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That’s why glaucoma management concerns nothing but IOP-lowering maneuvers!
The first thought you should have when encountering a pt you suspect has glaucoma is…
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*What is the status of the angle?*
Open-angle Glaucoma: Overview

Glaucoma

Open-angle

Closed- or narrow-angle

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How does one determine the status of the angle?
Glaucoma

Open-angle Glaucoma: Overview

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Closed- or narrow-angle

The first thought you should have when encountering a pt you suspect has glaucoma is…

**What is the status of the angle?**

*How does one determine the status of the angle?*  
**Gonioscopy.** Don’t assume your glaucoma pt has open angles—**prove** it by gonioing them!
Once you have determined a pt has open-angle glaucoma, the next ‘first thought’ is to ask…
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Is it high-pressure OAG, or low (aka normal) tension OAG?
Open-angle Glaucoma: Overview

OAG

↑IOP

Untreated IOP consistently above # mmHg

Normal-tension glaucoma (NTG)

Untreated IOP consistently below # mmHg
Untreated IOP consistently above 21 mmHg

Untreated IOP consistently below 21 mmHg

(Note that this distinction is somewhat controversial, as some glaucomalogists contend NTG is not a separate condition.)
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*Is it primary open-angle glaucoma (POAG), or secondary OAG?*
Open-angle Glaucoma: Overview

↑ IOP OAG

Primary

Secondary

How prevalent is POAG in the US?
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Yes, POAG rates increase dramatically with age.

What is the #1 risk factor?
Elevated IOP.
Open-angle Glaucoma: Overview

↑ IOP OAG

Primary

Secondary

PX5 Pigmentary Tumor-Induced Lens-Induced Inflammation-Induced

- Phacolytic
- Phacoantigenic
- Lens particle

- Posner-Schlossman
- Fuchs heterochromic iridocyclitis

↑ EVS

Trauma-Related

- AVM
- Venous obstruction
- SVC syndrome
- C-C fistula

Drug-Induced

- Angle recession
- Cyclodialysis cleft
- Hyphema
- Hemolytic
- Ghost cell

(Most of these conditions are addressed in detail in other slide-sets—see the Table of Contents)