

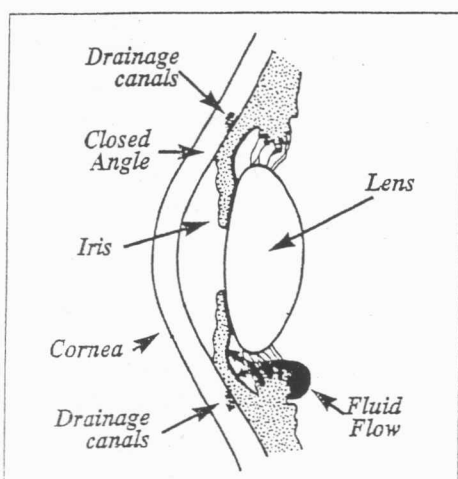
Questions and Answers: Angle-Closure Glaucoma

Gleams would like to thank Dr. Gail Schwartz for contributing to this article. Dr. Schwartz is a glaucoma specialist at the Greater Baltimore Medical Center in Baltimore, MD. Dr. Schwartz also holds faculty appointments at the Wilmer Eye Institute at Johns Hopkins University and the University of Maryland.

What is angle-closure glaucoma? Are there different types?

The angle, or the site of the eye's drainage system, is located where the iris (the colored part of the eye) meets the cornea (the clear part of the eye). If the iris and the cornea are in contact, whether just up against each other, or actually sealed together, this is known as angle-closure glaucoma.

Angle-closure can be chronic (long-lasting), or can occur suddenly. When the angle-closure occurs suddenly it is referred to as "acute angle-closure glaucoma."



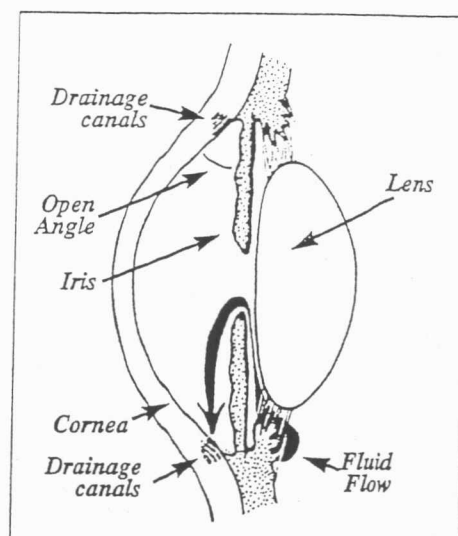
Angle-closure glaucoma

When there is no known cause, the angle-closure is considered "primary." When there is a known cause for angle-closure, such as a medical condition or prior injury, the glaucoma is considered "secondary."

Acute angle-closure occurs when the lens of the eye and the iris stick together. Normally, fluid produced in the eye flows between the lens and the back of the iris, through the pupil, then out through the angle. When the lens and the iris stick together, the fluid presses on the iris, forcing the angle into a closed position, and the eye pressure can rise dramatically. This "sticking together" is more likely to occur when the pupil shrinks from an enlarged shape, such as after a dilated eye exam (which is why dilation may not be performed on patients with narrow angles until after treatment) with certain medications, or rarely, when going from darkness into light.

How is angle-closure glaucoma treated?

In a treatment known as a peripheral iridotomy, a tiny hole is made in the eye, either with a laser or if unable to penetrate with a laser, then surgically. The hole in the iris serves as another path for fluid in the eye to flow so that there is not a sudden buildup of pressure inside the eye. The procedure is done in the office or the hospital on an outpatient basis.



Open angle glaucoma

What are the symptoms of an attack of acute angle-closure glaucoma?

Symptoms of an acute attack can include blurred vision, halos around lights, eye pain, eye redness, nausea and vomiting, and pain in the eyebrow area. Occasionally, a patient can have these symptoms off and on without going into a full-blown attack.

I've been experiencing some of the symptoms associated with angle-closure glaucoma. How can I determine if I have angle-closure glaucoma?

The best way to determine if you have narrow-angle glaucoma is to see your eye doctor for a thorough eye examination, including a test called a gonioscopy, where the doctor will determine whether the angle where the iris meets the cornea is open or closed.

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Are there any medications I should avoid if I have angle-closure glaucoma?

If you have angle-closure or narrow angles and have not yet received treatment, you should not take many cold, sinus, or allergy medications, because they can cause the pupil to dilate. These medicines are usually labeled "do not take if you have glaucoma." Unfortunately, the patients most at risk for an angle-closure attack after taking these

medicines are those who do not know they have narrow angles. Once you have received a laser iridotomy, there are no restrictions on medications. Patients with chronic open-angle glaucoma are usually able to take these medicines.

Will entering a dark room bring on an attack of angle-closure glaucoma?

When you enter a dark room your pupils dilate (expand) to let in

more light. When you go into the light, your pupils will constrict (become smaller) to let in less light. Being in the dark, whether it be a dark room or being outside at night, can expand the pupil and cause the iris and cornea to stick together. In rare instances, this can increase the risk of narrow angle glaucoma in susceptible patients. Once a laser iridotomy is performed, there is no longer this risk. 

"Internet..." cont'd from page 5

Consider the Source

Web pages posted and maintained by medical schools, government agencies, professional medical associations, and major national disease-specific organizations can generally be trusted. Be wary of sound-alike names.

Know where you are


Even if you start out on a trustworthy site, the click of a button can catapult you into a entirely different one. Learn to tell when you've left your original web site. Part of the address usually tells you what kind of "domain" owns the host computer: .edu is usually a university, .com is a company, .net is a computer network, .org is a nonprofit organization, and .gov is a government agency. The address to the left of the domain identifier stays the same on all pages throughout an individual site.

Watch for red flags

Those include promises to treat an impossibly long list of diseases, talk about a "new paradigm" and too-frequent complaints about conventional medicine ignoring these insights.

Get A Second Opinion

To get more perspective on a too-good-to-be true claim, pick a key phrase or name and run it through a search engine to find other discussions of this topic. Post a query in a newsgroup, run a Medline search, and, of course, ask your doctor.

Visit the Foundation's award winning web site for information, research updates, hot topics and links to some of the internet's best eye and vision resources. The address is: www.glaucoma.org 

Glaucoma Hits the Airwaves

Recently, the Glaucoma Research Foundation helped produce a television program called the "Cutting Edge Medical Report: Glaucoma: An Eye to the Future." This in-



depth look at glaucoma aired on many Discovery channel affiliates throughout the

country. If you would like a copy of "Glaucoma: An Eye to the Future" please call us at (800) 826-6693. Single copies from our video library are available for use in meetings, classrooms and church groups, thanks to a generous contribution from one of our supporters. The Glaucoma Research Foundation would like to extend its sincere gratitude to Merck & Co, and Allergan Inc. for co-sponsoring this program.