



In patients with unilateral angle recession glaucoma, the non-traumatized fellow eye should also be periodically checked

The Science behind the Tip

Angle recession (AR) is a common complication after a blunt ocular trauma, and it is related to a higher risk of developing late-onset glaucoma¹. The postulated mechanism of intraocular pressure (IOP) elevation is trabecular meshwork scarring from the traumatism in combination with an underlying predisposition for primary open-angle glaucoma².

Increased IOP and hypertensive response to steroids have been evidenced not only in the AR eye but also in the non-traumatized fellow eye³. One study has even exposed that 50% of AR glaucoma patients develop glaucoma in the fellow eye⁴. Interestingly, reduced dimensions of the Schlemm canal have been found in a small control study in AR glaucoma eyes, and interestingly, also in their fellow eyes⁵. Therefore, a meticulous gonioscopy should be done in the early post-traumatic period to identify AR, and if glaucoma is diagnosed, the non-traumatized fellow eye should also be periodically checked.

References

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