

ETIOPATHOGENESIS AND CONTEMPORARY ASPECTS OF INFLAMMATORY GLAUCOMA

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Background: Inflammatory (also known as uveitic) glaucoma is a secondary glaucoma and one of the most serious complications of intraocular inflammation. It is expressed by permanent or periodic increase in IOP with anatomical and pathophysiological changes characteristic for open-angle glaucoma. It is one of the leading causes of irreversible loss of vision worldwide, although it is a quite rare disease. According to estimates, 2 mln. of people are suffering from uveitis worldwide, about 20% of them develop secondary glaucoma, without any predilection of race, sex or age. Secondary glaucoma is a serious condition in patients with uveitis caused by systemic diseases, the consequences of which lead to a drastic decrease in visual acuity and invalidation of young patients. It constitutes 24-40% in the structure of glaucomatous pathology. In patients with chronic uveitis, the incidence of secondary glaucoma after 5 years of disease is 11%, and in those with recurrent acute uveitis, the incidence of secondary glaucoma after 1 year of disease is 7.6%. According to Merayo-Llodes J. et al., who conducted a study on 1254 patients with uveitis, secondary glaucoma developed in 120 of them (9.6%). It was more common in those with anterior uveitis (67%), but was also associated with posterior uveitis (13%) and pars planita (4%). Among the main causes of uveitis were herpetic keratouveitis (22%), Fuchs iridocyclitis (19%), iridocyclitis associated with juvenile rheumatoid arthritis (16%), syphilis (14%) and sarcoidosis (12%). Despite aggressive drug and surgical treatment, secondary glaucoma was associated with progressive loss of visual field and optic nerve damage in 39 patients (33%).

Discussions: We are currently studying the action of anti-VEGF drugs in the treatment of inflammatory glaucoma, but more studies are needed to confirm its effectiveness. In addition to this treatment, patients undergo antiglaucoma medication and surgery as needed.