HETEROLOGOUS HUMAN DONOR SCLERA GRAFT AND AMNIOTIC MEMBRANE GRAFT IN MANAGEMENT OF TUBE EXPOSURE OF AHMED VALVE GLAUCOMA DEVICE.

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Purpose: To report the difficult management of a surgical complication in a 37-year-old woman with uveitic glaucoma. Methods: A 37-year-old woman with long previous history of indeterminate uveitis, developed an uveitic glaucoma. We made a trabeculectomy protected with an Express Implant, resulting of good intraocular pressure. However, one year later the Express Implant was incarcerated into de iris, so we had to remove it and set a Ahmed Valve Glaucoma Devide. The postoperative was better than we had expected, but there were a tube exposure after six month glaucoma drainage implant surgery. Results: Heterologous human sclera allograft and amniotic membrane as a patch graft material surgery to recover the tube exposure was performed. One year follow up the scleral graft is covered with a good conjunctival layer. The Ahmed Valve device is maintaining good intraocular pressures. Conclusions: Glaucoma drainage devices (GDDs) are associated with various complications such as tube migration, tube or plate exposure or extrusion, ocular motility disturbance and infection. Erosion of conjunctiva and exposure of the GDD remains a risk factor for the development of endophthalmitis. A wide range of materials have been used for this purpose, including sclera, dura, pericardium, fascia lata and cornea. However, there is no evidence to prove that any of these methods is superior to another for providing tectonic durability in the long term. Financial disclosure: NO