GLAUCOMA - WHEN TO SUSPECT OTHER FACTORS

Most glaucoma detected through optometry practice falls into the 'Primary Open Angle Group' however the following situations need to be treated with caution:

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1 VERY HIGH IOP
When the IOP is raised above around 32mmHg you need to rule out certain factors. These include: Pigment dispersion, Pseudo-exfoliation, Steroid Response, Narrow anterior angle, Inflammatory causes, Trauma.

2 RAISED IOP/GLAUCOMA IN YOUNG PATIENTS
Any patient presenting with a hgh IOP or glaucoma below the age of 50 should be suspected of having a secondary cause. Most commonly Pigment Dispersion. Other factors such as Steroid use, Inflammation, Trauma or Port Wine Staining can also affect the younger age-group.

3 UNILATERAL DISEASE
If glaucoma is strongly present in one eye, and the fellow eye completely normal - check history for evidence of trauma, or other factors such as inflammation. Again patient with Port Wine Stain (Raised Episcleral Venous Pressure) are at high risk of unilateral glaucoma.

4 SYMPTOMS
Most glaucomas are completely asymptomatic. There are no visual symptoms unless vision field loss is advanced or centrally situated. Headaches and haloes occur with subacute angle closure. Pain and photophobia occur in eyes with underlying inflammation.