# Pediatric Glaucoma From Clinic To OR

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# **Decision Making**

- Pediatric glaucoma is mostly treated surgically
- Role of antiglaucoma topical ttt (prior to surgery or postoperatively)

# **Decision Making**

- Challenging decision due to high incidence of failure
- Long life expectancy
- Limited surgical repertoire (modifications are within)

## Role Of First Surgery

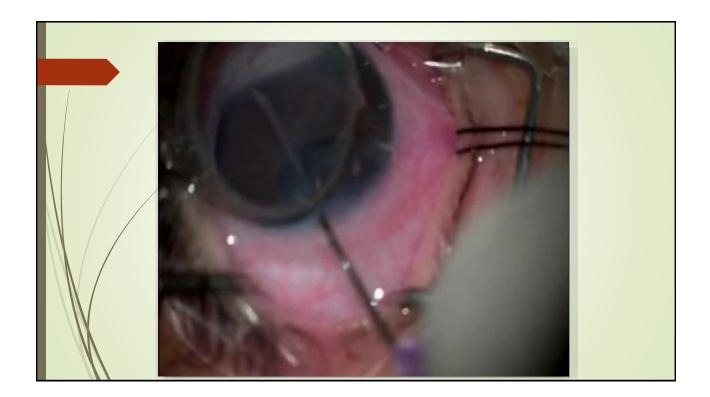
This is the most important surgery , when properly chosen and done .....saves the patient a lot.

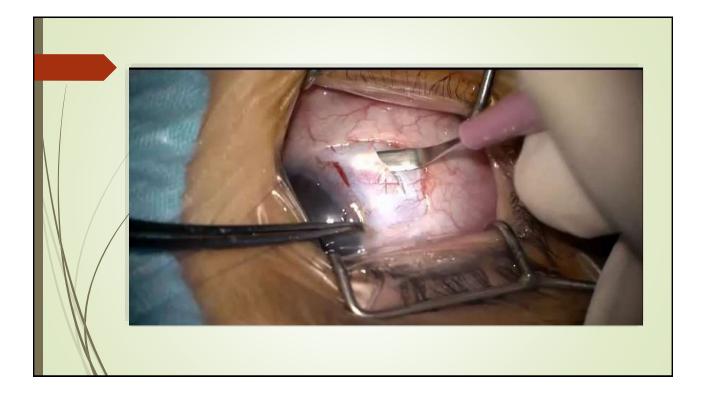
# **Our Repertoire**

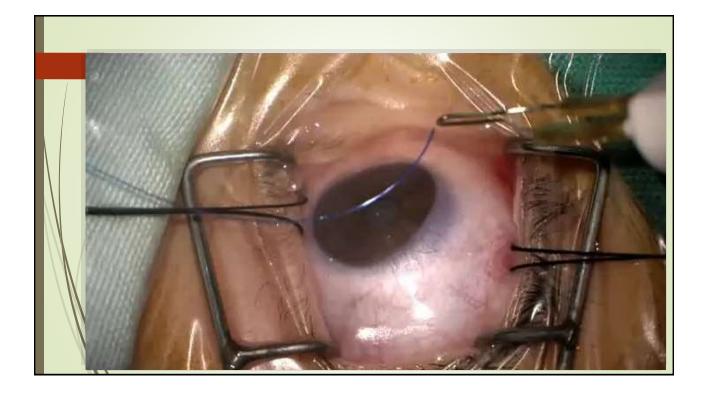
- Angle Surgery
- ✓ Ab-interno (limited or circumferential)
- Ab-externo (limited or circumferential)
- Filtering Surgery
- With or without antimetabolites
- Glaucoma Drainage Device (GDD)
- Cyclodestructive Procedures
- ✓ CWC
- Micropulse cyclodiode application

## **Angle Surgery**

- Clear Corneas
- Goniotomy (limited to 110-120°)
- GATT (ab interno circumferential trabeculotomy)
- Hazy or Opaque corneas
- Conventional trabeculotomy
- Circumferential trabeculotomy



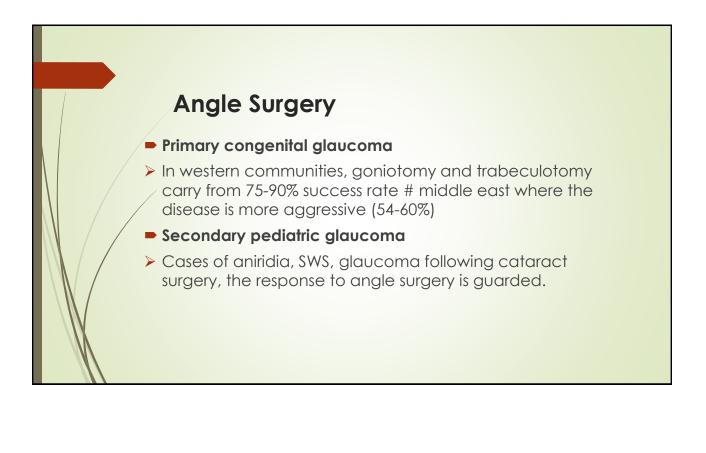




# Advantages Of Angle Surgery

- Tackling site of the pathology (1ry/2ry).
- Sparing the conjunctiva in goniotomy and GATT surgeries thus preserving them for future intervention if needed.
- Circumferential surgery makes drainage to more collector channels to further reduce IOP.

