

Canine Glaucoma

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Normal IOP

- Dog 15-25 mmHg.
- Cat 16-27 mmHg
- Rabbit 16-20 mmHg

Definition

 High IOP (> 25-30 mmHg) that causes degenerative changes in the optic nerve and retina with loss of vision.



Slatter; Fundamentals of Veterinary Ophthalmology; Glaucoma; Pathway of normal aqueous production and drainage

Pathophysiology

• Develops when the normal outflow of aqueous is impaired.

Clinical signs

- Acute glaucoma:
- <u>Pain</u>
- Increased lacrimation
- Blepharospasm
- <u>Corneal oedema</u>
- Episcleral congestion
- Dilated pupil
- <u>Blindness</u>

Clinical signs

- Chronic glaucoma:
- Enlarge globe
- Superficial and deep corneal vascularization
- Optic disc cupping
- Corneal ulceration
- Corneal (Haab's) striae grey lines on cornea from tears Descemet's membrane
- Lens subluxation/luxation
- Retinal atrophy

Classification of glaucoma

- Open-angle glaucoma: normal, wide angle on gonioscopy

 Closed-angle glaucoma: angle is collapsed or covered with peripheral iris or connective tissue

Classification of Glaucoma

Open-angle glaucoma

- Primary: normal angle, bilateral, breed predisposition
- Secondary: Normal angle obstructed by aqueous contents or elevated episcleral venous pressure interferes with aqueous drainage
- Uveitis
- Neoplasia
- Hyphema
- Anterior lens luxation
- Pigment dispersion syndrome
- Lipid in anterior chamber obstruct outflow

Classification of Glaucoma

Closed-angle glaucoma: angle is collapsed or covered with peripheral iris or connective tissue

A. Primary:

- 1. Congenital: Goniodysgenesis maldeveloped angle covered with mesodermal tissue, usually bilateral
- 2. Acquired: closure associated with abnormal anterior chamber conformation
- a. Forward displacement of lens
- b. Shallow anterior chamber due to peripheral anterior synechiae

Closed-angle glaucoma

- B. Secondary:
- **1. Associated with pupillary block:**
- a. Intumescent lens
- b. Posterior synechiae, iris bombe
- c. Subluxated lens
- d. Aphakic vitreous herniation

Closed-angle glaucoma

2. No pupillary block

- a. Neoplasia with invasion of angle and/or pushing the iris forward or thickening of the iris
- b. Inflammation with peripheral anterior synechiae
- c. Subluxated lens pushing iris base forward

Which instruments are essential to diagnosed glaucoma

- Pen torch
- Direct ophthalmoscope
- Tonopen:
- Schiotz, Tonopen or Tonovet.
- Goniolens: (referral)
- Examination of the iridocorneal angle.





Gonioscopic view of iridocorneal angle: (A) iris, (B) pigmented zone, (D) pectinate ligaments and ciliary cleft containing trabecular meshwork

Treatment

- Medical, surgical or a combination of both
- Before treatment the underlying cause needs to be determined since this will influence the choice of treatment
- Aim:
- Lower IOP to a level which is comfortable
- Stop optic nerve or retinal damage
- Prevent deterioration in eyesight if the eye is still visual or there is a potential for a return of some vision

Treatment: medical

- Emergency treatment should be considered regardless of cause
- Blood test and physical exam
- Manitol 10 20 %: 0.5-2 g/kg solution IV over 20-30 minutes.
- Contraindicated in patients with severe dehydration, severe pulmonary congestion, pulmonary oedema or intracranial pressure.
- Any crystals that have formed during storage should be dissolved.
- Pain relief opiates or NSAIDs
- Paracentesis

Treatment: medical

- Topical carbonic anhydrase inhibitors: such as brinzolamide (Azopt, Allergan: 1 drop 2-3 times per day) or dorzolamide (trusopt, MSD 1 drop 3 times per day)
- Function: reduce the production of aqueous at the ciliary body

Treatment: medical

- Topical prostaglandin analogues: latanoprost (Xalatan, Pharmacia & Upjohn 1 drop 1-2 times per day) or Travoprost (Travatan, Novartis Pharmaceuticals 1 drop 1-2 times per day)
- Function: by improving the outflow of aqueous
- Only to be used for primary glaucoma. NOT to be used for uveitis
- Often used in conjunction with topical carbonic anhydrase inhibitors

Treatment: Surgical

- Procedure to reduce the production of aqueous:
- Laser surgery cyclophotocoagulation
- Cryosurgery cyclocryotherapy
- Procedures to increase outflow:
- Drainage implant
- Scleral trephination
- Peripheral iridectomy
- If eye is blind and painful, enucleation is recommended

Case Discussion

- English Cocker Spaniel
- 7 years old
- Painful left eye lasts for 2 days
- What can you see?
- Which instruments would you use to examine this case?
- What is your assumption diagnosis?
- How would you treat the case?
- What would you do for the other eye?





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Reference

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