

The Syndrome is Called Glaucoma

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Internal eye pressure, either high or low, alone does not indicate glaucoma. The glaucomatous eye can also exhibit normal intraocular pressure. Hence, the syndrome characterized by progressive, uniquely patterned optic neuropathy is called Glaucoma. This is associated with corresponding visual field loss as well as contrast loss with or without sustained high eye pressure.

The etiology of glaucoma is partly thought to be multifactorial including environmental factors and genetics but these claims are not yet fully understood. Most patients diagnosed with primary open-angle glaucoma have the presence of elevated intraocular pressure in the anterior chamber, although other conditions can also contribute to this presentation such as aqueous misdirection or increased resistance to outflow through the trabecular meshwork [1-3].

Vision loss due to glaucoma is irreversible, and early diagnosis and adherence to the treatment advised by the optometrist or ophthalmologist are crucial to the effective management of this disorder. Patients should be made aware of their risk factors for developing glaucoma and the importance of taking an active role in monitoring their optic nerves for changes in appearance. Periodic eye exams as advised by eye care practitioners are pertinent for all patients at risk of glaucoma [4].

Eye doctors should inform their patients that having high or low eye pressure does not necessarily equate to having glaucoma. Glaucoma is not diagnosed based on measurements of intraocular pressure alone. However, there are several tests available that should be done to evaluate the optic nerve for evidence of

structural damage that may indicate a patient has glaucoma. These tests include repeated; optical coherence tomography (OCT), visual field testing, ocular response analysis testing, gonioscopy, and corneal pachymetry [5,6]. All of these tests are valuable tools to help diagnose glaucoma as well as monitor its progression in these patients.

Conclusively, several glaucoma treatment options are available including eye drops, laser therapy, trabeculectomy, and minimally invasive glaucoma surgery (MIGS). Notably, most patients with early to moderate stages of glaucoma typically do not experience any symptoms of their disorder. Therefore, patients must have regular eye exams to monitor their condition and ensure they are on the appropriate treatment plan for their needs. Monitoring the progression of the disease over time can help determine when more aggressive treatments may be needed to control the disorder and consequently preserve sight [7,8].

Bibliography

1. Le A., *et al.* "Risk factors associated with the incidence of open-angle glaucoma: the visual impairment project". *Investigative Ophthalmology and Visual Science* 44.9 (2003): 3783-3789.
2. Kokotas H., *et al.* "Biomarkers in primary open angle glaucoma". *Clinical Chemistry and Laboratory Medicine (CCLM)* 50.12 (2012): 2107-2119.
3. Zukerman R., *et al.* "Glaucoma heritability: Molecular mechanisms of disease". *Genes* 12.8 (2021): 1135.
4. Topouzis F. "Glaucoma-The Importance of Early Detection and Early Treatment". *Journal-Glaucoma-The Importance of Early Detection and Early Treatment* (2011).

5. Parikh RS, *et al.* "Diagnostic capability of optical coherence tomography (Stratus OCT 3) in early glaucoma". *Ophthalmology* 114.12 (2007): 2238-2243.
6. Yarmohammadi A., *et al.* "Relationship between optical coherence tomography angiography vessel density and severity of visual field loss in glaucoma". *Ophthalmology* 123.12 (2016): 2498-2508.
7. Heijl A., *et al.* "Reduction of intraocular pressure and glaucoma progression: results from the Early Manifest Glaucoma Trial". *Archives of Ophthalmology* 120.10 (2002): 1268-1279.
8. McMonnies CW. "Glaucoma history and risk factors". *Journal of Optometry* 10.2 (2017): 71-78.