

Efficacy of selective laser trabeculoplasty in primary open angle glaucoma: HKL experience

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ABSTRACT

Objective: Selective laser trabeculoplasty (SLT) has been demonstrated to lower the intraocular pressure (IOP) and reduce the number of topical medications used in patients with Primary Open Angle Glaucoma (POAG). The purpose of this study was to investigate the efficacy of a single session of SLT in patients with POAG at 6 months in Hospital Kuala Lumpur (HKL). **Method:** This was a retrospective study conducted in eye specialist clinic, HKL from July 2017 until October 2017. The study recruited cases of POAG patients who were using topical anti-glaucoma medications. A single session of SLT was performed at 360 degrees of the trabecular meshwork. IOP and number of anti-glaucoma medications were recorded at pre-study, 1 week, 1 month, 3 months, and 6 months. **Results:** In 16 eyes, the mean pre-study IOP was 19.4 ± 3.4 mmHg while on 2.1 ± 0.6 eye drops. There was significant IOP reduction at all-time intervals following SLT when compared to the pre-study IOP ($P < 0.05$). However, the reduction of a number of medications was statistically insignificant. **Conclusion:** A single session of SLT achieved an additional 25% of IOP reduction in patients with POAG but unable to reduce the number of medication at 6 months as compared to pre-study level.

KEY WORDS:

Selective laser trabeculoplasty (SLT), primary open angle glaucoma (POAG)

Endophthalmitis as the first presentation following ocular penetrating injury with intraocular foreign body (IOFB)

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ABSTRACT

Objective: To report a case of endophthalmitis following ocular penetrating injury with intraocular foreign body, its management and outcome. **Method:** Case Report. **Results:** A 34 years old Indonesian male was admitted for sudden painful reduced vision in right eye. He had a history of foreign body hitting his right eye while wielding a hammer two days prior to presentation. Visual acuity was counting finger OD, 6/12 OS and RAPD negative. Examination showed full thickness sclera laceration wound at 9 o'clock with hypopyon and fibrin in anterior chamber. There was severe vitritis. CT scan revealed presence of intraocular foreign body in the right eye. Patient was started on systemic ciprofloxacin and given intravitreal fortum and ceftazidime during right eye sclera laceration wound toilet and suturing with vitreous tapping on the same day. Following primary suturing, patient underwent pars plana vitrectomy, removal of intraocular foreign body and silicone oil insertion. Culture and sensitivity test from vitreous showed *Flavobacterium spp* and clinically patient responded to topical antibiotics. Postoperatively patient's vision improved to 2/60. **Conclusion:** Post-traumatic endophthalmitis is an uncommon but severe complication of ocular trauma with its incidence rate of 2.1% of all open globe injury. The incidence increases up to 5% when associated with IOFB. IOFB is most commonly caused by metal hammering metal. The decision whether to remove as a primary procedure or subsequent surgery depends on the IOFB size and material, visual potential, surgeon, and patient preference. Discussion with a vitreoretinal surgeon is crucial in the early management.

KEY WORDS:

Intraocular foreign body, traumatic endophthalmitis