سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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سامية محمد مصطفى

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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

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بعض الوثائق الأصلية تالفة

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بالرسالة صفحات لم ترد بالأصل

EFFICACY OF TOPICAL CARBONIC ANHYDRASE INHIBITORS COMPARED TO BETA BLOCKERS AS AN INTRAOCULAR PRESSUR LOWERING MEASURE PRIOR TO CATARACT EXTRACTION

THESIS

Submitted in Partial Fulfilment of the
Master Degree in Ophthalmology

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Faculty of Medicine

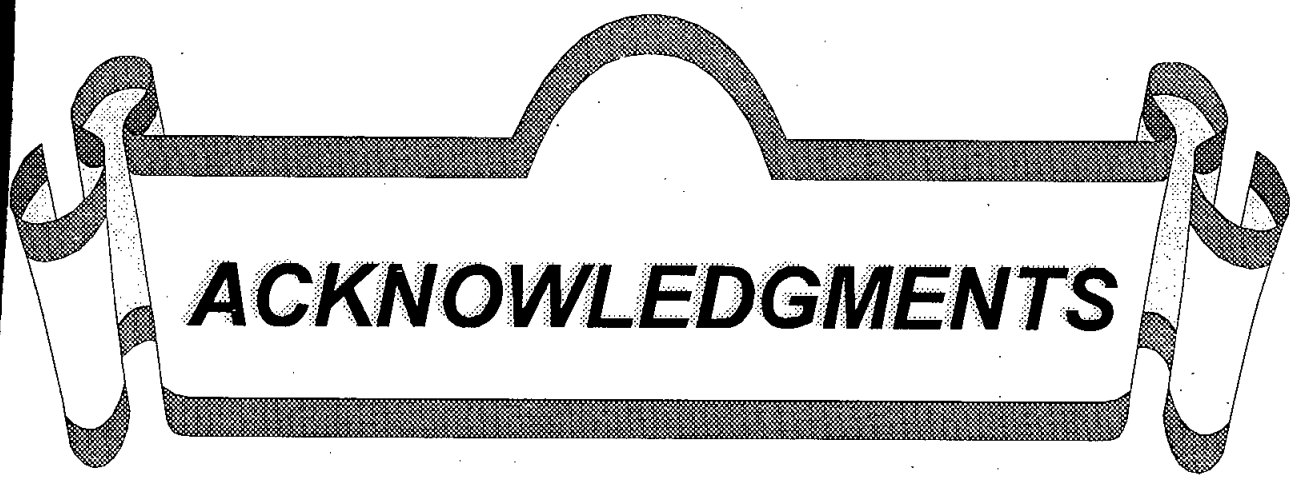
Assiut University
2000

بسم الله الرحمن الرحيم

وَأَنزَلَ اللَّهُ عَلَيكَ الكِتَابَ وَالحِكمَةَ
وَعَلَّمَكَ مَا لَم تَكُن تَعلَمُ وَكَانَ فَضلُ
اللَّهِ عَلَيكَ عَظِيماً

" صدق الله العظيم "

((سورة النساء .. آية ١١٣))


ACKNOWLEDGMENTS

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This work would never be crowned by success without the blessing of **ALLAH**, to whom my loyalty will remain forever beyond any compromise.

