

ON THE INCIDENCE OF THE DIFFERENT FORMS OF PRIMARY GLAUCOMA

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The specifying of the form of primary glaucoma and the distinguishing between the simple, wide-angle glaucoma and the congestive, narrow-angle one is not only of theoretical interest but it is also directly related towards our behaviour in glaucoma patients. The regimen, the drug therapy and the operative activity differs essentially in both forms of the illness. The patients with narrow-angle glaucoma must avoid any factors which could provoke a block of chamber angle and cause a glaucoma attack (a long stay with a head bowed down or in the dark, drug mydriasis, violent emotions, etc.). In cases with a simple, open angle glaucoma, any similar restrictions are completely unnecessary. The strong miotics, adrenomimetics and beta-adrenoblockers are contraindicated in angle closure glaucoma because of risk of pupillary or angular block. The same drugs, however, extend the therapeutic possibilities for the simple glaucoma.

The indicators for surgery differ, too. An early operative intervention is already needed at the presence of initial decompensation symptoms of the congestive glaucoma while an operation is performed only after trying all possible means of conservative treatment of the simple one. The opportunely performed basal iridectomy in cases with purely congestive glaucoma leads to definite healing and such patients haven't any subjective or even objective data characteristic for glaucoma any more, indeed.

However, the treatment of the simple glaucoma is a lot more difficult. It is ever said that the patient with simple glaucoma contracts a "Catholic marriage" with the ophthalmologist, i. e. he needs a systemic physician's observation for life even after successful operation. The treatment of congestive glaucoma is etiologic, if, of course, it is opportunely undertaken before goniosynechiae have been formed.

The simple glaucoma is due to systemic, progressive degenerative alterations with still not entirely known genesis. Their course is difficult to influence. Besides these two clearly distinguished forms of primary glaucoma there exist also certain borderline or mixed ones where some symptoms of the basic forms are interwoven with each other. According to some authors the percentage of this borderline or chronic congestive form of glaucoma is quite high which is due to the addition, first of all, of cases with open angle and with unspecified, often neurotological complaints. According to K. I. Tzikulenko and S. B. Rozovskaya 76,4 % out of all glaucoma patients have a chronic congestive one (cited after 1). This creates a considerable unclearness and makes the correct pathogenetically directed approach to the treatment of these patients quite difficult.

Material and methods

In a view to specify the ratio between the distinct forms of primary glaucoma we have performed an investigation of the clinical material of the Ophthalmological Clinic, Higher Institute of Medicine, Varna city, during the period from 1976 till 1980. Individual patients' cards were elaborated on which the data of every single therapeutic course were registered. It was done in order to avoid eventual mistakes in the registration of repeated hospitalization of one and the same patient.

Results and discussion

In this period totally 302 patients with primary glaucoma were treated in our Clinic. There were 243 cases out of them (or 80,46 %) (148 males and 95 females) with simple, open angle form of glaucoma. Predominantly, they had some expressed glaucoma alterations in the papilla of one or even of both eyes which had developed in the presence of scarce or even absent subjective complaints before the visual acuity hadn't decreased. All patients had an open chamber angle and moderate twenty-four-hour variations of the intraocular pressure. Two of them are with "glaucoma with low pressure" if this process could be even considered to be a glaucoma. The disease was with slightly or severely expressed manifestation of decompensation in rest 59 patients. There was a typical congestive glaucoma in 30 patients (10 % out of the total number of cases): an acute decompensation of one or even of both eyes in 22 ones and slight events of decompensation such as temporary mistiness, coloured rings round light sources and sharply increased intraocular pressure, in 8 ones. The chamber angle was with closure in patients with attacks and narrow in other 5 cases. It was moderately wide in patients with slight decompensation. It is a noteworthy fact that females show a considerable prevalence (towards males) (ratio 20:10) in cases with congestive glaucoma. The course of the illness was without subjective complaints in 9 patients although a bent chamber angle was present. It displayed the clinical picture of chronic congestive glaucoma with an open chamber angle and a considerable pigment migration in two young patients. Also the phacoglaucoma has developed in the shape of an acute congestive one in 6 patients. 4 of them had a phacolytic and 2 ones a phacomorphic glaucoma after an intumescent cataract. An iridocorneal angle of embryonal type with high attachment of the iris root and variously expressed trabecular block was established in 12 patients aged between 30 and 39 years. Two of them had megalocornea, subluxated crystalline lens, very high intraocular pressure, and severely damaged unilateral ocular functions. There was a severe familial predisposition in 3 of them. One female patient had Stein Löwenthal's syndrome and a late juvenile glaucoma.

The results received need a certain correction because many simple glaucoma patients from foreign districts were also hospitalized in our Clinic while, most probably, the cases with congestive glaucoma were predominantly admitted to other district hospitals and urgently operated there.

According to certain more actual literature data, as regards the course of the disease (2), there is a simple primary glaucoma in approximately 80 % and a congestive one in about 20 % of the cases.

Based on this study and on our own long personal experience concerning glaucoma patients we could accept that this ratio is real for our country, too.

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О ЧАСТОТЕ ОТДЕЛЬНЫХ ФОРМ ПЕРВИЧНОЙ ГЛАУКОМЫ

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РЕЗЮМЕ

Авторами исследована частота отдельных форм первичной глаукомы. Исследование проведено на основе клинического материала при лечении 302 больных глаукомой за период с 1976 года по 1980 год. В 80,46 % всех случаев установлена простая, открытоугольная глаукома, а во всех остальных — конгестивная или смешанная форма болезни.