

Early Aqueous Suppressant Therapy on Hypertensive Phase Following Glaucoma Drainage Device Procedure: A Randomized Prospective Trial

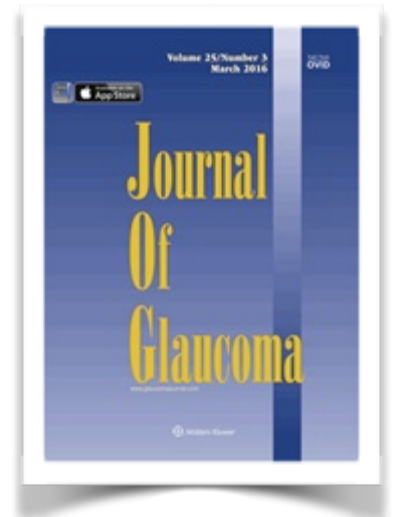
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COMENTARIOS

Se trata de un estudio prospectivo y randomizado que pretende evaluar, en pacientes intervenidos mediante válvula de Ahmed, el efecto del tratamiento precoz mediante supresores de humor acuoso. Para esto establece dos grupos: uno al que comienza el tratamiento hipotensor cuando la PIO supera los 10 mmHg, y otro grupo que comienza con 17 mmHg. El pico hipertensivo se presenta en el 34,6% del primer grupo, frente al 46,2% de los ojos del segundo grupo. Sin embargo las características del pico hipertensivo fueron similares en ambos grupos, tanto en el valor de la PIO, como en la duración media que fue de 15 días, aunque con una gran variabilidad.

Del total de pacientes, aquellos que presentaron un pico hipertensivo obtuvieron al año valores de PIO más elevados. El 90% de los que iniciaron el tratamiento cuando la PIO era baja (primer grupo) tenían la PIO por debajo de 21 mmHg en menos de un mes.

Además, el tratamiento con supresores de acuoso de forma precoz no se asocia a otras complicaciones como hipotonías o desprendimiento de coroides. Concluye el artículo recomendando el empleo de supresores del humor acuoso de forma precoz, antes de que aparezca el pico hipertensivo, especialmente en aquellos pacientes con daño avanzado en el nervio óptico.



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Comentario realizado por el **Dr. Jorge Vila (Valencia)**

ABSTRACT

PURPOSE

To prospectively evaluate the effect of early aqueous suppression (therapy) on hypertensive phase (HP) and intraocular pressure (IOP) control after implantation of silicone Ahmed glaucoma valve (AGV).

METHODS

Patients who underwent AGV implantation were randomized to initiate therapy (including β -blockers, α -agonists, or carbonic anhydrase inhibitors) when postoperative IOP >10 mm Hg (low-IOP initiation group) or >17 mm Hg (moderate-IOP initiation group). HP was defined as an IOP >21 mm Hg during the first 6 postoperative months, after an initial IOP reduction to <22 mm Hg in the first postoperative week. Primary outcome measures included the occurrence of HP and IOP control.

RESULTS

Fifty-two eyes (50 patients) underwent AGV implantation. Average follow-up was 21.9 ± 10.7 months. HP was observed in 21 eyes (40.4%) with average peak IOP of 30 ± 8 mm Hg, onset at 32 ± 30 days, and duration of 15 ± 32 days. One year postoperatively, those eyes with HP had higher IOP than eyes that did not develop HP (15.1 ± 5.2 , 11.4 ± 4.3 , respectively; $P=0.021$) and required more additional glaucoma surgeries (28.6%, 3.2%, respectively; $P=0.013$). The peak IOP at week 3 postoperatively in the low-IOP initiation group (26 eyes) was significantly lower than in the moderate-IOP initiation group (26 eyes; 15.7 ± 3.6 , 20.6 ± 8.9 , respectively; $P=0.012$). Eyes with therapy started after HP onset had significantly higher postoperative IOP from 2 to 4 months. Therapy initiated before the development of HP was not associated with a higher complication rate.

CONCLUSIONS

Aqueous suppression initiated in the early postoperative period while IOPs were still in the low-teens and was able to reduce the incidence of IOP spike associated with the HP without an increased complication rate.