

⊗ **Post-traumatic angle-recession glaucoma is difficult to manage and surgical intervention is often required**

The Science behind the Tip

Anterior chamber angle recession is the commonest physical sign of previous blunt trauma to the eye. Raised intraocular pressure (IOP) occurs secondary to trabecular damage rather than as a consequence of angle recession.

Medical treatment is unsuccessful because of poor compliance and surgery is often required. Laser trabeculoplasty is ineffective in this form of glaucoma. The presence of angle recession is a risk factor for failure of glaucoma filtration surgery, independent of age and race¹. The best results are achieved by undertaking a trabeculectomy with Mitomycin C 0.02%, applied at the time of surgery^{2,3}. If the conjunctiva is scarred or if the eye is aphakic or if the first surgical procedure fails to control the IOP, then a Baerveldt tube (350mm) or double-plate Molteno implant should be inserted^{2,4}.

References

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4. Fuller JR, Bevin TH, Molteno AC. Long-term follow-up of traumatic glaucoma treated with Molteno implants. *Ophthalmology.* 2001;108:1796-800.