime for the development of concurrent open-angle glaucoma<sup>2,5</sup>.

### ***References***

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