



In patients with primary angle-closure glaucoma and primary angle closure with high intraocular pressure (IOP), there is a good evidence to support the use of clear lens extraction with intraocular lens implantation as initial treatment

The Science behind the Tip

The standard treatment for primary angle-closure glaucoma (PACG) is laser peripheral iridotomy (PI) to open the drainage pathways and medical management with eye drops to decrease the IOP, followed by trabeculectomy if the disease remains uncontrolled.

The crystalline lens plays an important role in the pathogenesis of this form of glaucoma¹. The EAGLE study (Effectiveness in Angle-closure Glaucoma of Lens Extraction) is an international randomised trial comparing the outcomes of 419 patients with an average age of 67 years with PACG or primary angle closure and IOP greater than 30mmHg 3 years after presentation². The results show that initial clear lens extraction is more effective than laser PI in terms of patient reported quality of life and vision. The IOP is lower and less eye drops are needed to control the glaucoma.

The study supports the use of clear lens extraction as initial treatment in patients with PACG^{2, 3}. Results from the EAGLE trial may not be generalisable to patients who would not fulfil the inclusion criteria.

References

- 1) Friedman DS, Vedula SS. Lens extraction for chronic angle-closure glaucoma. Cochrane Database Syst Rev 2006; 19 (3): CD005555
- 2) Azuara-Blanco A, Burr J, Ramsay C et al Effectiveness of early lens extraction for the treatment of primary angle-closure glaucoma (EAGLE): a randomised controlled trial. Lancet 2016; 388: 1389-97
- 3) Traverso CE. Clear-lens extraction as a treatment for primary angle closure. Lancet 388: 1352-54