TO THE EDITOR: A recent report indicated that “Laser peripheral iridotomy increases angle width in all stages of primary angle closure…Most PACS [primary angle closure suspect] eyes do not receive further intervention.”1 This language suggests iridotomy is indicated in eyes with PACS. A PACS eye has been defined as, “an eye in which appositional contact between the peripheral iris and posterior trabecular meshwork is considered possible.”2 The recent report defined PACS specifically as “nonvisibility of posterior trabecular meshwork on static gonioscopy” for ≥180°, a normal intraocular pressure, and absence of peripheral anterior synechiae or optic neuropathy.1 The authors identified 4 studies of iridotomy in PACS.2 No study had a control group not undergoing iridotomy.1 These 4 studies defined suspect status of an eye based on gonioscopy of that eye.

The current definition has several weaknesses. First, patients could be included as PACS even if they had symptoms, such as intermittent eye pain, or haloes. Second, PACS is defined by the eye, not the patient.1,2 Thus, it is not clear that available studies excluded patients with symptoms, an angle closure attack, optic neuropathy, ocular hypertension, or synechiae in the contralateral eye. If the left eye has an angle closure attack, optic neuropathy, or ocular hypertension, we obviously worry about the right eye, because both eyes share the same genes and environment.

Do patients completely free of symptoms, synechiae, ocular hypertension, or optic neuropathy benefit from iridotomy (in terms of vision loss or eye pain) just because the trabecular meshwork is not seen on gonioscopy? The answer might depend not only on the patient group, but also on whether the health system can provide adequate monitoring of the intraocular pressure and optic nerve, and whether lasers and cataract surgery are readily available. A randomized controlled trial might answer the question, but for now the most recent report does not establish benefit in this patient population.1

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References