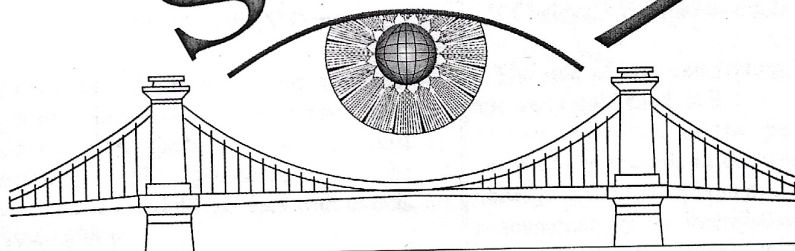
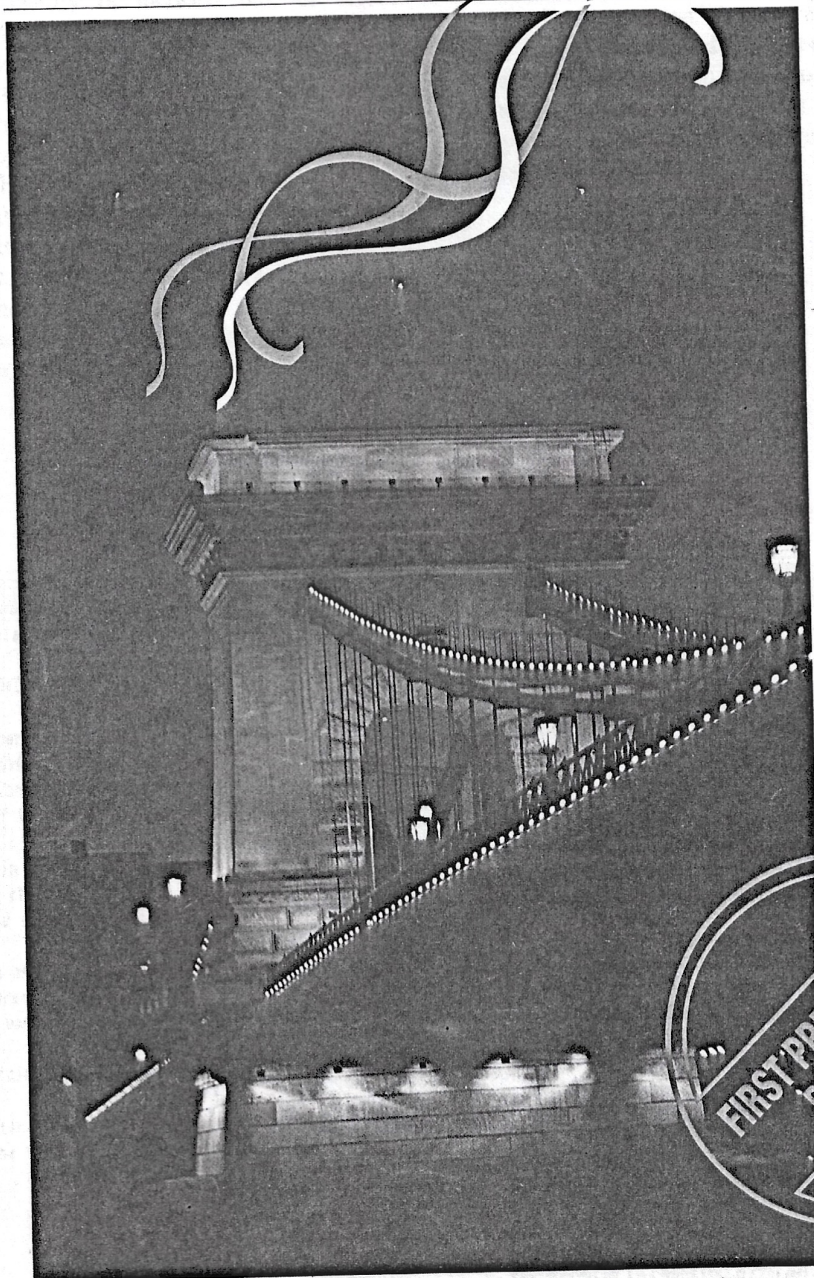


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1671

GLAUCOMA IN PATIENTS WITH UVEITIS

V. Cheleva, S. Bosnjakovska, E. DZajkovska, V. Dimovska

This study was undertaken to obtain the prevalence of increased intraocular pressure in patients with uveitis. Also to identify the forms of uveitis most commonly associated with glaucoma. With the retrospective study were reviewed 48 patients with uveitis in the period of 1994-1996 y.

