

# GLAUCOMA AND BOUVIERS

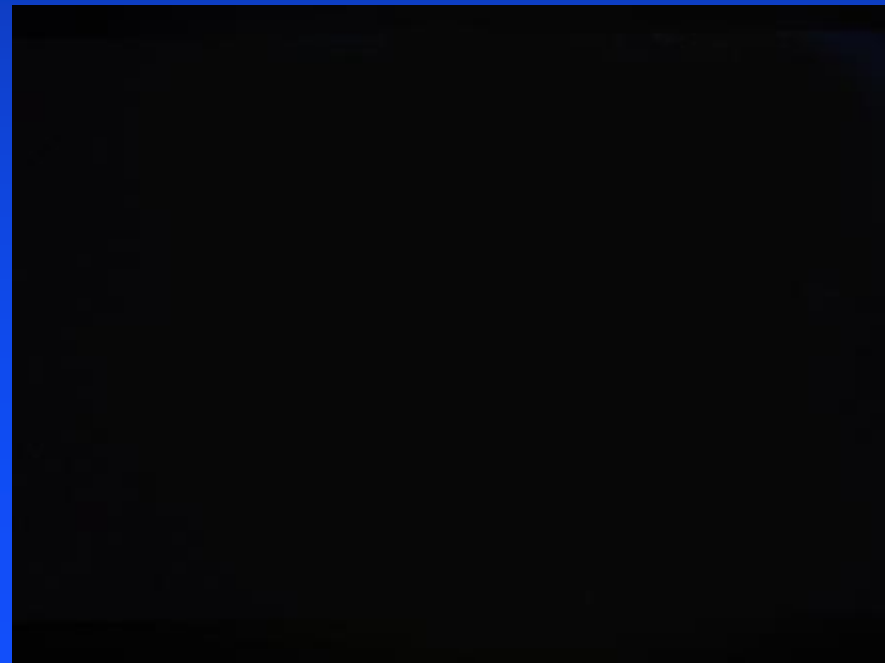


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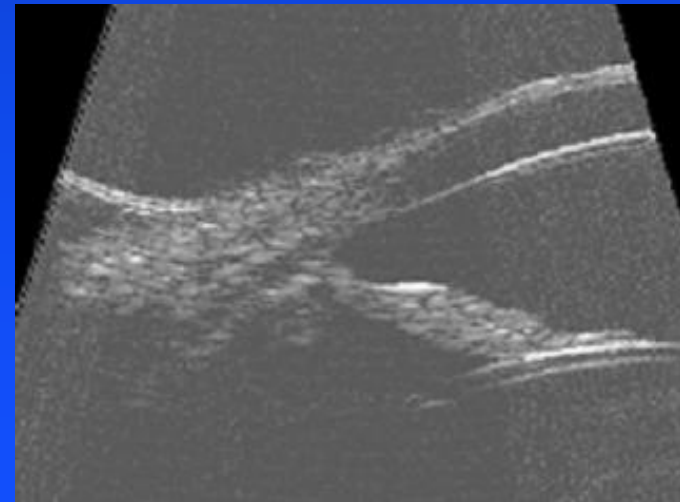
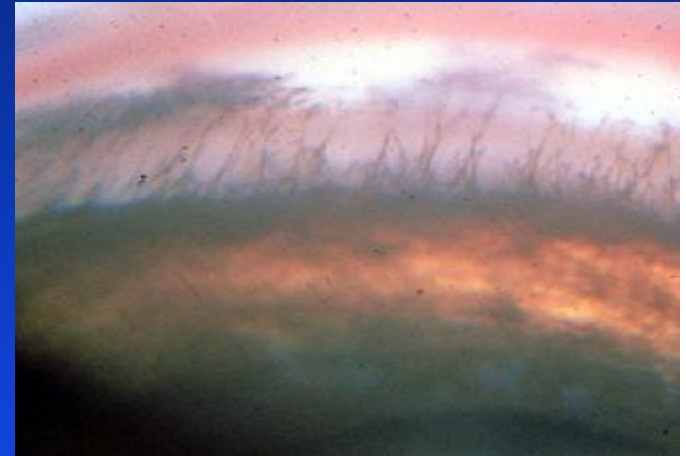
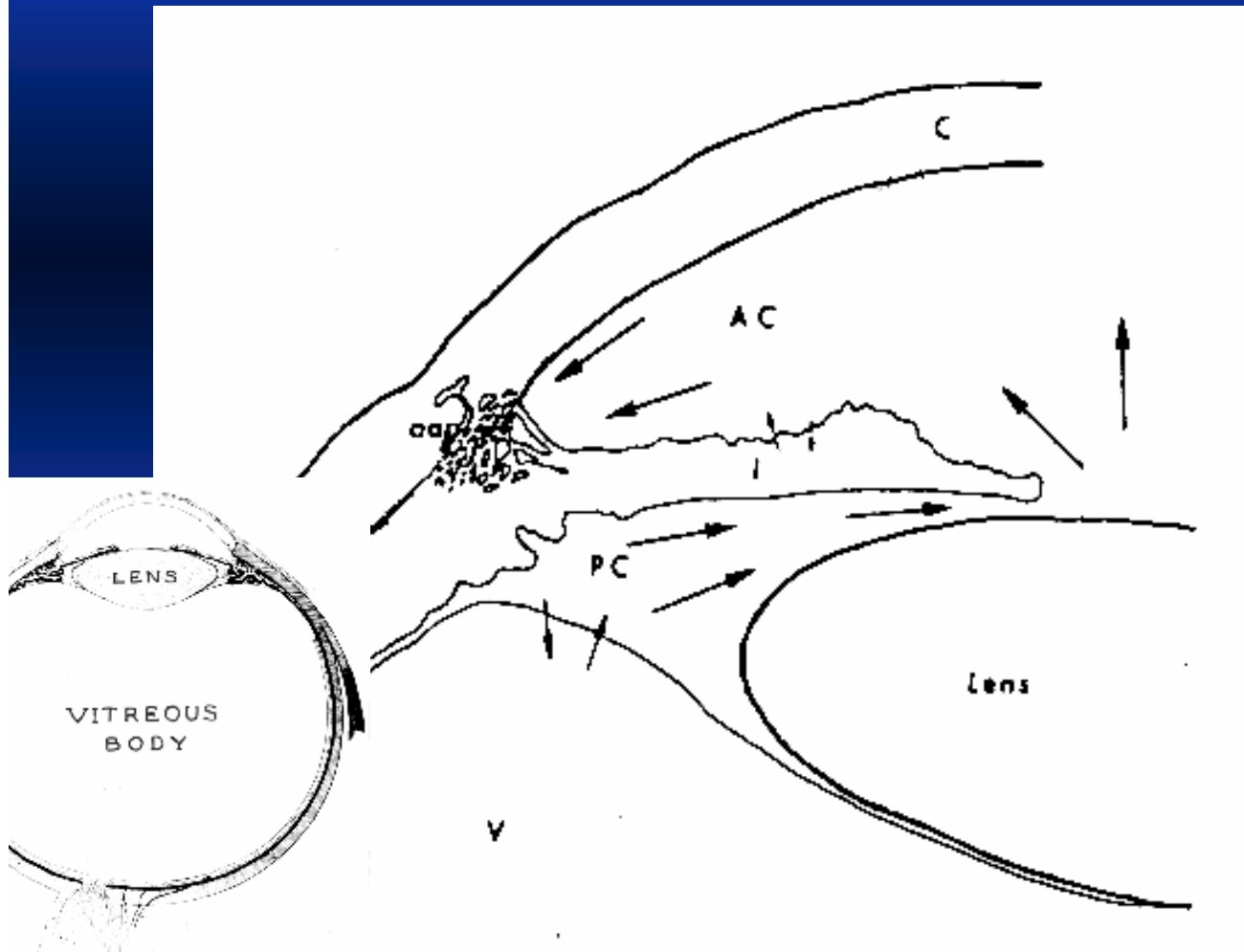
**GLAUCOMA:** *A diverse group of diseases united only by the fact that IOP is too high for the optic nerve to work properly and some or all of the dog's vision is lost*





# Intraocular Pressure

What flows in = What flows out



# Causes

Outflow is #1 Problem

“Primary” No obvious association with another ocular or systemic disorder – both eyes, genetic

Open angle – open/closed cleft

Closed angle – open/closed cleft

“Secondary” Another ocular or systemic disorder is present one or both eyes, +/- genetic

