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Service (sector) GlaucomaNº CEP

The Effect of Brimonidine Tartrate 0.15% at the Irido-Corneal Angle and Intra-Ocular Pressure of Eyes with Narrow Angles After Iridotomy.

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Purpose: To evaluate the effect of Brimonidine Tartrate 0,15% at the irido-corneal angles and Intra-ocular pressure in eyes that persist with narrow angles even after laser iridectomy. Methods: A total of 21 eyes of 21 patients with narrow angle after iridotomy were included. At baseline, all the patients were submitted to gonioscopy, pupil diameter measurement, IOP measurements (at 8:00, 10:00, 12:00 and 2:00 pm), dark room prone position provocative test (at 2:30 pm) and ultrassound biomicroscopy dark room provocative test (at 6:00 pm). Brimonidine Tartrate 0.15% was instilled in one eye of each patient at 8:30 am, 4:00 pm and 11:00 pm. At day two, all the exams performed at baseline visit were repeated. Results: The mean age was 64.33 ± 10.94 years, 15 patients were females and there were 11 white, 6 mixed, 3 black and 1 yellow patients. It was observed a significantly decreased in the pupil diameter and a widening of the irido-corneal angle 2 hours after the use of Brimonidine. The mean IOP was significantly lower after the instillation of Brimonidine at 10:00 am (12.19 ± 3.50 vs 15.90 ± 4.23 mmHg; $p = 0.004$); at 12:00 pm (11.86 ± 3.29 vs 16.09 ± 3.82 mmHg; $p < 0.001$); and 2:00 pm (12.57 ± 3.76 vs 15.48 ± 4.18 mmHg; $p = 0.02$). But this difference was not significantly at 8:00 am (13.57 ± 3.89 vs 15.52 ± 3.82 mmHg; $p = 0.11$). The anterior chamber depth 2.51 ± 0.27 mm was not significantly different from baseline 2.57 ± 0.29 mm ($p = 0.55$). There were 8 eyes with a positive dark room prone position provocative test. When the provocative tests were repeated, six of them became negative. However, 5 eyes with a negative provocative test became positive. Conclusion: Brimonidine Tartrate 0.15% widened the irido-corneal angle after two hours. Its role in the treatment of persistent narrow angles after laser iridotomy deserves further studies.