SUMMARY AND CONCLUSION
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Present work was carried out to evaluate the intracocular pressures in diabetics and non-diabetic persons and know if any difference is present between them the present study was also directed to desire a co-relation between the intra ocular pressure and different grades of retinopathies.

A total of 60 patients were selected, of which 17 normal non-diabetic persons served as control, while the remaining 43 were diabetics forming a study group, the study group comprised of 6 Juvenile or (Type I) diabetes and 37 cases of Type III or maturity onset diabetes.

Besides taking the intra ocular tension by Schiotz tonometer, pupils of all the patients were dilated and diabetics were divided into those with retinopathy and those without retinopathy. Retinopathy was thus divided into grades I, II, III and IV retinopathy by direct ophthalmoscopy.
Amongst the study group cases, we found that eyes without retinopathy were 54.7%, and those with retinopathy were 45.2% while the control group formed 20.33% of total cases material. Out of these group constituting eyes with retinopathy, eyes with grade I retinopathy constituted 15.47% grade II being in 15.47% eyes and grade III in 9.32% while grade IV retinopathy was present in 4.76% of the eyes. In 2 eye fundus could not be seen due to mature cataract both eyes, with ring synchiae, because the pupils were did not dilate.

INTRA-OCULAR PRESSURE IN DIFFERENT TYPES OF DIABETES

Intra-Occular Pressure was estimated by a standard certified Schiotz tonometer in all the cases i.e. group as well as control group. Out of the study group, the average mean intra-ocular tension in NODM in our study was 18.95±4.2 while in Juvenile diabetes it was 20.3±2.7. The control group also showed mean average Intra-Occular Pressure (IOP) of 17.3±1.8. The values were statistically significant when NODM and normal were compared (F value ≤0.01) and they were very significant when Juvenile and normal control were compared (F value ≤0.001).
When different grades of retinopathies and their mean Intra-Ocular Pressure were compared to the normal control group, the highest Intra-Ocular Pressures were seen in grade II and III retinopathies i.e. value of $21.66 \pm 2.6$ mmHg and $20.35 \pm 2.0$ mmHg respectively. Both when compared with normal, showed a very significant change statistically ($P$ value $<0.01$).

Mean Intra-Ocular Pressures of $18.33 \pm 3.3$ mmHg and $18.95 \pm 3.3$ mmHg were found in diabetes without retinopathy and grade I retinopathy respectively. Both, though, are being definitely higher than normal average Intra-Ocular Pressure of $17.34 \pm 1.8$, but when statistically seen did not show any significance ($P$ value $>0.05$).

Grade IV retinopathy showed a decreased mean Intra-Ocular Pressure i.e. $15.27 \pm 1.1$ mmHg and the value is statistically very significant ($P$ value $<0.001$).

A part from Intra-Ocular Pressure in diabetes and its different retinopathic group we also studied the relation between the development of retinopathy and duration of disease.

Leaving aside the age of the patient, and the severity of disease the retinopathy seems to develop on an average of 13.8 years. We also observed from our study that as the duration of diabetes increases, the severity
of retinopathy also increases.

We therefore conclude that the mean Intra-Ocular Pressure is higher in cases of diabetics when they are compared to normal ones and that as the severity of retinopathy increases the Intra-Ocular Pressure also increases but if we find lower than normal pressure in a diabetic, that indicates the possibility of proliferative or grade IV retinopathy, which confirms the common saying that 'glaucoma in a diabetic case protects him to develop proliferative retinopathy'. Besides looking into the Intra-Ocular Pressure, we also conclude that as the duration of diabetes increases, the severity of diabetic retinopathy also increases.