Pardon the Objection (PTO): Glaucoma Clinical Case Debates

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Case 1: 52 YOWM

- Treated for presumptive OHTN
- One parent had POAG (maybe)
- Initial IOP: 32 mm Hg OD, 30 mm Hg OS
- Treated PGA IOP: 17 mm Hg
  - Treated and referred after 1 visit
- SLE/ gonio: normal
- CCT: 610 OD, OS
What are your thoughts?

Debate: Treat or Observe? Continue medicine or stop medicine?

Any Final thoughts?
Case 2: 44 YOHM

- No family hx
- 20/20 OD, OS
- Perrl (-RAPD)
- SLE/ gonio: normal
- CCT: 531, 540
- TA:
  - OD: 20, 19, 17, 14*
  - OS: 20, 20, 17, 13*
So, What are your thoughts?

Debate: Treat or Observe?
Debate: Which is Real - Field or Disc/RNFL?

Any Final thoughts?

Case 3: 47 YOHF

- Seen years earlier by top glaucoma specialist – told that she doesn’t need treatment
- No family history of POAG
- IOP: 30 mm Hg OD, 31 mm Hg OS
- Treatment initiated with PGA
  – 17 mm Hg OU
  – Treatment initiated after single visit
- SLE/ gonio: normal
So, What are your thoughts?

Debate: Treat or Observe? Continue medicine or stop medicine?

Case 3: 47 YOHF

- CCT: 644 OD, 636 OS
- OCT pristine and perfect
- Now what?
Any Final thoughts?

Case 4: 31 YOBM

- Medical history unremarkable
- Grandfather had glaucoma?
- TA: 32 mm Hg OD, 30 mm Hg OS
- CCT: 560 OD, 556 OS
- Gonioscopy: angles open CBB OU without abnormalities
So, What are your thoughts?

Debate: Treat or Observe? What are the long term implications of treatment?

Any Final thoughts?

Case 5: 53 YOBF

- No complaints
- BVA 20/20 OD, OS
- Perrl (+) RAPD OS
- Color vision testing normal
- SLE normal OU
- Anterior chamber angles open gonioscopically.
- IOP 30 mm Hg OD and 32 mm Hg OS
So, What are your thoughts?

Debate: Unilateral disc pallor? Glaucoma, something else, or both?
Debate: Neuroimage or not?

Any Final thoughts?

INDICATION: Consist is for lens were compression. The patient has a history of glauconia diagnosed five weeks prior to examination. No history of systemic hemato in previous surgery in the region is present.

TECHNIQUE: Standard pulse sequences of the entire were obtained prior to and following the spin echo relaxation of gadolinium contrast. Images were obtained to include the right choroids.

FINDINGS: An overview image through the lens, the lateral ventricles, and cerebral cortex are normal in appearance without notable shift or mass effect. The gray white matter interface is well defined. There is normal signal from the white matter in the cerebral hemispheres anteriorly. On the posterior temporal lobes there is a thin hyperintense signal. The lateral ventricles were normal in size. There is no evidence of hemorrhage in the brain. The area hypointense to normal signal on the frontal lobes. There is no evidence of mass effect or abnormality in the brain. The area hypointense to normal signal in the cerebellum.

The tumor appears to be normal in size and symmetry. The area hypointense to normal signal in the cerebellum. The area hypointense to normal signal in the cerebellum.

APPEARANCE:
1. No MRI abnormality of the optic nerve is identified.
2. The optic nerve appears normal in size and symmetry. The area hypointense to normal signal in the cerebellum.
3. No MRI abnormality of the optic chiasm is identified.
Case 6: 42 YOHF

- Referred for glaucoma evaluation by colleague/retinal surgeon
- Verbal report- IOP low-mid teens at diagnosis
  - Given travoprost- no IOP effect- stopped
- Inquires about surgery and neuroimaging
- VA 20/20 OD, OS; PERRL RAPD OS
- CCT 523 OD, 526 OS
- TA:
  - OD: 13, 12, 16, 16
  - OS: 14, 14, 14, 14
So, What are your thoughts?

Debate: Neuroimage or not?
Debate: Medicine or surgery?
Debate: Target IOP?

Case 6: 42 YOHF

- Poor medical effect of multiple medications
- Start bimatoprost 0.01%
  - IOP 09 mm OU
Case 7: 62 YOHM

- Asymptomatic; 20/20 OD; OS
- TA 30 mm OD, 28 mm OS
  - Isolated measurement
  - 12-17 mm OD, 13-17 mm OS
    - 11 visits
- Gonio: open OU w/o abnormalities
- CCT: 597 OU
So, what are your thoughts?

Debate: Treat or Observe?
Debate: Why the disparate findings?
Debate: Why the isolated IOP elevation?
Case 8: 71 YOBF

- HIV+
- Diagnosed POAG OU 2009; 20/20 OD, OS: Initial IOP 28 mm OU
- CCT 578 OD, 583 OS
- SLE and gonio: normal OU
- Travatan Z: 18 mm Hg OU
- Transfers care to ophthalmologist- under care constantly

Case 8: 71 YOBF

- Returns in 2012: 20/30 OD, 20/400 OS
- SLT OU x2
- Meds: Lumigan, Combigan, Azopt
- Hx: Used glaucoma pills 3x/day- hands and feet hurt too much to continue
- Used pilocarpine- motion sickness
- IOP: 22 mm OD and 38 mm OS

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So, What are your thoughts?

Debate: Why the severity and rapidity?
Debate: What next?
Case 8: 71 YOBF

- Most recent visit 2/14
- Not seeing OS since 9/13
- 20/50+ OD, LP OS
- IOP 36 mm OD, 30 mm OS
- CCT 578 OD, 583 OS
- Now What?

Case 9: 37 YOBF

- Glaucoma diagnosed 3 years ago; last exam~ 1 year ago
- 20/20 OD, OS
- CCT: 480 OD; 475 OS
- PERRL (+) RAPD OS
- Gonio: open OU
- Used PGA for past 1 ½ years
  - IOP 22 mm OU
- Add Combigan, Azopt to PGA
  - IOP 10-12 mm OD; 08-10 mm OS
So, What are your thoughts?

Debate: What type of glaucoma?
Debate: What is her best option?

Any Final thoughts?

Case 10: 54 YOM

- Referred for glaucoma management
- Diagnosed with glaucoma 6 years earlier in Africa - no treatment
- 20/30 OD; HM OS
- RAPD OS
- 30 mm Hg OD; 23 mm Hg OS
So, What are your thoughts?

Debate: why does function not match structure?

Yes, we still need to do fields in the age of imaging. Sometimes its not (just) glaucoma.
Any Final thoughts?