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Contents

Thrice Monthly Volume 12 Number 36 December 26, 2024

EDITORIAL

MINIREVIEWS

ORIGINAL ARTICLE

Retrospective Study

Observational Study

World Journal of Clinical Cases

Thrice Monthly Volume 12 Number 36 December 26, 2024

Contents

World Journal of Clinical Cases

Thrice Monthly Volume 12 Number 36 December 26, 2024

Contents

ABOUT COVER

Peer Reviewer of *World Journal of Clinical Cases*, Suman Baral, MD, Assistant Professor, Department of Surgery, Mediplus Hospital and Trauma Center, Pokhara 33700, Nepal. brylsuman.sur@gmail.com

AIMS AND SCOPE

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LETTER TO THE EDITOR

Navigating postoperative complications: Uveitis-glaucoma-hyphema syndrome after Ahmed glaucoma valve implantation

Magdalena Ferrere, Ignacio Garcia-Mansilla, Agustina de Gainza

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Abstract

Altwijri and Alsirhy reported a case of uveitis-glaucoma-hyphema syndrome after an Ahmed glaucoma valve implantation surgery in an advanced primary open-angle glaucoma patient, being the first ever recorded of its kind. The author describes the position of the tube as the origin of the anterior chamber inflammation and hyphema, which resolved shortly after shortening and relocating it. This publication emphasizes the importance of precise implant positioning and close-up patient follow-up after glaucoma filtration surgery as an important standard for healthcare providers.

Key Words: Uveitis-glaucoma-hyphema syndrome; Glaucoma; Complication; Ahmed glaucoma valve; Case report

Core Tip: In this case report, Altwijri and Alsirhy describes a case of uveitis-glaucoma-hyphema syndrome after an Ahmed glaucoma valve implantation surgery in an advanced primary open-angle glaucoma patient, being the first ever recorded of its kind. This case highlights the significance of precise implant positioning and close-up patient follow-up after glaucoma filtration surgery as an important standard for healthcare providers.

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TO THE EDITOR

Uveitis-glaucoma-hyphema (UGH) syndrome is a rare complication reported mostly following cataract surgery, when there is an abnormal interaction of the intraocular lens with the iris producing chafing of the latter[1,2]. This could lead to a span of clinical scenarios, ranging from a mild chronic inflammation of the anterior segment to vitreous hemorrhage or cystoid macular edema[3], many cases reported even months after the intervention[2].

The manuscript provides a detailed and insightful account of UGH syndrome, following Ahmed glaucoma valve implantation-an issue not previously reported in the literature. The case study is well-structured and offers valuable information on the diagnostic work-up, surgical management, and resolution of this complication[4].

The discussion highlights the challenges in distinguishing UGH syndrome from other postoperative complications. Specifically, differentiating UGH syndrome from typical postoperative glaucoma scenarios that present with hyphema [5], hematic Tyndall, and elevated intraocular pressure (IOP) is crucial. The presence of these symptoms alone can make it difficult to pinpoint whether they stem from UGH syndrome or from other common postoperative issues[6,7].

Addressing this differential diagnosis is important for clinicians to ensure accurate treatment. The manuscript would benefit from additional emphasis on the diagnostic criteria and clinical features that were crucial in distinguishing UGH syndrome from routine postoperative complications. Details on how specific imaging or clinical findings helped in differentiating between these conditions could provide further clarity.

Additionally, including longer-term follow-up data on the patient's visual acuity and IOP would be valuable. This information could offer insights into the long-term success of the repositioning surgery and any subsequent complications.

A comparison with other reported cases, if available, could help contextualize your findings and validate the uniqueness of this situation. This comparison would enhance the manuscript's contribution to the existing literature on postoperative glaucoma complications.

CONCLUSION

This case highlights how accurate identification of the underlying cause of postoperative complications is essential for maintaining the eye's vitality and preventing further damage. Early and precise intervention based on the correct diagnosis can be critical to preserving vision and optimizing patient outcomes. The work underscores the importance of recognizing when a postoperative glaucoma patient requires additional intervention and the need for a thorough assessment to address the root cause of the complication effectively.

FOOTNOTES

Author contributions: De Gainza A designed the overall concept and outline of the manuscript; Ferrere M and Garcia-Mansilla I contributed to writing, editing the manuscript and reviewing the literature.

Conflict-of-interest statement: The authors declare that they have no conflict of interest.

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