Lens associated

Inflammatory

Blood

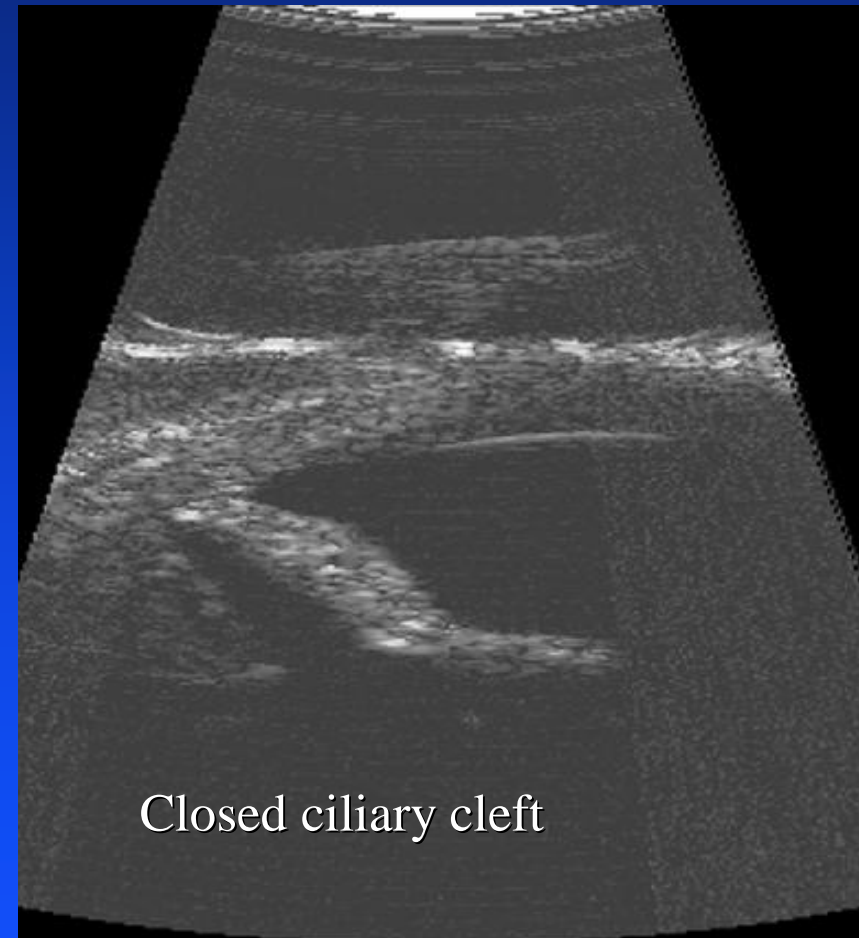
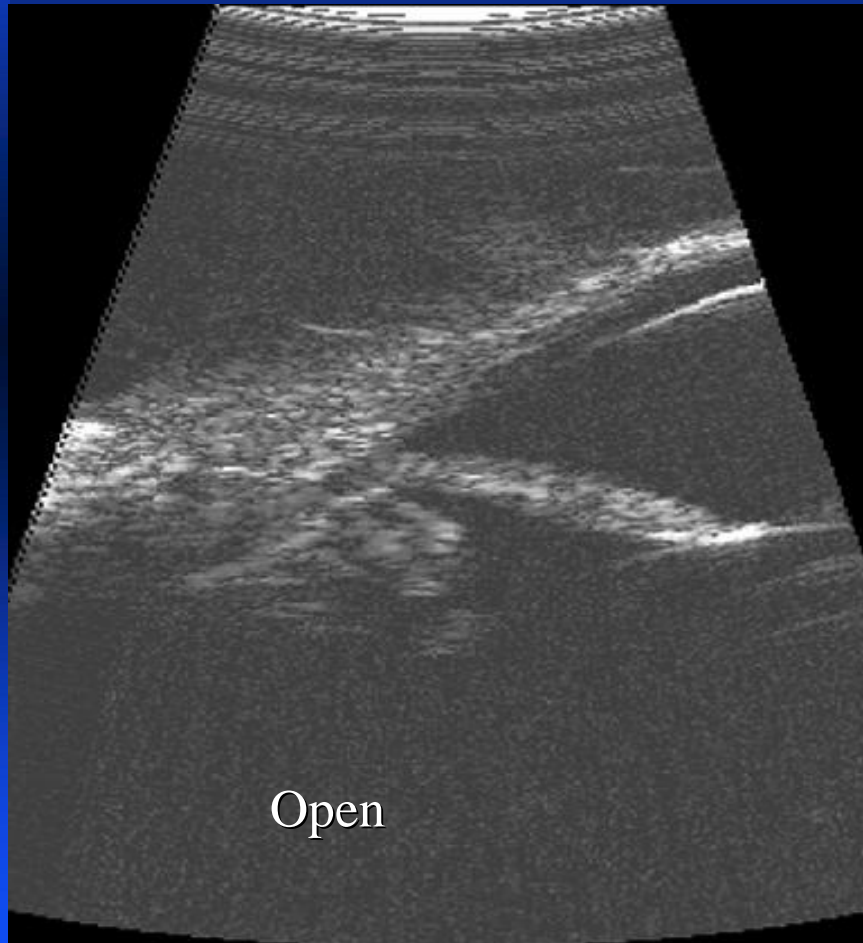
Tumors

