



In a young patient with acute congestive angle closure or recurrent angle closure in the presence of a patent laser iridotomy, the underlying cause is usually plateau iris configuration

The Science behind the Tip

Plateau iris configuration is characterised by a closed anterior chamber angle in association with a flat iris plane and a relatively deep central anterior chamber. An anterior position of the ciliary processes results in an abnormal configuration of the peripheral iris¹. Plateau iris syndrome describes acute congestive angle closure which occurs with pupillary dilation despite a patent iridotomy.

Patients tend to be young and less hyperopic than those with primary angle closure caused by a relative pupillary block^{2,3}. However, as there is often an element of pupillary block in patients with plateau iris configuration, a laser iridotomy should be undertaken. If the IOP is uncontrolled, then pilocarpine 1% or laser iridoplasty should be tried⁴.

References

- 1) Pavlin CJ, Ritch R, Foster FS. Ultrasound biomicroscopy in plateau iris syndrome. *Am J Ophthalmol* 1992; 113: 390-5
- 2) Ritch R, Chang B, Leibmann J. Angle closure in younger patients. *Ophthalmology* 2003; 110: 188-9.
- 3) Stieger R, Kniestedt C, Sutter F, et al. Prevalance of plateau iris syndrome in young patients with recurrent angle closure. *Clin Experiment Ophthalmol* 2007; 35: 409-413.
- 4) Ng W, Morgan W. Mechanisms and treatment of primary angle closure: a review. *Clin Experiment Ophthalmol* 2011; 39: 481-2.