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Service (sector) Glaucoma N° CEP

Trabeculectomy with Mytomicin C or drainage implant como surgical option in primary congenital glaucoma refractory. Prospective and randomized study

Adriana M. Rodrigues, Isabelle Tito, Augusto Paranhos Junior, Paulo Augusto de Arruda Mello, João Prata Junior Purpose: To compare the efficacy and safety of the drainage implants with trabeculectomy (TREC) and mytomicin C in primary congenital glaucoma cases. Methods: A prospective and randomized study was performed, including 20 eyes from 20 patients with primary congenital glaucoma. The patients were randomized in two treatment groups: 1) trabeculectomy with MMC and 2) Modified Molteno drainage tube. All the procedures were performed by the same surgeon. The follow-up was 33 months. The following parameters were analyzed: Intraocular pressure (IOP), axial diameter, optic disc status and visual acuity. Patients were considered as success when IOP was lower or equal to 15 mmHg, with the use of none or a single medication. Results: Eleven patients underwent drainage implants surgery and 9 underwent trabeculectomy with mytomicin C. The comparison between the two groups showed age homogeneity ($p=0.802$) and did not demonstrate any difference in preoperative and postoperative axial length and funduscopy ($p=0.756$ and $p=0.213$, $p=0.969$ and 0.554 respectively). There was no statistical difference in the IOP between the two groups In preoperative, 6, 12, 24 and 33 months. Success rates through time were not different between the groups ($p=0.617$), with no influence of gender and race in the success rates. All the failures were due to increased IOP. Visual acuity was found to improve in 9 patients of the drainage implant group and 6 patients from the TREC group. The complications found were: 2 cases of cataract in the drainage tube group and 1 case of retinal detachment in the TREC group. Among the patients in the Drainage implant group, pachymetry findings at the end of follow-up did not show statistical difference from those present before surgery. Conclusions: In the present study, TREC with mytomicin C and Molteno implant surgery showed comparable results. The success of 2 procedures were not different.