

Early Diagnosis and Treatment Saves Vision from the Silent Thief of Sight

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Glaucoma is one of the most important causes of irreversible blindness. Worldwide around 60 millions are affected with glaucoma in 2010 and this is expected to increase to almost 80 million by 2020. Unfortunately, there exists no cure for glaucoma till date however through early diagnosis and treatment, the disease can be controlled well and vision loss or blindness avoided. World Glaucoma week is observed from March 10th - 16th this year. Glaucoma is characterized by progressive optic neuropathy and loss of retinal ganglion cells leading to specific visual field defects and optic disc appearance developing in the presence of a raised intraocular pressure (IOP).

Classification

Anatomical classification (classified based on the gonioscopy of the anterior chamber angle)

- Open angle glaucoma (OAG)
- Closed/Narrow angle glaucoma (ACG)

Pathological classification

- Primary glaucoma (POAG, PACG)-mostly idiopathic
- Secondary glaucoma- mostly occur following blunt trauma or long term drug intake especially steroids for any systemic illness like bronchial asthma and connective tissue disorders.

Etiological classification

- Congenital glaucoma
- Developmental glaucoma
- Acquired Glaucoma

Management of glaucoma

Investigations

Contact

- Applanation tonometry for IOP measurement
- Gonioscopy and UBM (ultra biomicroscopy for anterior chamber angles if needed)
- Pachymetry for Central Corneal Thickness (CCT) and corrected IOP calculation

Non contact

- Visual acuity
- Non contact air puff tonometry for IOP
- Visual fields for glaucoma analysis
- Optical Coherence Tomography (OCT) for retinal nerve fiber layer analysis

Treatment

1. **Medical Treatment-** Mainly for Open angle glaucoma's
2. **Laser Treatment-** Both angle closure and open angle glaucoma's
3. **Surgical Treatment-** Both angle closure and open angle glaucoma's

Open angle glaucoma's are mostly treated with anti glaucoma drugs and later by Trabeculectomy if not responsive or shows progression in spite of maximum medications after fixing a target IOP.

Angle closure glaucoma is treated by Peripheral Iridotomy and Trabeculectomy depending on the degree of angle closure.

Follow up is of utmost importance in these patients life-long with periodical check up of IOP, Visual fields and Gonioscopy.

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