

✉ **If conservative measures are unsuccessful in the management of malignant glaucoma, phaco with IOL combined with posterior capsulotomy and anterior vitrectomy usually is**

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

Malignant glaucoma in a phakic eye typically follows incisional surgery for primary angle-closure glaucoma. Shallowing of the anterior chamber occurs in association with increased intraocular pressure (IOP). Early detection and appropriate intervention are key to the successful management.

A combination of atropine 1% and phenylephrine (2.5-10%) drops should be initiated immediately to tighten the zonules and pull the lens backwards, followed by medication to suppress aqueous production. Diode laser transscleral cyclophotocoagulation may be helpful because of posterior rotation and shrinkage of the ciliary processes<sup>1</sup>.

If these measures are unsuccessful, then phacoemulsification with intraocular lens (IOL) implantation combined with posterior capsulotomy and removal of the anterior vitreous is usually effective in restoring the normal pathway of aqueous flow<sup>2</sup>.

### ***References***

1. Carassa RG, Bettin P, Fiori M, Brancato R. Treatment of malignant glaucoma with contact transscleral cyclophotocoagulation. *Arch Ophthalmol*. 1999;117:688-90.
2. Ruben S, Tsai J, Hitchings R. Malignant glaucoma and its management. *Br J Ophthalmol*. 1997;81:163-67.