

### Case story 1:

21 year young man had accompanied his mother for her cataract operation in May 2007. He was having high myopia (high minus power) and that was the only eye problem he was aware of for his eye. He was having regular optician check up to change his glasses. When he accompanied her mother, he thought of getting rid of his glasses and asked one of our doctor for LASIK (laser operation to remove glasses power). He was explained need for his eye before considering LASIK operation. When we checked his eye pressure (known as IOP), his IOP were 56 mm Hg in both eyes (in normal patient usually eye pressure are less than 21 mm Hg). Fortunately the optic nerve damage was mild. He had no idea about the high eye pressure, about glaucoma or the consequences of such high pressure. We had to sit with parents and explain about the disease and need for life long treatment and check up with glaucoma specialist. We started on medication, even on 4 different medications; his IOP was always in thirties. Finally we operated his left eye in November 2007 with glaucoma operation (known as trabeculectomy). Now after 4 months of surgery, his IOP is controlled in left eye without medications. We are planning other eye also for glaucoma operation. Glaucoma is uncommon in this age group but it can happen in young also. In this boy, he had congenital (since birth) malformation of the angle of the eye (Figure 1) and that's why he developed glaucoma.



### Case story 2:

A forty-three year housewife went to physician with complaints of severe headache (only on left side) with vomiting. The episode lasted 45 minutes. She also had eye pain and felt that her vision was blurred while she had headache. She thought it would be migraine. She also had similar problem with less severity in the past. She use to get this problem especially in the

evening. The next day after her physician check up, she had severe ocular pain, her eye become very red. Her headache was very severe and she did not get any relief with pain killer tablet. Her vision also become very blurred compared to her right eye. She immediately came to us. Her vision in affected eye was only counting finger at 3 meter. She had red eye and IOP was 52 mm Hg. The angle (passage of the eye from where the eye fluid gets drained out) was totally closed. Other eye angle was also very narrow. The front part of eye (cornea) was very cloudy due to high pressure (Figure 2). She had acute attack of closed angle glaucoma. In her case, first we had to reduce IOP by giving intravenous injection (injection manitol). After that we had to perform laser procedure to open the angle. This procedure is known as laser iridotomy. After laser procedure her angle become open and now her pressure is well controlled only with one anti-glaucoma medication in left eye. Her right eye angle is open after we performed laser procedure. The other eye treatment is very important as that eye has also 60% risk of developing acute glaucoma if neglected. This kind of glaucoma quite often misdiagnosed as nonocular disease like migraine (due to one sided headache) or gastro-enteric problem (due to vomiting).

