09:50 | 10:00
CL47 - SAFETY PROFILE AND EARLY EFFICACY OF COMBINED PHACOEMULSIFICATION AND AB INTERNO GELATIN MICROSTENT IMPLANTATION IN OPEN VERSUS NARROW ANGLE GLAUCOMA

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Introduction: Ab interno gelatin stent (XEN® 45, Allergan) implantation is being performed as a standalone procedure or in combination with phacoemulsification. Filtering surgeries have however been known to be associated with higher rate of early operative complications when performed in narrow/angle closure glaucoma. Our purpose is to compare early success and complication rates between open- versus narrow-angle glaucoma submitted to combined XEN-phaco procedure.

Material and Methods: Retrospective study that included 31 eyes (13 open and 18 narrow angles) submitted to combined phacoemulsification and XEN implantation. Primary performance outcomes: achieving ≥20% IOP reduction from baseline without or with glaucoma medications (complete and qualified success, respectively) in the early post-op period (minimum follow-up = 1 month) despite interventions (including needling). Safety outcome measures included intra- and post-operative complications.

Results: Mean age was 70.8 years±10.6 and 51.5% of patients were male. Mean pre-operative IOP (mmHg) decreased from 21.8±8.8 at baseline to 15.3±4.7 at 1 month (p<0.01), with the number of glaucoma medication decreasing from 2.4±1.0 to 0.3±0.7 (p<0.01). Overall, at 1 month, 46.4% and 57.1% of patients had criteria for complete and relative success, respectively. There were no significant differences in complete or qualified success regarding the existence of angle closure (p>0.05). Intra- or post-operative complications considering angle status were also not significantly different (p>0.05), but the only two severe post-operative complications were observed in patients with a closed-angle (#1 athalamia and choroidal detachment, #2 severe hypotony).

Conclusions: There was no detectable difference in early success and safety profiles between open and narrow angle glaucoma in combined phacoemulsification and ab interno XEN gelatin microstent implantation.