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THE MODIFIED ANTIGLAUCOMATOUS OPERATION IN TERMINAL GLAUCOMA WITH PAIN SYNDROME

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Relevance: Terminal glaucoma is one of the most severe forms of glaucomatous process and is usually accompanied by pain syndrome, which practically does not lend itself to drug therapy.

Purpose: To improve the results of surgical treatment of terminal glaucoma with pain syndrome by preventing excessive scarring by autodrenation of the filtration zone.

Material & Methods: The results of treatment of 30 patients with terminal glaucoma with pain syndrome are summarized in the work. The visual functions in patients with terminal glaucoma were almost lost. The average level of ophthalmotonus against the background of the maximum drug therapy was 47.1 ± 5.2 mmHg. Pain syndrome of varying degrees of intensity occurred in all patients with terminal glaucoma. The proposed method was carried out as follows. In the 12-hour zone, a quadrangular scleral flap was formed by cutting off the base to the limbus 4-4 mm in size. Then, from the deep layers of the sclera in the drainage zone, a triangular flap was cut out and excised by a base to the limbus with the size of 3 mm and the height of 4 mm. Basal iridectomy was performed. The free angles of the quadrangular flap, cut from the surface layers of the sclera, were fixed by two nodular sutures from silk 8/0 to 1/3 of the vertical boundaries of the scleral bed, thus forming a scleral roller that prevents intimate sclero-scleral adaptation. All patients examined by standard ophthalmologic methods of diagnosis.

Results & Discussion: Intra Ocular Pressure (IOP) decreased in 2.3 concerning postoperative indices and averaged over 20.3 ± 1.8 mmHg. In the long-term period after 1 year in 28 (93.3%) patients the pain syndrome was completely stopped. It is necessary to note the main thing that up to 1 year after the operation, we avoid enucleation of the eye in all 30 patients. In this case, the phenomena of developing of subatrophy of the eye in these terms were not recorded in any patient.

Conclusions: The proposed operation of deep sclerectomy with autodrenation of the filtration zone allowed increasing the effectiveness of terminal glaucoma treatment. Pain relief was noted in 96.6% of cases

Research result: Despite the fact that in a number of cases at the study stages there were sufficient changes in the estimated values, the values of which were within the WHO reference values, all variants of anesthesia allowed to provide a high degree of anesthetic protection in ophthalmic surgical interventions and can be recommended for routine practical application

Biography

Bilalov B E has graduated from Tashkent Medical Academy in 2012. In 2015 he has completed Ophthalmology Master's degree. From 2016, he is working as the Head of Department of Ophthalmology in 2nd clinic of TMA. Recently, he is working on dissertation for PhD degree, entitled Optimization of surgery in terminal glaucoma. He was the author of more than 15 publications. His specialization includes glaucoma, neuroophthalmology, pterigium and pathology of eye in general diseases.

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