The patients were examined for location of inflammation, the presents or history of increased IOL or disease chronicity (IOL above 21mm Hg)

Secondary glaucoma was present in 13 patients; 3 patients with acute uveitis and 10 patients with chronic uveitis. Two of the patients with acute uveitis required short-term therapy to control intraocular pressure, and the other one had transient increases in IOL that responded to treatment of intraocular inflammation alone. In five patients with chronic uveitis required filtering surgery (3 patients) and laser iridotomy (2 patients).

Conclusion. Secondary glaucoma is a management problem in patients with anterior segment inflammation and chronic rather than acute uveitis.

1672

NON-PENETRATING OCULAR TRAUMA AND UVEITIS

V. Cheleva, S. Bosnjakovska, E. DZajkovska, V. Dimovska

The role of non-penetrating trauma causing a uveitis is not well established, still.

At our institution in the period of 1993-1996 y. we analyzed the records in the uveitic department. All patients undergo a thorough ophthalmic examination, as well as an examination by an internist-rheumatologist. Records of four patients were reviewed for history of non-penetrating trauma that the patient believed to be related to the cause of ocular inflammation. We analyzed the characteristics of that patient group and compared them to those of the uveitis clinic population as a whole (90 patients).

Our observation suggests that non-penetrating trauma maybe a provoking factor in the development of intraocular inflammation.

1673

"Umbilical scleroplastics in progressive myopia".

M. V. ZAIKOVA, N. F. MOLOKOVA, A. P. PEREVOZHCHICOVA, E. M. Markov

Technology of the operation umbilical scleroplastics in progressive myopia (UASP) has been worked out.

For the transplantation were used:

- 1) Surface layers of the umbilical anion without Wharton's jelly.
- 2) It was preserved in 0.2% thimol solution with the addition of lithium chloride up till 1 year and more.

Indications and contraindications for UASP have been worked out.

349 operations on 211 patients till 45 years of age have been performed.

The following variants of operations have been worked out:

- 1) simplified (meridional) UASP;
- 2) umbilical retrobulbar bag;
- 3) subtotal UASP.

89.8% Operated patients haven't developed the progress of myopia during the following 6 years of (observation).

1674

NEW REVASCULARIZATING SURGERY OF COMPLICATED MYOPIA AND ITS RESULTS

Dr. A. N. Lyalin, Dr. A. V. Korepanov

The problem of myopia takes one of the important places in ophthalmology, because this form of visual disturbances often leads to severe complications and disability. Haemodynamic disorders, especially in choroid and retina is one of the main links of pathogenesis of the complications of myopia. In this connection, the influence of improved haemodynamics as a result of the revascularizing surgery on vision is thought to be very interesting.

For this purpose we perform the operation of revascularization of choroid using the method of Dr. A. N. Lyalin (RU Patent №505822/14).

The method of the surgery. The section of conjunctiva is performed at 10 mm distance from limbus. Making-out is made between two m. rectus 8-9 mm apart from limbus, and through right-angled resection of sclera (3x6 mm) is performed as far as choroid. The graft of connective tissue is placed onto the naked choroid and fixed with silksutures to the sclera. We use an uninterrupted suture.

The allotransplant stimulates haemodynamics, formation of new vessels and becomes a depot of metabolic and plastic agents.

We observed 23 patients with complicated myopia from 32 to 65 years of age, including 8 patients with chorioretinal form, 6 - with haemorrhagic, 9 - with mixed form. Vision before surgery had been between 0,005 and 0,3. To the moment of discharge the vision of 11 patients (47,8%) was increased with correction, the vision of 12 patients (52,26%) remained unchanged. Visual fields broadening was registered in 14 cases (60,87%) and was not in 9 cases (39,13%). There were no any complications during the surgery and after it. The long term results of operations (14 patients, from 6 months to 3 years) were as follows: vision remained the same in 12 cases, decreased by 0,1 D in 2 cases. In 3 cases the visual fields narrowed by 10'-30' and stayed unchanged in the rest of the rest of the cases.

Thus, the advantages of this method of surgery are:

- 1) Improving of visual functions (60,87%);
- 2) Stabilisation of the process;
- 3) Absence of technical difficulties.

We consider this method to be useful and deserving further studying.