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Dalia M. El-Sebaity

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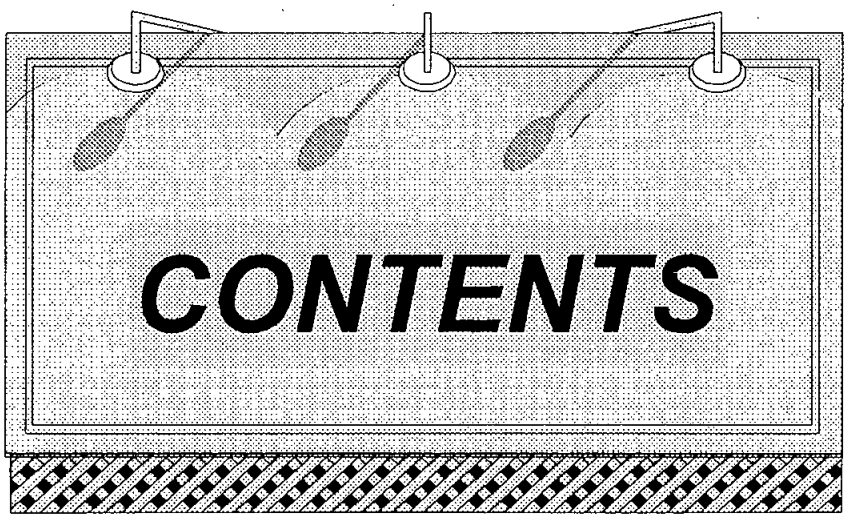
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It was established that preoperative hypotony improves in an essential manner the preoperative condotions, influences favourably the course of cataract surgery and decreases the number of complications.

A topical carbonic anhydrase inhibitor (CAI) with ocular hypotensive effect is comparable with that of oral agents but without their systemic effects.

Dorzolamide a topically active (CAI) is an effective new glaucoma medication that decreases aqueous formation.

It appears to have slightly less ability to lower intraocular pressure I.O.P than oral agents. It lowers I.O.P by 20-23% in patients with primary open angle glaucoma (POAG) and ocular hypertension, while oral CAIs lowers I.O.P by 24-32%. In patients with POAG who receive timolol 0.5%, the addition of dorzolamide produces addational lowering of I.O.P by 13%. (Maren et al., 1987).

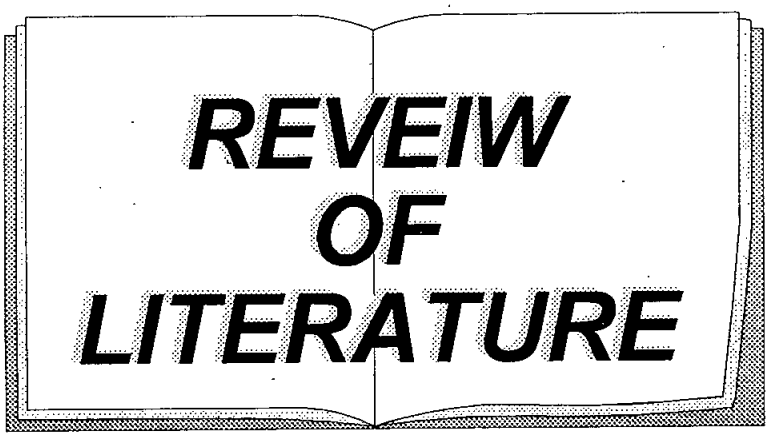
The aim of this work is to study and to compare topical CAI, dorzolamide HCL 2% and beta blockers, timolol malcate 0.5% in lowering I.O.P prior to cataract extraction.

REVIEW OF LITERATURE

Recent advances in cataract surgery regarding microsurgical techniques, types of suturing material with water tight closure of the wound, and the wide use of intraocular lenses invites the interest to study the behaviour of I.O.P before and after cataract extraction. The normal eye has a tension above atmospheric pressure, once the eye is opened, the I.O.P falls to atmospheric pressure, so that (***relative volume within the eye***) of the choroid and the vitreous is the major concern. (Mac Diarmid and HolLoway, 1976).

However, if the operation starts with a raised I.O.P, grave risks are involved. Iris, lens and vitreous may be extruded in addition to explusive haemorrhage may occur if a raised pressure is suddenly lowered by the release of aqueous humour (Ruiz and Salmonsen, 1976).

Soft eye is desirable for cataract extraction. However, so, the anterior chamber can be opened without sudden marked changes in ocular dynamics.


REVEIW
OF
LITERATURE