Narrow Angles: So Simple Yet So Complicated.

-Case 1: Acute angle closure crisis (AACC)
-Case 2: primary angle closure suspect (PACS)
-Case 3: primary angle closure (PAC) and the difference between primary angle closure glaucoma (PACG)

-Problem… one of definitions (exclude plateau/malignant/seconday)
-note issue that papers are old and definitions previously not clear and thus pop not pure

-Definitions of just primary narrow angles
PACS (AKA occludable angles): > 180 degrees touch, No PAS, nl IOP
PAC (AKA CAC): > 180 touch, + PAS or iop
PACG (AKA CACG): PAC + glaucoma damage
AACC

-Treatment options: laser/surg
-What are we preventing:
Anatomical changes
Progression in this axis (aka IOP increase or glaucoma damage)
AACC

-Start with what we know: LPI helps AACC
-What about preventing AAC
Old literature (Lowe 1950s; Fleck 1997): mix population
For CACG (Thomas, 1999)
What about PACS (Mongolian experience)

-downside of LPI
Glare (ahmed, congden [china], Moster)
Cataracts (Mongolia; lim/aung)
PAS itself (2005 choi)
Rare (SO, etc…)

-Other treatment options
Cataracts (Hong Kong results)
Eagle Trial

-The future and how modern imaging helps us
OCT parameters
Shan Lin with OCT of angle structures
Tin Aung and Lens vault
Differences among Asians in particular

TISA vs. TICV
Tomey Cascia 3d Model (Chris Leung)

-Risk:Benefit
LPI side effects and LPI vs. AACC
My approach

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