

Glaucoma

PROPHYLACTIC LASER PERIPHERAL IRIDOTOMY IN PRIMARY ANGLE CLOSURE SUSPECTS: GRADING EVIDENCE AND RECOMMENDATIONS BASED ON THE LATEST RCTs

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PURPOSE

To grade the available evidence of laser peripheral iridotomy (LPI) as a preventative treatment in primary angle closure suspects (PACS).

Due to PACS high-prevalence, prophylactic LPI poses a health burden. Although a current practice, evidence for this procedure is still little.

METHODS

Guided by PICO framework, the literature search focused on randomized controlled trials to address the key review question. The evidence's quality and recommendations' strength were graded using the GRADE Working Group.

RESULTS

RCTs ZAP and ANA-LIS complement each other. LPI reduces the risk of incidence of PAC. However, there is a minimal benefit numerically in the high-risk Chinese population.

LPI should be performed in PACS with additional risk factors:

- Only one good eye
- Vulnerable adults who may not report ocular or vision symptoms
- Family history of significant angle closure disease
- High hypermetropia
- Regular pupil dilation requirement
- Medication with anticholinergic action
- Rapid access to emergency ophthalmic care is not possible

CONCLUSIONS

Based on the evidence provided by RCTs, it is reasonable option to observe without LPI for PACS without high risk. (high evidence, strong recommendation).

There is a low evidence to perform LPI in PACS with high risk (strong recommendation).

Further research is required in Caucasian population. Observational studies will help better understand the natural history of eyes with PACS.

FINANCIAL DISCLOSURE

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