Aqueous tube shunt implantion and pars plana vitrectomy in eyes with refractory glaucomas

AMERICAN JOURNAL OF OPHTHALMOLOGY 116: 189-195, 1993.

GANDHAM, S.; COSTA, V.P.; KATZ, L.J.; WILSON, R.P.; SIVALINGHAM, A.

Thirty eyes of 30 patients who had undergone aqueous tube shunt implantation and vitrectomy for complicated glaucomas were reviewed for the surgical outcome. Vitrectomies and tube shunt implantations were done simultaneously (n=20) or as separate procedures (n=10). After a mean follow-up of 12.38 ± 6.60 months, visual acuity remained stable or improved in 19 patients (63.3%), whereas intraocular pressure (IOP) was controlled (IOP < 22mmHg) in 66.7%. Most common complications observed were corneal edema (n=8) and choroidal effusion (n=5). Combined tube shunt implantation and pars plana vitrectomy may be successful in controlling the IOP and maintaining preoperative visual acuity in cases of refractory glaucomas associated with vitreoretinal disorders.

Effects of topical mitomycin C on primary trabeculectomies and combined procedures

BRITISH JOURNAL OF OPHTHALMOLOGY 77: 693-697, 1993.

COSTA, V.P.; MOSTER, M.R.; WILSON, R.P.; SCHMIDT, C.M.; GANDHAM, S.; SMITH, M.

The charts were reviewed of all patients who underwent primary trabeculectomies (group 1) or combined procedures (phacoemulsification + intraocular lens implantation + trabeculectomy - group 2) and received intraoperative mitomycin C (0.4 mg/ml) between 1991 and 1992 at Wills Eye Hospital. A total of 54 eyes of 54 patients were included: 39 in group 1 and 15 in group 2. Intraocular pressure was controlled successfully in 97.4% of eyes in group 1 (mean follow up 6.8 months) and in 93.3% in group 2 (mean follow up 6.8 months). Main complications included choroidal detachment (n=15), shallow anterior chamber (n=9), cataract formation (n=8), and hypotony maculopathy (n=3). The use of mitomycin C in primary trabeculectomies and combined procedures is associated with high success rates. However, it may be associated with unacceptable risks of vision threatening complications related to excessive filtration.

The influence of primary open-angle glaucoma upon the retrobulbar circulation: baseline, postoperative and reproducibility analysis

TRANSACTIONS OF THE AMERICAN OPHTHALMOLOGICAL SOCIETY March, 1994, PP 245-265.

TRIBLE, J.R.; COSTA, V.P.; SERGOTT, R.C.; SPAETH, G.L.; SMITH, M.; WILSON, R.P.; KATZ, L.J.; MOSTER, M.R.; SCHMIDT, C.M.

CDI is showing continued promise as a reliable, reproducible method to assess the hemodynamics of a variety of ophthalmic diseases in which vascular perfusion abnormalities are suspect. Moreover, some patients with advanced POAG appear to have abnormalities of the vasculature of the retrobulbar circulation that is corrected by trabeculectomy. Continued CDI clinical correlations with longitudinal sudies are now required to elucidate the significance of this technology and these results for individual patientes.

Color Doppler Imaging in glaucoma patients with asymmetric optic cups

JOURNAL OF GLAUCOMA 3 (SUPPL. 1): S91-S97, 1994.

COSTA, V.P.; SERGOTT, R.C.; SPAETH, G.L.; MOSTER, M.R.; KATZ, L.J.; SCHMIDT, C.M.; WILSON, R.P.; SMITH, M.

To evaluate the Color Doppler Imaging (CDI) parameters of the retrobulbar circulation, we performed Color Doppler Imaging in both eyes of 29 glaucomatous patients with asymmetric cups (asymmetry > 0.3 cup/disc ratio (C/D)) and asymmetric visual field loss. We used the QAD-1 Color Doppler unit (Quantum Medical Systems INc.) with a 7.5 MHz linear-phased transducer to calculate the pulsatility index, and the peak systolic, end diastolic, and average blood flow velocities in the ophthalmic, central retinal, nasal and temporal short posterior ciliary arteries of each eye. In a second analysis, we compared the results of a randomly selected eye of age- and sex-matched controls. Paired t tests did not show any significant difference between the blood flow velocities of the more damaged and less damaged eyes when the entire 29-patient group was considered together. The power was adequate to detect a 1.0 cm/s difference in most of the analysed vessels. Thirteen of the 29 patients had primary open-angle glaucoma (POAG), and the remaining eyes had pseudoexfoliation and low tension, pigmentary, and chronic angle closure glaucoma. When compared to age- and sex-matched controls, the less damaged eyes of patients with POAG displayed reduced systolic, diastolic and mean velocities ($p<0.05$) in the ophthalmic artery. In comparison, the more damaged eyes revealed statistically reduced velocities in the ophthalmic artery, temporal short posterior ciliary artery, and in all the parameters for the mean values of the short posterior ciliary arteries ($p<0.05$). More advanced optic nerve damage in patients with POAG correlated with more severe reductions of CDI parameters of the retrobulbar circulation of patients with asymmetric disease. Further clinical Color Doppler correlations are now mandatory to determine whether these vascular changes are pathogenetically important or epiphenomena.

Color Doppler Imaging: methodology and preliminary results in glaucoma.

SURVEY OF OPHTHALMOLOGY 38 (SUPPL.):S65-S71, 1994.

SERGOTT, R.C.; ABURN, N.S.; TRIBLE, J.R.; COSTA, V.P.; LIEB, W.E.; FLAHARTY, P.M.

Color Doppler Imaging (CDI) has recently been applied to investigation of the normal vascular anatomy of the eye and orbit as well as a variety of conditions in which vascular abnormalities are important. Combining B-scan ultrasonography and Doppler waveform analysis, CDI enables nonoinvasive serial examination of blood velocity and vascular resistance from the ophthalmic, short posterior, ciliary and central retinal arteries. This technology is being used to study the ophthalmic circulation of primary open-angle glaucoma or normotension glaucoma.

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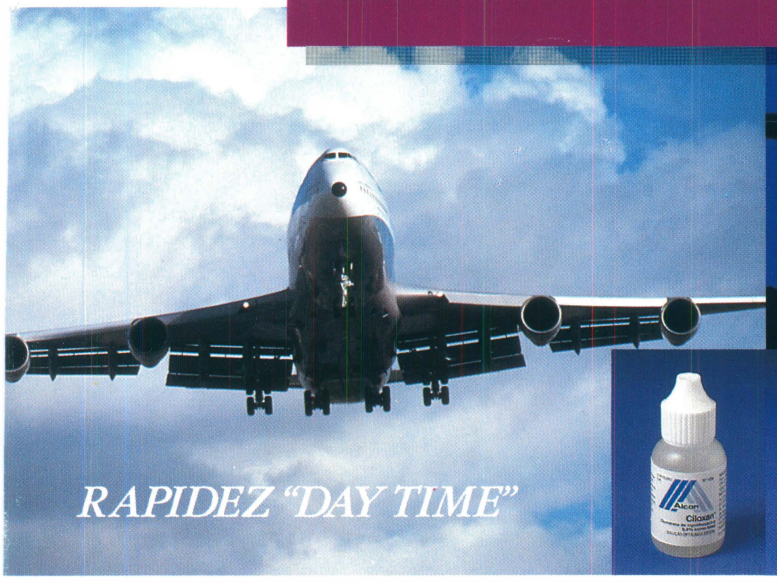

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