Others

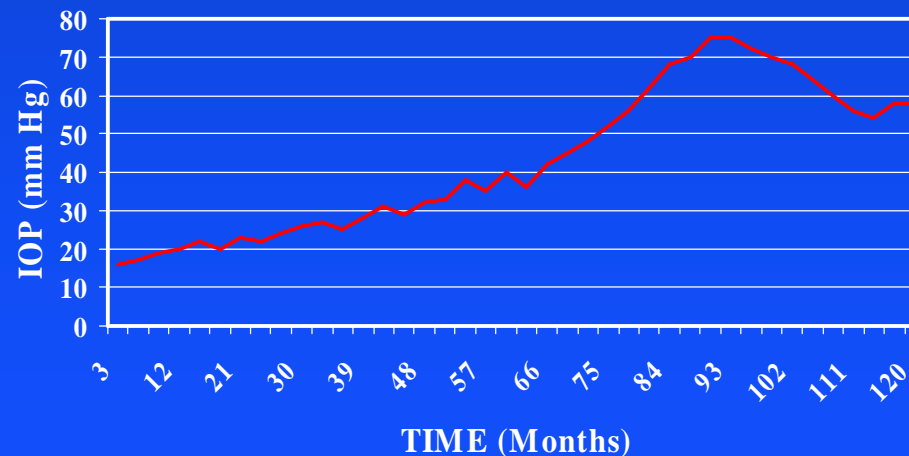
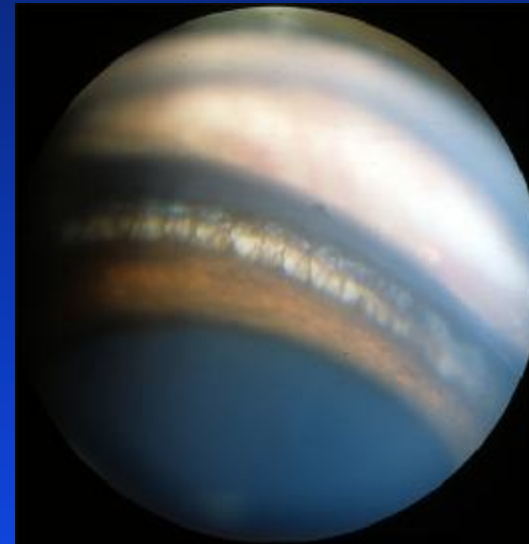
# How do we look at the outflow path?



