

A severe neovascular glaucoma

Um glaucoma neovascular grave

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The term “neovascular glaucoma” (NVG) was proposed by Weiss in 1963, although this disease has received different names, such as congestive, rubeotic congestion, rubeotic and hemorrhagic glaucoma.⁽¹⁾

This occurs as a result of a chronic and maintained lack of oxygen (ischemia) in the retina, which stimulates the formation of new blood vessels in an attempt to better oxygenate an ischemic retina (A phenomenon called neovascularization).⁽²⁾

The new vessels develop through the wall of the iris and reach a place in the anterior chamber of the eye, where the aqueous humor drains (trabecular meshwork). These new vessels eventually cause a blockage in the circulation of the aqueous humor, which triggers an increase in eye pressure (ocular hypertension). If the ischemia is maintained, the vascular tissue and the fibrous that accompanies it completely invade the area of the trabecular meshwork, causing the future closure of the iridocorneal angle (closed angle) and then a very important elevation of the intraocular pressure.

The most frequent diseases that cause NVG are: diabetic retinopathy, central retinal vein occlusion, and systemic inflammatory diseases.

The NVG represents a challenge for ophthalmologists, because it is very difficult to control, in addition to causing significant visual loss and therefore disability in several areas in the life of the person who suffers it.⁽³⁾

We present the case of a 65 year old male with a history of ischemic central retinal vein occlusion in his left eye with 6 years without treatment (Figure 1).

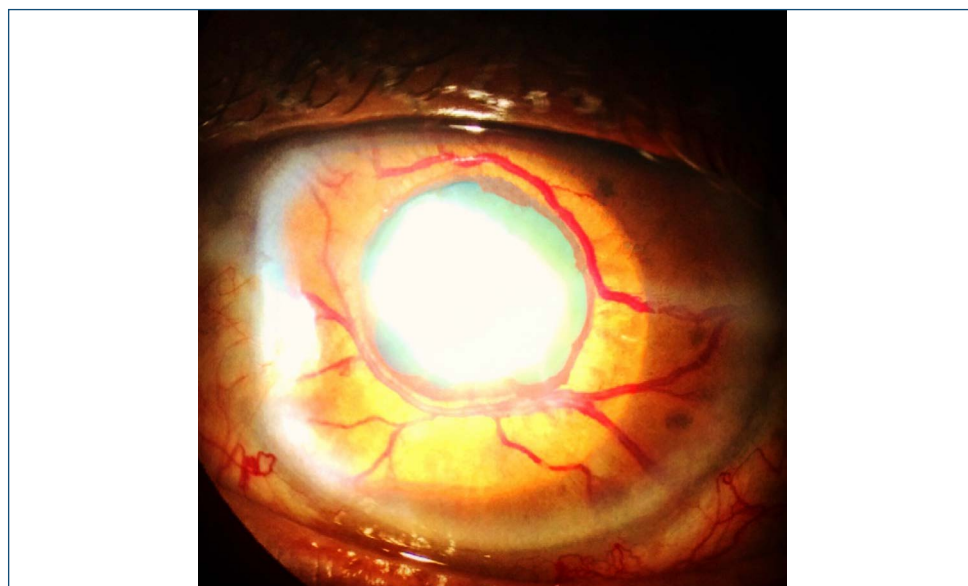


Figure 1. A severe neovascular glaucoma with excessive rubeosis observed at biomicroscopy 264x261mm (72x72 DPI).

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