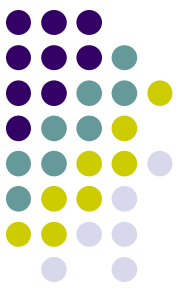


Q

The Jacked-up Angle



- Three types of post-trauma angle changes:

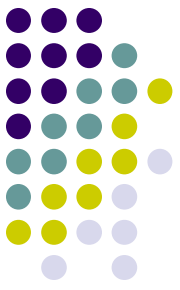
1) one type of angle change

2) another type of angle change

3) a third type of angle change

A

The Jacked-up Angle



- Three types of post-trauma angle changes:

1) *Angle recession*

2) *Cyclodialysis cleft*

3) *Iridodialysis*

Q

The Jacked-up Angle



- Three types of post-trauma angle changes:

- 1) *Angle recession*

- Tear between

orientation *and* orientation

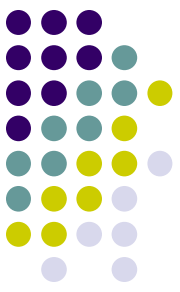
CB fibers (CB = ciliary body)

- 2) *Cyclodialysis cleft*

- 3) *Iridodialysis*

A

The Jacked-up Angle



- Three types of post-trauma angle changes:

1) *Angle recession*

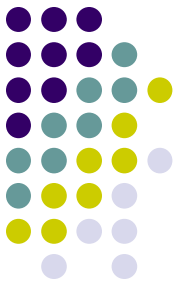
- Tear between longitudinal and circular CB fibers

2) *Cyclodialysis cleft*

3) *Iridodialysis*

Q

The Jacked-up Angle



- Three types of post-trauma angle changes:

- 1) *Angle recession*

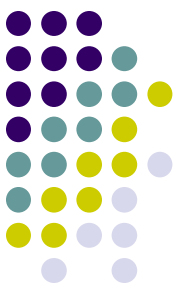
- Tear between longitudinal and circular CB fibers
- Classic description on gonio: adjective CBB (*CBB = ciliary body band*)

- 2) *Cyclodialysis cleft*

- 3) *Iridodialysis*

A

The Jacked-up Angle



- Three types of post-trauma angle changes:

