

超声乳化术联合前房角分离治疗白内障伴发闭角型青光

眼的作用

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【摘 要】:目的:探析超声乳化术联合前房角分离治疗白内障伴发闭角型青光眼(ACG)的作用。方法:于我院就诊的白内障伴 ACG 患者中选取 100 例,纳入时间:2021年5月~2022年5月,以手术不同方式为依据分为两组,将超声乳化术给予对照组,观察组在其基础上加房角分离术,对比组间疗效。结果:术前,组间视力、视野、眼压、中央前房深度(ACD)、周边前房深度对比(P>0.05),术后,观察组视力、视野、眼压、ACD、周边前房深度均较对照组优,且疗效较对照组高(P<0.05)。结论:白内障伴 ACG治疗时选择超声乳化术+房角分离术,取得了显著疗效,患者视力、视野改善,眼压得到有效控制,前房深度加深,值得选用。

【关键词】:闭角型青光眼;疗效;白内障;超声乳化术;房角分离术;视力

Effect of Phacoemulsification Combined with Anterior Chamber Angle Separation on Cataract with Angle Closure Glaucoma

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Abstract: Objective: To investigate the effect of phacoemulsification combined with anterior chamber angle separation in the treatment of cataract with angle closure glaucoma (ACG). Methods: 100 patients with cataract and ACG were selected from our hospital. The time of inclusion was from May 2021 to May 2022. They were divided into two groups according to different surgical methods. Phacoemulsification was given to the control group. The observation group was added with atrial angle separation on the basis of phacoemulsification. Results: Before operation, the visual acuity, visual field, intraocular pressure, central anterior chamber depth (ACD) and peripheral anterior chamber depth were compared among the groups (P>0.05). After operation, the visual acuity, visual field, intraocular pressure, ACD and peripheral anterior chamber depth of the observation group were better than those of the control group, and the curative effect was higher than that of the control group (P<0.05). Conclusion: Phacoemulsification plus angle separation is a good choice for cataract patients with ACG. The patients' vision and visual field are improved, intraocular pressure is effectively controlled, and the depth of anterior chamber is deepened.

Keywords: Angle closure glaucoma; Curative effect; Cataract; Phacoemulsification; Angle separation; Vision

ACG

[1]

ACG

[2] +

ACG



			3				
1 资料与方法			1.4				
1.1			SPSS 20.0		X ² %		
ACG	10	00	t	x± s	P 0.05		
2021 5 ~2022 5							
22	28	53~74	2 结果				
$62.80 \pm\ 2.75$	23	27	2.1				
54~73 63.16± 5.41					2	4.0%	
P>0.05			20 40.0% 2	8 56.0%	48		
				3 26.0%	16 32.0%	5 21	
ACG			42.0% 37 74.0%				
21mmHg			X ² =12.001,P<0.05 2.2				
						0.61	
[3]			$\pm~0.09~LogMAR$	-12.91± 1.43	3 MD 20.04	± 0.36	
1.2			mmHg 0.	63 ± 0.10 L	ogMAR -15.86	± 1.46	
100			MD 20.07 ± 0.37	-	t=1.25	0,1.445,	
		0.5%	,		ε		
			-11.40± 1.07 MD		_		
			± 0.07 LogMAR				
			mmHg	t=4.010,	4.571, 4.660,P<0	.05	
H20066782 5ml:25mg:25m	_		2.3				
1 2 / 3~5min	2~3		ACD			1.16	
1100100050		,	± 0.19 1.11± (1.14 ± 0.17	1.08	
H20103352 0.5%	1	/	± 0.18 t=0.144,0.660,P>0.0				
5 7 5 10 min			3.64± 0.23 3.44± 0.25			3.01±	
			0.21 3.16± 0.23 t=4.360,4.330,P<0.0 3 讨论				
70							
[4]				2025	4		
				ACG			
					ACG	ACG	
100							
			ACG				
1.3					[6]		
1	180°			ACG			
		120°					
120°							
[5]					[7]	ACG	
2						ACU	





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			P>0.05	[4]	,	,	, .				
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ACD			96.0%	,2022,22(1):115-117.							
74.0%				[5]	,	,	.EX-PRESS				
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ACD				,202	22,46(7):10	71-1073.					
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	2			65-67.							
	3			[10]	,	,	, . 2	25G			
		4									
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	ACG			,2022,21	(12):1307-1	1311.					
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