سامية محمد مصطفى



شبكة المعلومات الحامعية

بسم الله الرحمن الرحيم



-Caro-

سامية محمد مصطفي



شبكة العلومات الحامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





سامية محمد مصطفى

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسو

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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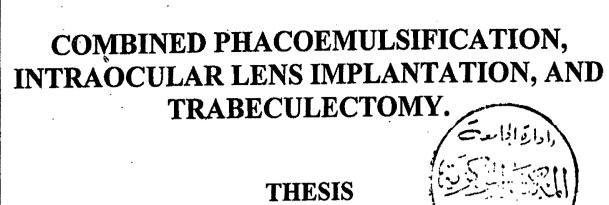
سامية محمد مصطفى

شبكة المعلومات الحامعية



بالرسالة صفحات لم ترد بالأصل





Submitted for partial fulfillment of M.D degree in Ophthalmology

PRESENTED BY

MOHAMED RAMADAN EL-SAYED (M.Sc)

SUPERVISORS

Prof. Dr. ABD-ALLAH FARAG EL-SAWY
Professor of Ophthalmology
Benha Faculty of medicine

Prof. Dr. AYMAN HUSSEIN NASSAR
Professor of Ophthalmology
Benha Faculty of medicine

Dr. AYMAN ABD EL-SALAM HAMED

Lecturer of Ophthalmology Benha Faculty of medicine

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Zagazig University (2000)

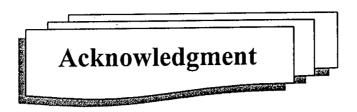
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سورة البقرة الآية (٣٢)



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LIST OF ABBREVIATIONS

CL.	:- Chloride ions
I.O.P	:- Intraocular pressure
I.O.L	:- Intraocular lens
cAMP	:- Cyclic Adenosine monophosphate
Hge	:- Heamorrhage
K ⁺ .	:- Potassium ions
Na ⁺	:- Sodium ions
Na K ATPas	se :- Sodium Potassium adenosine triphosphatase
SEM	:- Scanning electron micrographs
α –subunit	:- Alpha subunit
β-subunit.	:- Beta subunit
PAH	:- P- amino-hippurate
PMNs	:- Polymorphonuclear leukocytes
A.C	:- Anterior chamber
LTP	:- Laser trabeculoplasty
ECCE	:- Extracapsular cataract extraction
PMMA	:- Polymethylmethaacrylate
PXS	:- Pseudoexfoliation syndrome
MVR	:- microvitreoretinal blade
CACG	:- chronic angle closure glaucoma
COAG	:- chronic open angle glaucoma
B.i.d	:- Twice daily
T.d.s	:- Three times daily
Nd: YAG	:- Neodymium : yttrium- aluminum -garnet
ARMD	:- Age-related macular degeneration
Phacotrab.	:- Phacoemulsification & trabeculectomy
ECCE-trab.	
Trab	:- Trabeculectomy

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INTRODUCTION



Glaucoma and cataract often occur together, especially in the elderly, and each condition can influence management of the other. Progressive lens change can mimic progressive visual field loss, reduce visual acuity, and narrow the drainage angle. Glaucoma medications that cause miosis can aggravate visual impairment from cataract. In addition, prior glaucoma surgery as well as the occasionally used anticholinesterase class of medications can accelerate the development of cataracts. Thus each of these diseases must be considered when treating the other (*Stamper et al, 1999*)

Glaucoma is the leading cause of irreversible blindness, while cataract is the most common cause of reversible blindness and it is not uncommon for patients with glaucoma to require cataract surgery at some points in their life times & vice versa. Technologic advances in the surgical management of glaucoma and cataract have expanded the potential options for effective management of these two conditions. However the management choices still include three basic surgical approaches, (1) cataract extraction alone, (2) glaucoma filtering surgery alone (followed by cataract removal at a later date), and (3) combined cataract and glaucoma surgery as a single procedure. The appropriate approach for a given patient is a complex decision and must be individualized. (Samuelson, 1994)

Each of the three surgical options has its own advantages and disadvantages. However, one of the major advantages of the combined procedure in glaucomatous eyes, is that even if the filter has a low long term