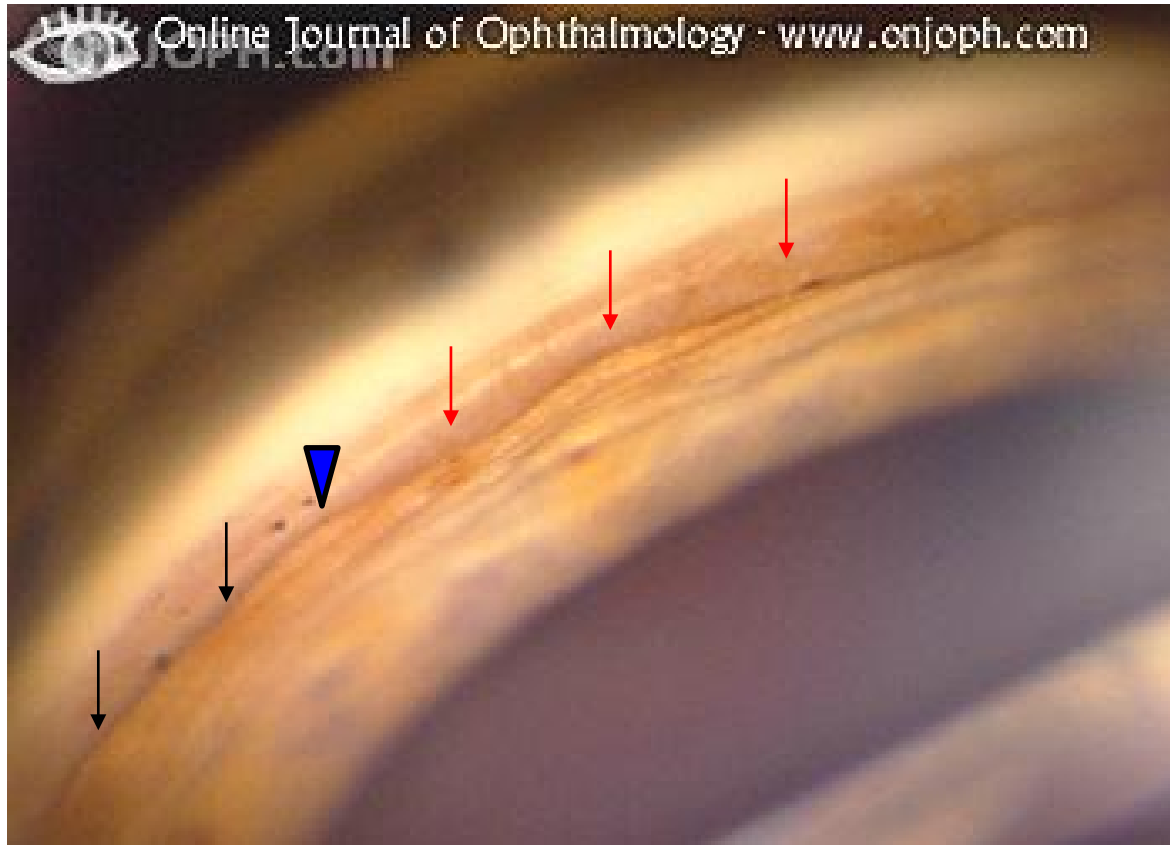
1) *Angle recession*

- Tear between longitudinal and circular CB fibers
- Classic description on gonio: Wide CBB

2) *Cyclodialysis cleft*

3) *Iridodialysis*

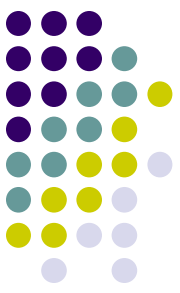
The Jacked-up Angle



Angle recession. Note the portion of normal angle with narrow CBB (black arrows), the point at which the recession starts (arrowhead), and the subsequent segment of recessed angle with widened CBB (red arrows)

Q

The Jacked-up Angle



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- Tear between longitudinal and circular CB fibers
 - Classic description on gonio: Wide CBB

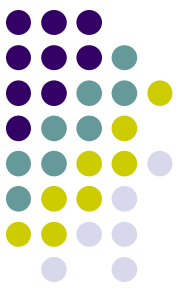
- 2) *Cyclodialysis cleft*

- separates from

- 3) *Iridodialysis*

A

The Jacked-up Angle



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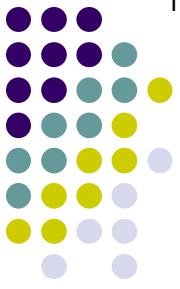
- 1) *Angle recession*

- Tear between longitudinal and circular CB fibers
 - Classic description on gonio: Wide CBB

- 2) *Cyclodialysis cleft*

- CB separates from SS (SS = scleral spur)

- 3) *Iridodialysis*



Q

The Jacked-up Angle

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- Tear between longitudinal and circular CB fibers
- Classic description on gonio: Wide CBB

