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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

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

Magdalena Ferrere, Ignacio Garcia-Mansilla, Agustina de Gainza

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Magdalena Ferrere, Agustina de Gainza, Department of Ophthalmology, Hospital Central de San Isidro "Dr. Melchor Angel Posse", Buenos Aires 1641, Argentina

Ignacio Garcia-Mansilla, Knee Division, Hospital Italiano de Buenos Aires, Buenos Aires 1109, Argentina

Co-first authors: Magdalena Ferrere and Agustina de Gainza.

Corresponding author: Ignacio Garcia-Mansilla, MD, Staff Physician, Surgeon, Knee Division, Hospital Italiano de Buenos Aires, Peron 4190, Buenos Aires 1109, Argentina.
ignaciogmansilla@gmail.com

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

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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

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Country of origin: Argentina

ORCID number: Ignacio Garcia-Mansilla [0000-0002-7247-3734](https://orcid.org/0000-0002-7247-3734).

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