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ABSTRACT BOOK

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Serious complications such as phthisis bulbi, loss of light perception or endophtalmis occurred in no patient.
Conclusions: Over 2 year follow-up, AGV implantation with long scleral tunnel technique has efficacy in terms of reduction and decrease in number of glaucoma medications with no serious complications.

P591 AHMED GLAUCOMA VALVE IN CASES OF POST-TRAUMATIC ANIRIDIA AND APHAKIA

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Background: Results of Ahmed glaucoma valve (AGV) implantation in patients with posttraumatic aniridia and aphakia have not been extensively studied.
Methods: Five patients with secondary glaucoma manifesting at various time points after artificial iris-lens diaphragm implantation for combined traumatic injury of lens and iris were operated on using the AGV. These eyes were selected for the drainage device implantation based on the consecutive failure of multiple previous glaucoma surgeries in the setting of extensive structural damage to the anterior chamber angle and trabecular zone, when traditional filtration surgery is ineffective.
Results: The duration of follow-up for this group of 5 patients was up to 12 months. Intra-operatively we did not observe any complication. In one case with severe conjunctival scarring there was a loosening of conjunctival suture on the 3rd postoperative day, requiring additional suturing. Total flat ciliochoroidal detachment with hypotony developed in 1 patient and was successfully managed medically. In all patients the intraocular pressure (IOP) control was achieved at the level of 15-17 mmHg in the early postoperative period as well as at one-year follow-up. It allowed visual function preservation in all cases. Two patients with bullous keratopathy had successful corneal transplant procedures 3 months after the AGV implantation, that resulted in visual acuity increase from 0.01 to 0.2-0.3 (decimal scale).
Conclusion: The AGV implantation for secondary glaucoma in cases of posttraumatic aniridia and aphakia conferred effective IOP control, when severe posttraumatic angle deformation precluded traditional glaucoma surgery. In addition to visual acuity stabilization, the favorable conditions were set for later reconstructive procedures.

P592 A JAPANESE CASE OF SECONDARY GLAUCOMA WITH TEN YEARS FOLLOW-UP AFTER MOLTENO IMPLANTATION

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Background: Glaucoma drainage devices are used to control intraocular pressure (IOP) in refractory glaucoma. However its use is off-label in Japan. We performed Molteno implantations in a Japanese patient over 10 years ago, and experienced some postoperative complications for the observational periods.
Case report: A 22-year-old woman was referred to us for the treatment of secondary glaucoma complicated with anterior uveitis in 1986. In the right eye, several operative interventions including 3 trabeculectomies and a cataract extraction were performed in the right eye until 1998. In the left eye, several operative interventions including 2 trabeculectomies and a cataract extraction were performed until 1999. The IOP was not controlled in both eyes, therefore Molteno implantations were performed in the right in 1998 and in the left in 1999. Erosion of the conjunctiva over the tube of the left eye occurred in 2008. The number of the corneal endothelial cells gradually decreased in both eyes. Bullous keratopathy occured in the left eye and penetrating keratoplasty was carried out in 2009. The corrected visual acuity was (0.1) in the right, and (0.4) in the left in 2010. The IOP was fairly controlled for 10 years after the surgery. The visual field was maintained in the left eye for these observation periods.
Conclusion: Molteno implantation was effective for refractory secondary glaucoma in a Japanese patient, however it has characteristic postoperative long term complications.

P593 SURGICAL MANAGEMENT OF REFRACTORY GLAUCOMA WITH CONSECUTIVE AHMED VALVE AND BAERVELDT TUBE SHUNT IN A TWENTY-TWO-YEAR-OLD WOMAN WITH IDIOPATHIC PANUVEITIS

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Background: Inflammatory glaucoma is a challenging issue for glaucoma specialists. A surgical approach is usually needed in order to control a high intraocular pressure (IOP) despite of maximal topic and systemic ocular hypotensive drugs. Corticoid use to control inflammation adds complexity to these cases. In addition, inflammatory glaucoma often affects young patients and causes important sequels and long-lasting effects in these patients.
Methods: We present a case of a 22-year-old woman suffering from idiopathic panuveitis since her age of 6 years old. Genetic testing for inflammatory familiar diseases was reported negative on genes MEFV, TNFRSF1A and NOD2. She had pars-plana vitrectomy and lensectomy realized on both eyes, achieving good control of her panuveitis episodes with descending doses of oral corticoids. Her best-corrected visual acuity was light perception on her right eye and 20/100 on her left eye. During the last 5 years she presented several panuveitis episodes with high IOP and visual field loss.
Results: Despite of achieving control of hes inflammatory state with oral corticoids, IOP progressively needed increasing topic and systemic hypotensive drugs to be controlled on her left eye. By early 2010 she was presenting a left IOP of 24 mmHg with maximal hypotensor treatment: oral Acetazolamide 250 mg t.i.d, topical Brimonidine b.i.d., topical Timolol b.i.d. and topical Brinzolamide b.i.d. She was then decided to undergo a derivative surgical procedure with implantation of an Ahmed valve. Postoperative IOP lowered to a range of 12-14mmHg during the first 45 days but increased to an IOP of 40mmHg after then. Surgical revision and cleaning of the valve was realized and showed neither obstruction nor malfunction of it. Postoperative IOP ranged between 21 and 30 mmHg during the next 5 months with maintained maximal hypotensive treatment. Filtering bleb injection of 5 FU was realized but caused no IOP reduction. Implantation of a second derivative system was then decided and Baerveldt tube shunt was elected. After 40 days of follow-up IOP is well controlled (12 mmHg) with progressively decreasing hypotensive treatment.