HYPOTENSIVE THERAPY IN THE TREATMENT OF PRIMARY DIAGNOSED STEROID INDUCED OCULAR HYPERTENSION AND GLAUCOMA

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Purpose: To assess the clinical efficacy of hypotensive therapy in the treatment of primary diagnosed steroid induced ocular hypertension (SOH) and steroid glaucoma (SG) by taking into account the demographic data of patients and modality of steroid treatment. Materials and method: Topical hypotensive therapy was initiated in 40 patients (74 eyes) with primary diagnosed SOH and SG. Baseline intraocular pressure (IOP), IOP levels during 2 years follow-up, cup/disc ratio, the method of prescribed antiglaucomatous treatment and percentage of cases required antiglaucomatous surgery were evaluated. Results: Mean age of the patients was 40.2 ± 17.01 years. SOH and SG were primary diagnosed in 22 (55%) and 18 (45%) patients, respectively. The most frequent revealed diagnoses were chronic blepharoconjunctivitis (22.5%) and vernal keratoconjunctivitis (22.5%). The mean baseline IOP was 33.62 ± 8.26 mmHg. In 35.1% cases significant «steroid response» was revealed. «Steroid response» was revealed in 19 (47.5%) patients with duration of steroid treatment less than 6 months; 17 patients were on topical steroid treatment. The newly diagnosis of advanced SG was made in 24.3% of cases. In 79.7% cases IOP was controlled by hypotensive therapy, in 39.2% cases monotherapy was sufficient, in 40.5% combined hypotensive regimen was required. In 20.3% cases IOP could not be controlled by maximum topical antiglaucomatous regimen and antiglaucomatous surgery was required. Conclusion: The clinical efficacy of hypotensive therapy was shown in 79.7% cases of primary diagnosed SOH and SG. In 20.3% cases antiglaucomatous surgery was required. According to obtained data, the age of the patient up to 60, high baseline IOP and advanced stage of primary diagnosed SG are supposed to be the risk factors for development of SG refractory to antiglaucomatous medicamentous therapy.