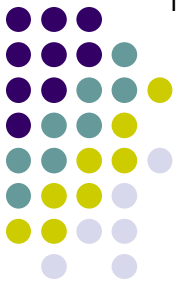
2) *Cyclodialysis cleft*

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3) *Iridodialysis*

A

The Jacked-up Angle



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1) *Angle recession*

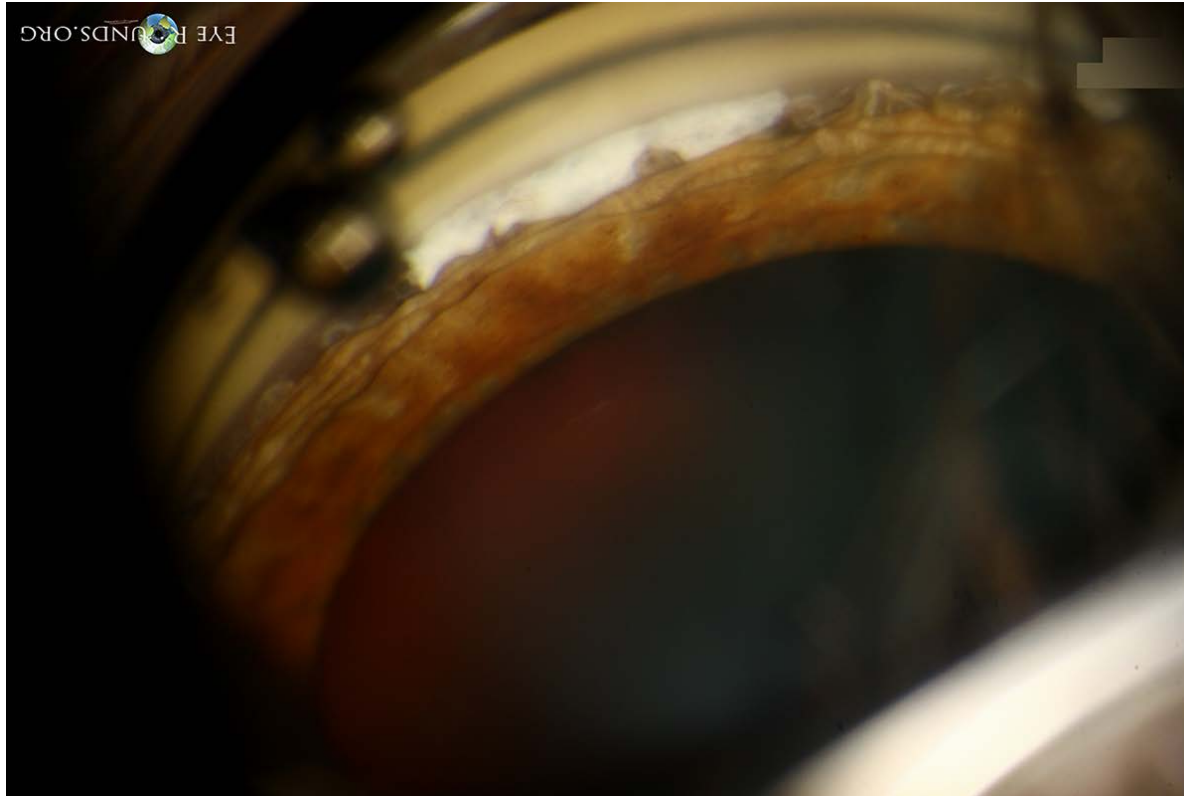
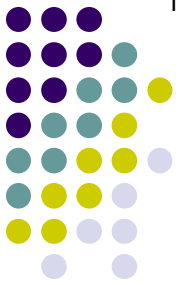
- Tear between longitudinal and circular CB fibers
- Classic description on gonio: Wide CBB

2) *Cyclodialysis cleft*

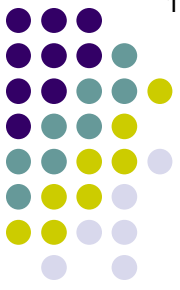
- CB separates from SS
- Classic description on gonio: Glistening SS

3) *Iridodialysis*

The Jacked-up Angle



Cyclodialysis cleft. Racquetball vs eye. The broad white band is the cleft. Note the presence of angle recession on either side of the cleft.



Q

The Jacked-up Angle

- Three types of post-trauma angle changes:

- 1) *Angle recession*

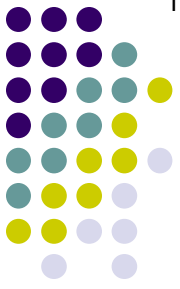
- Tear between longitudinal and circular CB fibers
- Classic description on gonio: Wide CBB

- 2) *Cyclodialysis cleft*

- CB separates from SS
- Classic description on gonio: Glistening SS

- 3) *Iridodialysis*

- Tear at



A

The Jacked-up Angle

- Three types of post-trauma angle changes:

1) *Angle recession*

- Tear between longitudinal and circular CB fibers
- Classic description on gonio: Wide CBB

2) *Cyclodialysis cleft*

- CB separates from SS
- Classic description on gonio: Glistening SS

3) *Iridodialysis*

- Tear at iris root

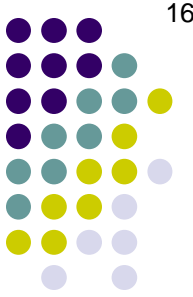
The Jacked-up Angle



Iridodialysis

Q

The Jacked-up Angle



1) *Angle recession glaucoma?*

2) *Cyclodialysis cleft glaucoma?*

3) *Iridodialysis glaucoma?*

All three can be associated with the subsequent development of glaucoma, but for which of them is the association especially strong?

A

The Jacked-up Angle

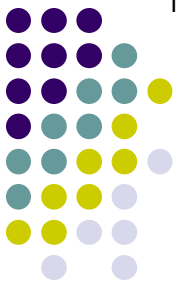


Angle recession glaucoma

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Angle recession

Q

The Jacked-up Angle

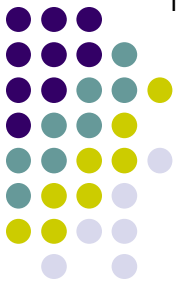


Angle recession glaucoma

What is the temporal relationship between the inciting trauma and the subsequent development of angle-recession glaucoma?

