

# SCLEROANGULORECONSTRUCTION IN REFRACTORY GLAUCOMA SURGERY

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**Topicality:** Surgical treatment of primary glaucoma is recognized as the most effective in compensating the IOP and preventing the accelerated development of glaucomatous neuropathy. But it is worth noting that in a number of cases the pressure modifications are gradually limited, IOP being again on the rise. The most common failure is due to the healing process: filtration bubble (30%), scar adhesions of the scleral flap with its lodge (20%) and blockage of the filtration orifice with iris' root (20%).

According to the literature, repeated surgery requires from 3.2% to 30% of cases.

It is debatable where it is the most optimal place to perform this repeated intervention. Some authors prefer another un-traumatized sector (lateral, medial, inferior) others prefer and consider reasonable to perform the repeater surgical intervention in the previous place.

**Purpose of the paper:** Analysis of the efficacy of antiglaucomatous scleroangular reconstruction (SAR) surgery in refractive glaucoma surgery performed in the inferior sector.

**Material and methods:** We performed the comparative examination of the results of repeated surgery (another sector and the sector of repeated surgery) and concluded that the success of surgery in compensating IOP and small early operative and postoperative complications is when the surgery is performed on the non-traumatized sector.

We propose to perform repeated surgery in the inferior sector (the option of trabeculectomy-scleroangular reconstruction).

We have been practicing this SAR trabeculectomy option, more frequently, for the last 2 years and we applied it to a group of 56 patients (various stages) with refractive glaucoma, IOP ranging between 35-41 mmHG, age 35-66 years.

Complications during the surgery weren't noticed. In the early postoperative period in 2 cases there was hypotonia and one case atalamia of the anterior chamber. Both complications at the time of discharge were removed. Hypema, choroid detachment were not observed.

**Results and discussions:** The observation period was 1 year, the patients being examined in a complex program (Visual acuity (VA), Intraocular pressure (IOP), Visual field, Cup/ disc correlation) after every 1-6-12 months. In most cases the evolution was relatively reactive.

The IOP dynamics in all groups in the early postoperative period was within 16.5 +/- 2mmHg without medication, at a distance of 6 months IOP varies between 19.0 +/- 2mmHg, of which in 41 patients -73.2% without medication and 15-26.7% with medication; and at a distance of 1 year PIO was compensated (19.0 +/- 2mmHg) without medication in 34 patients 60.7% on the basis of drug treatment 19-33.9% and in 3 patients 5% on the basis of drug treatment undercompensated IOP.

## **Conclusions:**

1. SAR surgery in refractive glaucoma surgery brings a stable hypotensive effect 94.6% (of which 60.7 %-without medication and 33.9 on treatment background
2. Compared to 7 other surgical techniques, there are fewer intra- and postoperative complications.