

# A surgically challenging case of uveitic glaucoma

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# Conflict of interest

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- I have no potential conflicts of interest to report

# The case

- 48 year old lady
- PMx: rheumatological disease on Methotrexate and oral steroids under investigation
- POx: uncontrolled glaucoma , recurrent episodes of acute anterior uveitis
- Tx: coll. brinzolamide/brimonide tds, coll. talfuprost qds, coll. dexamethasone tds, tabs acetazolamide qds

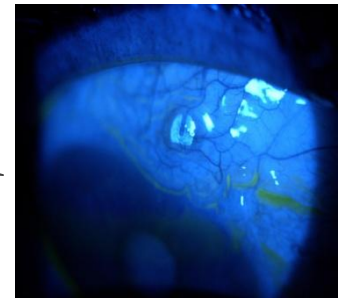


# Management

- Combined phacoemulsification –core vitrectomy OS managed to control IOP in the left eye
- New episode of uncontrolled ocular inflammation leads to rheumatological reassessment
- New diagnosis : seronegative peripheral spondyloarthropathy (SpA)
- Modification of systemic immunomodulators
- First surgical intervention for glaucoma : insertion of EX-PRESS draining device OD

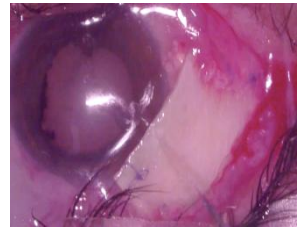
# Follow up

- The EX-PRESS filtration device was found to protrude through the conjunctiva having perforated the sclera at the six month follow-up
- Removed ten months after its initial insertion leading to uncontrolled IOP in the right eye
- Next step in the surgical management of the uveitic glaucoma was the insertion of a MOLTENO® valve in the right eye. A pericardial graft was used to secure the valve in place



# Post -op complications

- Following the insertion of the Molteno valve there were complications:
  - severe hypotony, managed with insertion of viscoelastic
  - exposure of the valve in two separate occasions despite resuturing the pericardial graft after the first incident
- The Molteno valve is removed a month after its insertion
- This event resulted in the re-assessment and thus modification of the systemic treatment regime to include four different immunomodulators



# What happened next?

- The new regime finally manages to stabilise the underlying disorder resolving the ocular inflammation
- Four months post removal of the glaucoma draining device the patient successfully undergoes a trabeculectomy which remarkably manages her IOP
- Patient currently stable on no topical medication
- Awaiting cataract surgery



# Discussion /learning points

- Ocular manifestations of systemic autoimmune diseases is common with diverse clinical features
- Signs and symptoms of ocular inflammation have to be considered carefully in the diagnosis and follow up of autoimmune diseases.
- In this case, the outcomes of the glaucoma surgeries were compromised due to the complications of the recurrent ocular inflammation
- An MDT approach is of the utmost importance in order to foresee, detect and minimise complications