SUMMARY

The diagnosis and early treatment of lens induced glaucoma save the eye from blindness.

Hypermature cataract will cause inflammatory symptoms due to dehiscence of the lens capsule or actual rupture of the capsule. One may see such eye before glaucoma complicate matter, the removal of the lens should be done at once.

The present work however was undertaken and designed to evaluate the incidence, clinical features, management and visual prognosis of cases of lens induced glaucoma. The investigations done for the assessment before & after the medical and surgical intervention include tonometry (Schiot'z tonometer), visual acuity, slit lamp examination, gonioscopy and fundoscopy.

This study included 36 eyes of 36 patients of all age (M ± SD = 55.7 ± 12.46 years) and of both sexes, female 19 and male 17 with a ratio of female : male 1.12 : 1.0. The incidence of lens induced glaucoma in relation to total cataract operated is 10.6% and it is much commoner in poor, villagers.
This study elaborate the clinical features in the cases of lens induced glaucoma as diminution of vision, eyeache, headache, redness etc. Examination signs revealed are circumciliary congestion, defective vision, dilated pupil and shallow anterior chamber alongwith senile mature to hypermature cataract and traumatic anterior dislocated opaque lens.

These patients subjected to medical and surgical treatment. Medically all these patients put on acetazolamide alongwith topical instillation of timolol or pilocarpine. In 8 patients intravenous mannitol was given prior to surgical intervention.

In 29 eyes single stage operation for glaucoma and cataract that is lens extraction alongwith sector iridectomy or any filtering procedure performed. These patients undergoes full follow up period.

The operative complications were seen in 7 (24.13%) cases, only hypphaema 1 (3.44%), eyes iris, injury 1 (3.44%), vitreous prolapse 2 (6.89%), rupture of the lens capsule 2 (6.89%) and hazy media was experienced in 1 (3.44%) cases.
Similarly post-operative complications were
striate keratitis in 19 (65.5%) cases, Iritis 6
(20.68%) eyes, shallow anterior chamber experienced
in 5 (17.24%) eyes etc.

**Visual prognosis:**

We observed that the eyes find to withstand
raised intraocular pressure for longer period than
expected.

40% of the eyes with less than 2 days duration
of acute attack recovered 6/12 vision where as only
14.28% of the eyes recovered this visual acuity, if
the duration of attack increased 3 - 5 days indicate
that duration of attack affect the visual prognosis.

In this study corrected aphakic vision in group
'A' is good visual acuity upto 6/18 was obtained in 7
(58.33%) eyes, moderate in 4 (33.33%) and poor vision
in only 1 (8.33%) eyes in comparison to group 'B' in
2 (11.76%), 9 (52.95%) and 6 (35.29%) and eyes respect-
ively. Out of 29 cases good visual acuity obtained in
9 (31.03%), moderate 13 (44.82%) and poor in 7 (24.33%)
patients. Difference in the final visual acuity in
group 'A' and 'B' significant at P value $\leq 0.05$. 
In the light of the observation of present work it is reflected obviously that the preoperative rise of intraocular pressure, accuracy of light projection and final visual recovery were significantly related to the duration of acute attack of glaucoma and successful results are obtained after timely and adequate treatment.

Satisfactory results are obtained after lens extraction in cases of lens induced glaucoma. Timely extraction of the cataract will prevent the development of lens induced glaucoma.

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