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GLAUCOMA

Posted on the OSN SuperSite April 6, 2009

Canaloplasty compared with trabeculectomy showed no significant differences in IOP or eye drop reduction at 1-year

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SAN FRANCISCO — A study comparing canaloplasty and trabeculectomy in the treatment of open-angle glaucoma found no statistically significant differences in IOP reduction at 1-year follow-up. However, nonpenetrating canaloplasty could potentially produce safer results than filtering glaucoma surgery, a clinician said here.

"Complications and adjunctive procedures were similar [between trabeculectomy and canaloplasty]. However, no cases of hypotony were seen in canaloplasty," Diamond Y. Tam, MD, said at the American Society of Cataract and Refractive Surgery meeting here. "This procedure may provide open-angle glaucoma patients with an effective, possibly safer alternative to standard trabeculectomy."

Dr. Tam presented the results of a retrospective chart review that he conducted with colleagues of two groups of 25 open-angle glaucoma patients each. One group underwent nonpenetrating Schlemm's canaloplasty, while the other group underwent trabeculectomy with mitomycin C.

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There was no statistically significant difference between the two groups in IOP reduction up to 1 year, Dr. Tam said. There also was no statically significant difference, up to 1 year, in the number of glaucoma medications prescribed to the two groups, he said.

The most common complication or adjunctive procedures in the trabeculectomy group was bleb needling, at 12% and hypotony, at 8%; in the canaloplasty group, it was laser goniotomy, at 36%, Dr. Tam said.

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