

Angle Closure Glaucoma

Angle closure glaucoma is common among Asians. It is caused by a blockage in the narrow channel through which eye fluid flows between the iris (the coloured part of the eye) and the cornea (the clear outer layer on the front of the eye). The blockage causes pressure on the eye which in turn may damage the very important optic nerve.

Angle closure glaucoma can be acute or chronic. Acute cases account for less than 10 per cent of all cases. It is caused by a sudden increase in pressure on the eye causing eye pain, headache, vomiting and blurred vision. Sometimes the disease is triggered by some medications for cold and flu. Reducing the pressure immediately can avoid severe damage to the optic nerve. Prompt medicines and laser surgery can reduce the pressure on the eye effectively.

Chronic angle closure glaucoma is more common than its acute counterpart. It may develop after an acute attack of angle closure or occur insidiously. For the latter type, since there are no obvious symptoms at the early stage, chronic angle closure glaucoma is usually detected late.

The aim of the treatment is to reduce pressure on the eye to prevent further damage of the optic nerve. Most people respond well to anti-glaucoma eye drops. If medical treatment fails to control the pressure, patients should consider surgery to divert the flow of the intraocular fluid (aqueous). In some cases, the pressure drops significantly after removing a cataract if the cataract is the cause of the problem. In these cases, glaucoma surgery is not necessary.

People with a family history of glaucoma or severe far-sightedness are more vulnerable to glaucoma. They should undergo regular eye check-ups after reaching the age of 40. If eye pain, headache, vomiting or blurred vision occur suddenly, consult a doctor immediately since it can be a symptom of acute angle closure glaucoma.