# New ways of looking at the outflow: The cleft



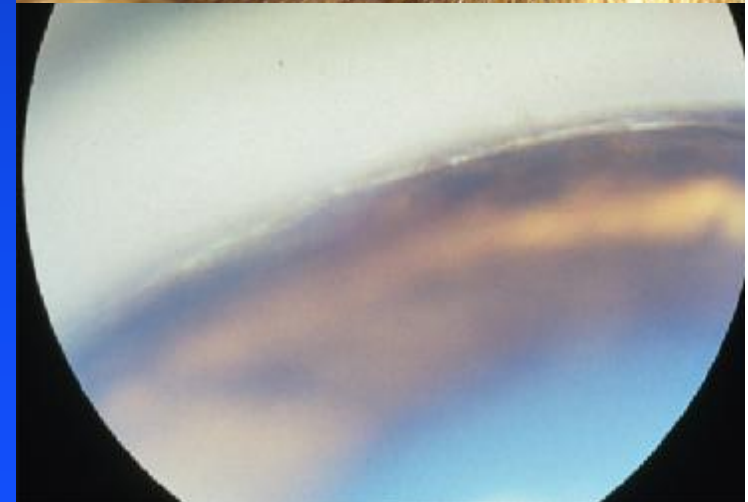
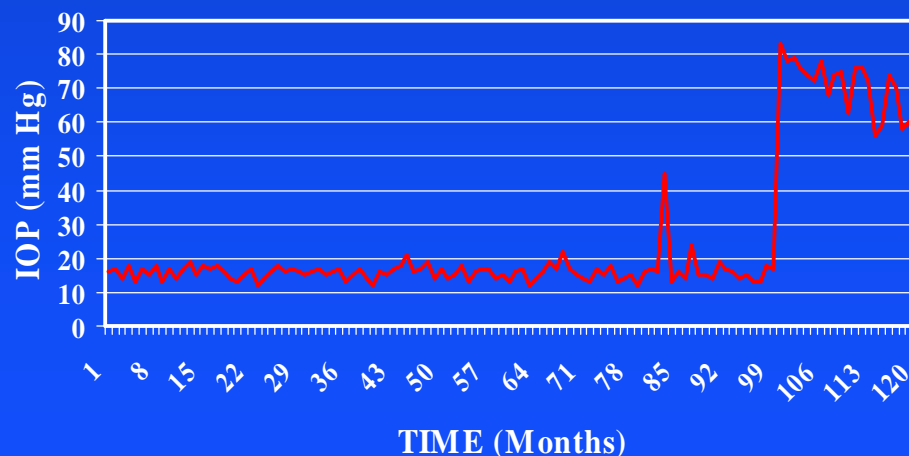
# Glaucoma overview: Primary Open Angle Glaucoma





# Glaucoma overview: Primary Angle Closure Glaucoma

- Marked IOP $\uparrow$
- Pain
- Red eye/Hazy cornea
- Fixed semi-dilated pupil
- Rapid vision loss





# PACG Risk Factors

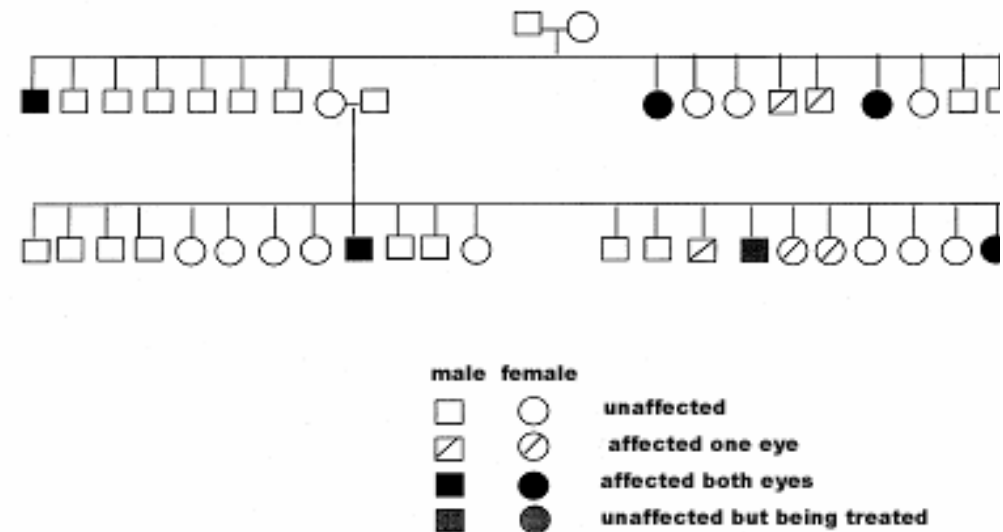
- Mid/older age
- Dim light/night
- Mid-range pupil
- Females 2:1
- Stress
- Genetic



<http://www.aacca.net/newsletterimages/old116.jpg>



# Genetics: The Angle



- PACG is polygenic in humans and undoubtedly dogs
- Heritability of angle is 56% (Samoyed)
- So ½ of PACG is *NOT* simply angle genetics but other factors
  - Shape of the front portion of the eye, sex, age, stress etc
- Almost every dog with PACG has bad angles but only 1.5% with bad angles gets PACG
- “Bad” angles are just the first “hit”

# Genetics of the Angle

Ruthless selection vs PLD can ↓ frequency of PLD in a line

*But:* - PLD came from selecting *for* something else in many breeds

- What new problems will be unintentionally selected for?
- What cost to the breed?