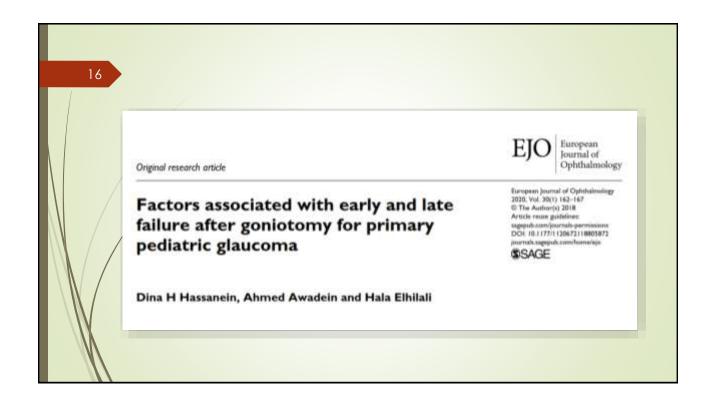
Why Circumferential??	
Acta Ophthalmologica	
Ever Loref: 2021 Jun: 36(6): 1637-1643. Published online 2020 Aug 21. doi: <u>10.1026/j.41433-020-01138-w</u> One-year results of two-site trabeculotomy in paediatric glaus surgery	PMCD: PMCH49645 PMD: <u>12827001</u> coma following cataract





#### Results

- Retrospective study (2013-2016) in PCG cases <12yrs.</p>
- Failure rate in goniotomy was 56% (influenced by preop CD ratio).
- Failure rate in trabeculotomy was 30% (correlated to positive consanguinity, high preop IOP, female gender and younger age at surgery).





# If angle surgery fails

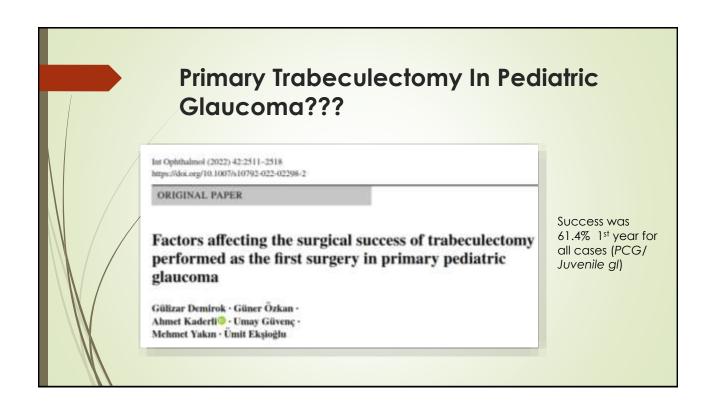
- If conventional circumferential (2 site trabeculotomy, GATT)
- Would try redo angle surgery even if it was circumferential
- If it fails trabeculectomy w or without antifibrotic agents

# **Trabeculectomy**

- Not recommended as primary surgery in pediatric glaucoma.
- Reported success rate is lower in children than adults (35-50&%)
- Thick tenon
- Aggressive healing process
- This led to using antifibrotic agents (MMC, 5FU) to enhance drainage
  Hypotony
- Thin avascular blebs
- Cystic blebs
- Endophthalmitis







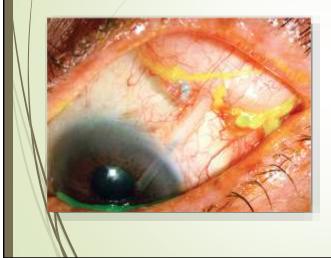
## Primary Trabeculectomy In Pediatric Glaucoma???

- What about sequiae ??
- Hypotony (37.5%), Hyphema (16.6%), Flat AC (10.4%), choroidal detachment (22.9%), Intraoperative vitreous loss (4.1%)
- Bleb type unknown(35.4%), diffuse(35.4%), cystic(16%),shallow(10%),encapsulated(3%)
- Need for resurgery(29%)

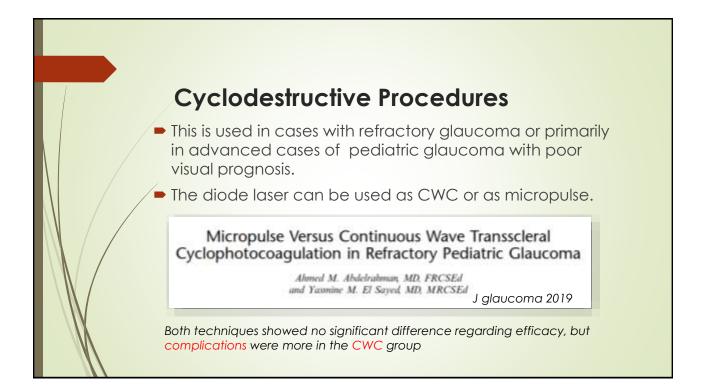
## **Glaucoma Drainage Device**

- GDDs offer the potential advantage of being of use in the presence of conjunctival scarring or in glaucomatous eyes with very thin sclera.
- The bleb of the GDD is far posterior to the limbus, making infection less than with trabeculectomy.
- Potential disadvantages of GDDs include the risk of implant erosion or occlusion of the tube with vitreous, long intracameral tubes may get in contact w back of the cornea.

## Glaucoma Drainage Device







# To Wrap Up

- Choice of glaucoma surgery in a child is so challenging.
- Lots of concerns have to be put in mind.
- Vision is our primary goal.

