Tip of the Month

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Innovation, Education, Communication, Implementation

Glaucoma associated with congenital aniridia is difficult to treat, but tube-shunt drainage devices offer the best results

The Science behind the Tip

Congenital aniridia is a rare bilateral developmental disorder which is inherited in an autosomal dominant fashion in approximately two thirds of cases; the remainder occur sporadically. Glaucoma appears in late childhood or adolescence, when progressive changes occur in the drainage angle and occurs in 50-75% of affected individuals[1]. The condition is often associated with other ocular defects (corneal disease, cataract formation and foveal hypoplasia) and some forms are linked to systemic disease (e.g. Wilms tumour)[2].

Medical therapy is inadequate in most cases and trabeculectomy does not lead to long-term control of the IOP because of bleb failure secondary to scarring and progressive changes in the angle. Tube-shunt surgery appears to offer good results one year after surgery[3,4]. The long-term results of this surgery have not been reported.

References

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3) Arroyave CP, Scott IU, Gedde SJ et al. Use of glaucoma drainage devices in the management of glaucoma associated with aniridia. Am J Ophthalmol 2003; 135: 155-159.

4) Almousa R, Lake DB. Intraocular pressure control with Ahmed glaucoma drainage device in patients with cicatricial ocular surface disease-associated or aniridia – related glaucoma. Int Ophthamol 2014; 34: 753-760.

Contributor: John F Salmon MD - Oxford