Peripheral iridectomy for angle-closure glaucoma

Abstract of an interim report on a 10 year follow-up study

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This study presents data concerning the relationship of uncomplicated peripheral iridectomy for angle-closure glaucoma to later formation of, or acceleration of growth of, cataract.

The author reviews 100 consecutive cases of uncomplicated peripheral iridectomy performed by him on private patients and followed postoperatively for 7 to 14 years, averaging 8.8 years. The state of the lens is studied for clarity or opacity, preoperatively and at the end of the follow-up period.

The data obtained from this study are compared with a control series of 100 non-operated eyes in nonglaucomatous patients of the same sex, identical age, and with similar lens clarity or opacity, as in the operated eyes at the time of iridectomy, and these are followed for the same length of time to observe spontaneous lens changes in these intact eyes. The methods of selection of patients for both groups are documented, and the ways in which lens opacity is delineated are described. The age range, age and sex distribution, and average age at time of iridectomy are recorded. The first data on death rate and survival rate after peripheral iridectomy are presented.

A final group of 18 asymptomatic narrow-angle-eyed patients is described, in whom a positive triple-stimulus test was found; one eye was iridectomized and the fellow eye remained intact. Comparative follow-up data on this group are presented.

The results provide no evidence to indicate that uncomplicated peripheral iridectomy is followed by more cataract formation within a 7 to 14 year follow-up period than occurs spontaneously in the control eyes. From the data presented, the author concludes that fear of cataract development, at this point in the study, is unwarranted and should not deter us from performing peripheral iridectomy when otherwise indicated, in an eye with angle-closure glaucoma or its fellow eye.

The effects of topical isoproterenol on aqueous dynamics in man

Stephen M. Drance and R. A. Ross

The effects of a single instillation into one eye of topical isoproterenol in concentrations of 5, 2½, and 1.25 per cent were studied in patients with ocular hypertension. A dose-related reduction in intraocular pressure was found, which was maximal 6 hours after the instillation and lasted for between 12 and 62 hours. To-