

No More Blades, Scars or Scares: A One Year Experience of Micropulse Trans-scleral Cyclophotocoagulation from Middle East

Please Note: Schedule and room assignment are subject to change.

Presented During: Glaucoma E-Poster Pod Session III

Mon. 18 June 2018: 14:56 - 15:04

E-Poster Pod

Hall 6

Pod 2

Description

To evaluate the use of micropulse transscleral cyclophotocoagulation (MP-TSCPC) in patients with different types of glaucoma.

Materials / Patients and Methods

A retrospective chart review was performed for patients underwent a MP-TSCPC at our hospital. Data was collected on the gender, age, type of glaucoma, previous surgical procedure, and postoperative outcomes.

Conclusions

Results: A total of 67 eyes were treated with MP-TSCPC in this study with a mean follow-up time of 6.3 months. The mean age was 51.3 years and 24 (36%) were female. One third of the patients has primary open angle glaucoma. Preoperatively, mean intraocular pressure (IOP) was 34.70 mm Hg and mean number of ocular antihypertensive medications used was 3.45. Mean postoperative IOP at months 1, 3, 6, and 12 were lowered to 18.32 mm Hg (47.3% reduction), 17.60 , 17.12 , and 16.90 mm Hg, respectively. Postoperative ocular antihypertensive medication use was also lowered to 2.64 , 2.41 , 2.75 , and 2.64 medications at months 1, 3, 6, and 12, respectively. Eight patients required further laser or surgical intervention. No complications were reported except of transient iritis in 7 eyes and transient hypotony in 2 eyes.

Discussion: Glaucoma is the second most common cause of blindness in the world. Surgical interventions are not always possible for certain patients. MP-TSCPC results from Jordanb are promising if compared to other studies for same procedure or other different procedures. 47% lowering effect in the first month was noticed in our series which is slightly higher than other studies (33%-45%). Higher energy used in our protocol and the relatively darker skin (melanin) and diversity of patients (less refractory) were postulated for the better results. Statistically significant drop in number of glaucoma medications used also was noticed consistently over a year of follow up. Side effects were transient and clinically insignificant. Repeat procedure was needed in less than 8% of number of eyes.

Conclusion: The majority of patients who underwent MP-TSCPC had good outcomes in terms of lowering IOP and decreasing the need for glaucoma medications. MP-TSCPC is a promising, safe, and non invasive approach to patients with different types of glaucoma.

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