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Circulating around Schlemm's canal

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I have NO financial disclosure to report.

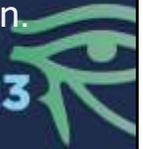


Ab externo circumferential trabeculotomies involve 360° disruption of TM & SC inner wall via an external approach & these include:

- 1)-Illuminated Microcatheter Circumferential T
- 2)-Prolene Suture Circumferential T or VT
- 3)-RP double entry trabeculotomies

In **PCG**, these external circumferential maneuvers improve surgical success rates (87% to 93 %) & reduce the need for a 2nd operation.

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Ab interno circumferential trabeculotomy (e.g. GATT) may be difficult in a group of PCG patients with **corneal cloudiness** while ab externo approaches are particularly useful in such patients

Although the illuminated microcatheter helps to identify & cannulate SC easily, its **availability & cost** constitute a financial burden that may be unaffordable in many places of the World.

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The main disadvantage of CST is the relative difficulty in the identification of SC & the potential risk of false passages.

However, changing the tip of the prolene suture into a **blunt tip** by light cautery ensures **atraumatic** probing of SC. Also, using a **viscoelastic** dilates SC & facilitates suture progression into the canal.



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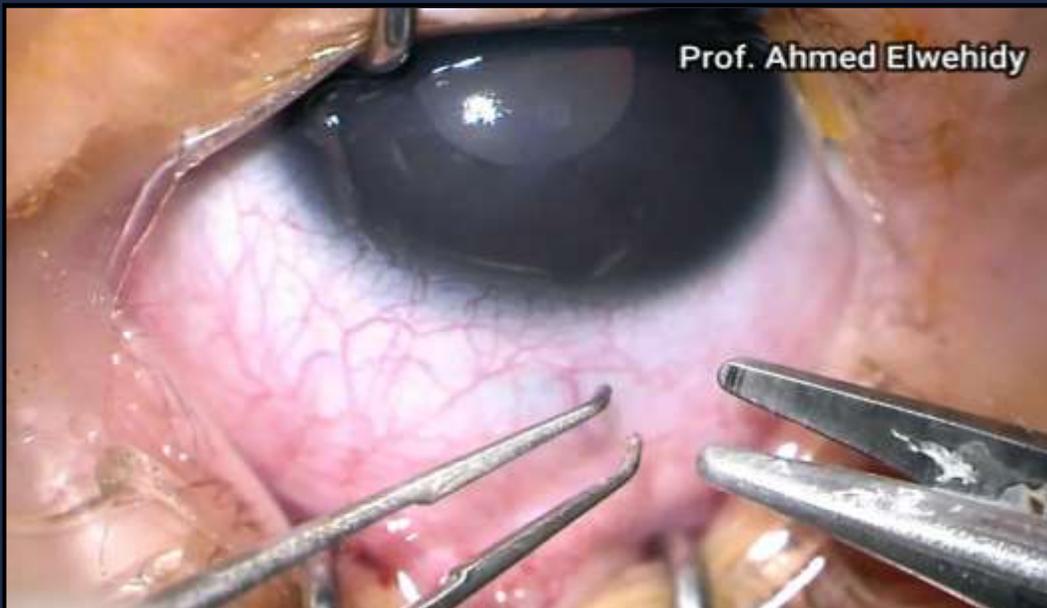


CSVT in PCG

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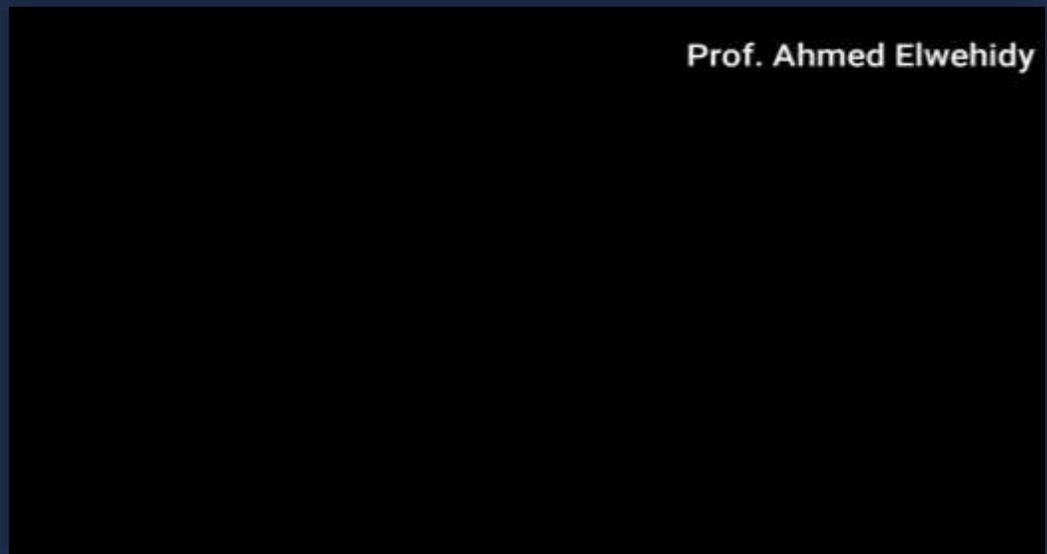


CSVT in NO-PCG

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CSVT in JOOAG

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CSVT in RJOAG



ORIGINAL STUDY

Surgical Outcomes of Visco-Circumferential-Suture-Trabeculotomy Versus Rigid Probe Trabeculotomy in Primary Congenital Glaucoma: A 3-Year Randomized Controlled Study

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Nader H.L. Bayoumi, MD, FRCS(Glasgow); † Dina Abd Elfattah, MD,*
and Sherein M. Hagrass, MD**

Purpose: The aim was to compare the long-term surgical outcomes of visco-circumferential-suture-trabeculotomy (VCST) and rigid probe viscotrabeculotomy (RPT) in patients with primary congenital

P primary congenital glaucoma (PCG) is an uncommon anterior chamber (AC) angle dysgenesis, accounting for 18% of childhood blindness.¹ It reveals itself within the first years of life

After 3 years of follow up both procedures were found effective & safe for lowering IOP in PCG with some advantages of CST over RPVT especially reducing the need of a 2nd operation.



Circumferential SVT as a first-line treatment has more favorable outcomes than **RPVT** however, the later offers a good **alternative** in the cases in which the CT is **not completed**.

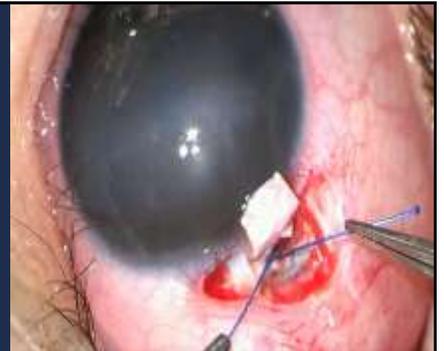


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Home Messages

- **CSVT** has advantages over RPVT in the treatment of PCG, especially in children with cloudy corneas and those of neonatal onset.
- **CSVT** achieves a higher percentage of complete success with less dependence on IOP-lowering medications in this group of patients.



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Home Messages

- ❑ **CSVT** offers the advantages of both 360° trabeculotomy using a **low cost prolene suture** & the easy SC cannulation by the use of a **viscoelastic**.
- ❑ Given the more favorable outcomes of **CSVT**, it is better to be tried as a **first-line surgery** in PCG while **RPVT** should be seen as a **bailout plan** if the circumferential procedure is not completed.

