

Efficacy of Pneumotrabeculoplasty in Primary Open Angle Glaucoma and Ocular Hypertension

M.G. Uva MD. A.Longo MD. M. Reibaldi MD. A. Reibaldi MD

Clinica.Oculistica@mbox.unict.it

Purpose: To evaluate the efficacy and safety of Pneumotrabeculoplasty (PNT) in the treatment of Primary Open Angle Glaucoma (POAG) and Ocular Hypertension (OH)

Materials & Methods: From June 2005 to September 2006, 25 eyes of 19 patients, affected by bilateral POAG or OH were treated by PNT.

All patients aged more than 65 years, had visual acuity 1.0, refraction \leq ± 2D, IOP between 20 and 25 mmHg (with two topical therapies), C/D < 0.6, MD < 12 dB (24-2 full threshold, Humphrey visual field). Exclusion criteria were: presence of other ocular pathologies or therapies, previous ocular para-surgical or surgical treatments, alterations of the anterior chamber angle, retinal periphery and optic nerve. Patients with diastolic blood pressure < 70 mmHg, previous vascular occlusion and other circulatory pathologies were also excluded.

In topical anaesthesia, with the patient in supine position, a disposable plastic suction ring, connected to a vacuum pump (PNT Unit 1000-Coronado, Ophthalmic International Inc, Fountain Hills, Arizona, USA) was applied on the eye. Vacuum, settled to 20 inches, was applied for 60 seconds, and then the ring removed; the procedure was repeated after 5 minutes. The whole treatment was repeated after 1 week. All patients give informed consent.

Pre-operative treatment was diclofenac eyedrops (TID) for 2 days; after the treatment, the patients received topical treatment with diclofenac (TID) and tobramicine (TID) for 7 days and tetrazoline (TID) 2 days. Hypotonizing therapy was always continued.

Patients were treated in one eye (that with higher IOP, in the right one if equal), and fellow eye was used initially as control; following, PNT was performed in 6 fellow eyes with IOP not controlled by medical therapy (in 1 after 3 months, and in 5 after 6 months).

The following parameters were evaluated after 1 week and 1, 3, 6 and 9 months: intraocular pressure, visual acuity, visual field, anterior and posterior segment findings, anterior chamber angle (by gonioscopy and UBM). At each visit, two consecutive IOP measurements were performed, and the mean value was considered; if IOP differed by more than 2 mmHg, a third measurement was taken and the median was considered.







Case 14: before PNT





Results:

Mean follow-up was 8.2 + 2.2 months. Compared to baseline value, the IOP reduced significantly (ANOVA p=0.000) in PNT treated eyes (p<0.01 Tukey-Kramer test at each time point), while no significant change was seen in control eyes. (fig 1)

Compared with baseline values, tr	ie mean iop decrease and me	number of eyes with for	decrease > 20% were respectively.
at 1 week :	- 4.4 <u>+</u> 2.3 mmHg	(-19.1 <u>+</u> 10.1%)	15/25 eyes (60%)
at 1 month:	- 4 <u>+</u> 1.6 mmHg	(-17.5 <u>+</u> 6.9%)	13/25 eyes (52%)
at 3 months:	- 3.9 <u>+</u> 2.1 mmHg	(-17.2 <u>+</u> 9.2%)	12/25 eyes (48%)
at 6 months:	- 3.7 <u>+</u> 1.7 mmHg	(-15.9 <u>+</u> 6.7%)	6/19 eyes (32%)
at 9 months:	- 3.2 + 1.7 mmHg	(-13.9 <u>+</u> 7.2%)	3/11 eyes (27%).

In eves with clinically significant IOP reduction, the hypotonizing effect lasted 4.2 + 2.9 months; after 9 months 8/11 PNT treated eves had IOP<20 mmHg

One eve with no effect on IOP received ALT, and two eyes additional medical therapy.

After the treatment no patients had visual acuity reduction and ocular inflammation; in 5 eyes a sub-conjunctival hemorrhage was found. No posterior segment

changes and visual field progression were detected after the treatment. No changes were found in anterior chamber angle.

Conclusions:

Pneumotrabeculoplasty is an easy and well tolerated technique allowing a significant IOP reduction (Avalos 2005, Bucci 2005), probably by an increase of outflow.

After 3 months an IOP decrease > 20% was found in nearly 50% of the eyes; in none of the cases was possible to reduce the number of hypotonizina druas.

In patients with mild visual field damage, no progression was found, according with data obtained after LASIK (Whitson 2003, Dementyev 2004,

Further studies should clarify the mechanism of action of PNT, the features of responders patients, and the efficacy and safety of retreatments.



Audio Arras G, Bores LD, Lifecch JT. Prisumatic talecalciplasis / PRT) - are method to test primary open-rangle glaucome (POAG) and metace the number of concurrent medications. Ann Ophthalmol 2005;537 block life, Central Milk, Odobre F et all Prisumatic Talescape and select prisumatic tradeculoplasis in glaucoma and could importenense. Eur. J Ophthalmol 2005;153(20):2015.

Ozdamar A, Kucuksumer Y, Arras C, Alova N, Usturdage C, Visual field changes after laster in situ kentomileusia in myoic eyest. J Calastra R Refract 2002;2004:2016;203

Ozdamar A, Kucuksumer Y, Arras C, Alova N, Usturdage C, Visual field changes after laster in situ kentomileusia in myoic eyest. J Calastra R Refract 2002;2004:2016;203

Ozdamar A, Kucuksumer Y, Arras C, Alova N, Usturdage C, Visual field changes after laster in situ kentomileusia on policy cincer heart and policy and referral nerve fiber bytes richones. J Calastra R Refract Surg. 2003;22:2024-5.

Case 14: 3 months after PNT









