Introduction
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Lens extraction is perhaps one of the commonest surgery being performed in the age group of fifty and above. This is largely due to the fact that of twelve million blind people in India, as high as 80.1% people fall under the category of "blindness due to cataract". What further grims the situation is another fact that the annual incidence of cataract is 3.8 million making a huge backlog of 22 million blind eyes. Keeping in mind the socio-political and economic scenario of the country it seems improbable if not impossible to treat so many eyes. As a natural consequence, the incidence of lens induced glaucoma is likely to increase. Moreover, the region of Bundelkhand, where this study was done is a backward area in terms of agriculture and industrialization. Thus a study on lens induced glaucoma was planned in the Department of Ophthalmology, M.L.B. Medical College, Jhansi.

An astronomically large proportion of Indian population lives in villages. Most of them are still below the poverty line, illiterate and do not understand the consequences of hypermaturity of cataract. The net result is lens-induced glaucoma and a very poor quality of life. This condition was present since time immemorial but remained
in the dark due to lack of literature and diagnostic tools. In the last two decades of the 19th century some scientist observed the frequent occurrence of iritis and rise in intraocular pressure during 'spontaneous cure of senile cataract'. This suggested some relationship between the spontaneous absorption of lens and lens induced glaucoma.

In European races, there is a gradual shrinkage of the lens with the development of cataract leading to a progressive deepening of anterior chamber, whereas in India intumescence is more common. This may largely explain the fact that phacomorphic glaucoma is unusual amongst them.

Heath (1941) described that intraocular pressure rises with rupture of the lens capsule and lens matter streaming into the anterior chamber with the capsule intact. Glaucoma of this type, which usually has a violent onset with characteristic pathological picture that is large histiocytes engulfing the liquefied lens material, is obstructing the trabecular meshwork. Zeeman who named the condition phacogenetic glaucoma also described these features. Subsequently various workers described such type of cases under different names like lens induced veitis and glaucoma, phacotoxic, phacogenic and finally phacolytic glaucoma.
Lens induced glaucoma may be classified as:

1. Phacolytic glaucoma.
2. Phacomorphic glaucoma.
3. Phacoanaphylactic glaucoma.
4. Glaucoma due to dislocated lens.
5. Lens particle glaucoma.

It may be classified in another manner:

(A). Lens induced secondary open angle glaucoma (phacogenic).
   (a) Phacolytic glaucoma.
   (b) Phacoanaphylactic glaucoma and uveitis.

(B). Lens induced secondary angle closure glaucoma
   (a) Due to intumescent stage.
   (b) Due to subluxation or dislocation of lens.
   (c) Due to microspherophakia.

Many controversies still exist regarding the management of lens induced glaucoma. This clinical entity has traditionally been associated with poor visual outcome. Historically, intracapsular cataract extraction has been the
treatment of choice for these conditions. Now there has been a distinct shift towards extracapsular cataract extraction with in the bag lens implantation. Some scholars still reserve their opinion regarding the usefulness of anti-glaucoma procedures along with cataract extraction. This preventable and curable condition though rare in developed countries is unfortunately still prevalent in India. The main aim of this study is to evaluate the incidence, risk factors in final visual acuity and visual result following extracapsular cataract extraction with in the bag lens implantation.