A

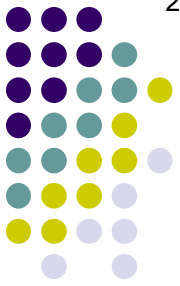
The Jacked-up Angle



Angle recession glaucoma

What is the temporal relationship between the inciting trauma and the subsequent development of angle-recession glaucoma?

It can be immediate, or delayed by months to many years



Angle recession glaucoma

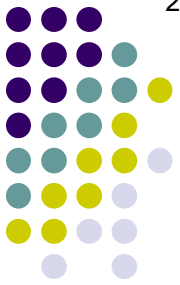
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What is the classic presentation?

A

The Jacked-up Angle



Angle recession glaucoma

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What is the classic presentation?

A pt with what seems to be unilateral POAG

Q

The Jacked-up Angle



Angle recession glaucoma

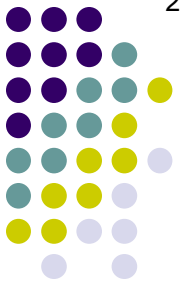
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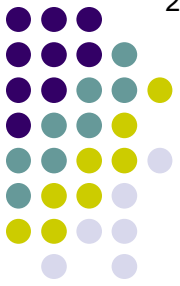
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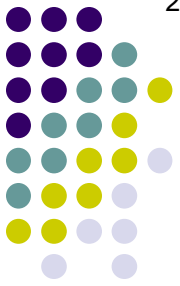
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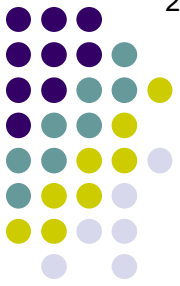
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Yes—it will occur in as many as % of fellow eyes



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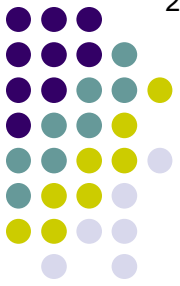
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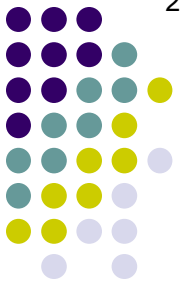
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What does this fact suggest about eyes with angle-recession glaucoma?



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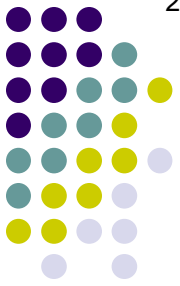
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Yes—**it will occur in as many as half of fellow eyes**

What does this fact suggest about eyes with angle-recession glaucoma?

It suggests they live in the head of a person who was predisposed to develop glaucoma in the first place



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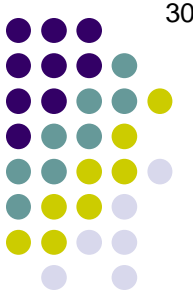
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How should angle-recession glaucoma be managed?



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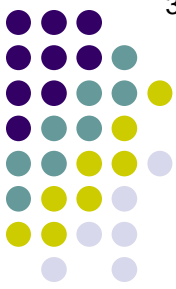
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How should angle-recession glaucoma be managed?

With the standard complement of topical hypotensives



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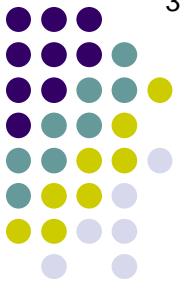
Is there a correlation between angle-recession glaucoma and the subsequent development of elevated IOP in the fellow eye?

Yes—it will occur in as many as half of fellow eyes

What about SLT?

How should angle-recession glaucoma be managed?

With the standard complement of topical hypotensives, *or* SLT?



Angle recession glaucoma

What is the temporal relationship between the inciting trauma and the subsequent development of angle-recession glaucoma?

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What is the classic presentation?

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Is there a correlation between the extent of angle recession and the risk of developing glaucoma?

Yes

Is there a correlation between angle-recession glaucoma and the subsequent development of elevated IOP in the fellow eye?

Yes—it will occur in as many as half of fellow eyes

What about SLT?

While not contraindicated, it is of limited usefulness in angle-recession eyes

How should angle-recession glaucoma be managed?

With the standard complement of topical hypotensives, or SLT? *Nah*