CONCLUSIONS
CONCLUSIONS

The present study conducted in the Department of Ophthalmology at K.I.P. Medical College and Hospital, Jammu for early diagnosis of chronic simple glaucoma in glaucoma suspects by various ocular parameters, leads to the following conclusions:

1. Chronic simple glaucoma is a disease of late forties and fifties years of age. The fact being that vascular sclerosis and degenerative changes starts at this age.

2. In early stages of chronic simple glaucoma, a very little number of patients present with complaints pertaining to glaucoma. In majority of cases the main presenting complaint remains difficulty in near work.

3. A positive relationship exits between intraocular tension and presence of field defects.

Thus routine Goldmann appplanation tonometry is indispensable in early detection of chronic simple glaucoma. Its high yield as
compared to Schiots replaces the use of letter in glaucoma screening.

4. Glaucoma suspects usually have more frequent large C/D ratio than normal limits (53.1% incidence) and eyes with C/D ratio larger than 0.3 usually have field defects (78.1% incidence).

5. A statistically significant relationship exists between the shape of cup and its size. Optic cup smaller than 0.3 disc diameter being round and bigger than this being oval in shape.

6. Eyes with oval cups usually show visual field defects (73% incidence).

7. Asymmetry of two optic cups is a good indicator for diagnosis of chronic simple glaucoma.

8. The most common early field defect (37.2%) is paracentral scotoma within the central 20°. Which is best demonstrated by Goldmann perimter using 1/2a and occasionally 1/10 target.

9. Nasal step (31.5%) causes annulus as an early field defect seen by Goldmann perimter using 1/2a or 1/10 target.
10. Temporal step (S, VN) can also be present as an early field defect in few cases.

11. Arcuate scotoma, arcuate scotoma extending to periphery and concentric scotoma are the field defects of established cases.

12. Baring of blind spot and enlargement of blind spot can not be considered as early field defects because of their inconsistent nature.

13. Unilateral glaucoma can sometimes present with Gunn pupil. So presence of Gunn pupil should be kept in mind as a logical possibility in glaucoma cases.

14. Pupil size as such does not show any significant change in early stages of glaucoma.

15. Pupil size has a weak negative correlation ($p < 0.05, > 0.02$) with the intraocular tension. The increase parasympathetic tonus due to raised intraocular tension thus in turn causing miosis is considered as a suitable explanation.