**STUDY:** Can we better ID dogs at risk of PACG by looking for other potentially genetic factors?



# Other Potential Genetic “Hits”

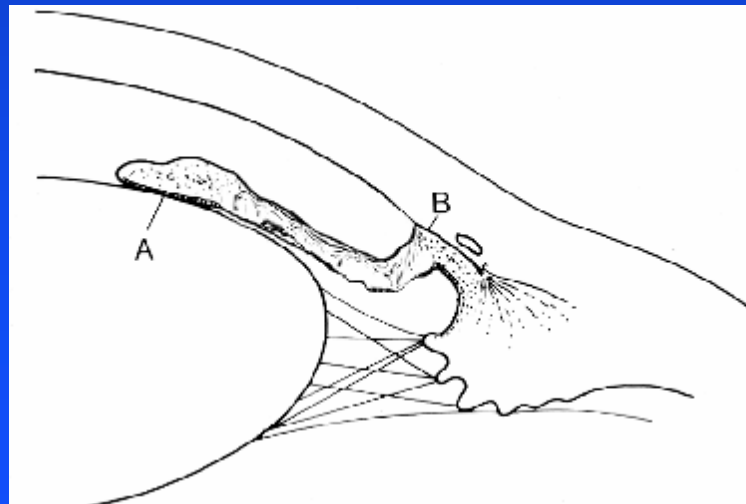
## Humans

- Shallow AC
- Thick/forward lens
- Far-sighted
- Mid-range pupil
- Abnormal iris position



## Dogs

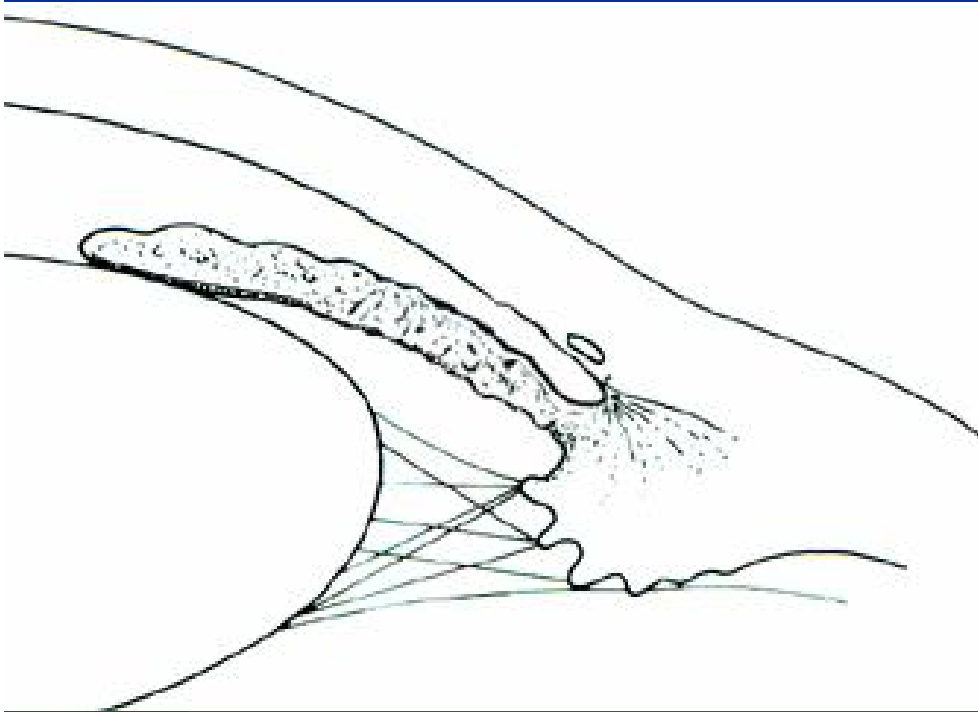
- Shallow AC
- Thick/forward lens
- Far-sighted?
- Mid-range pupil
- Abnormal iris position



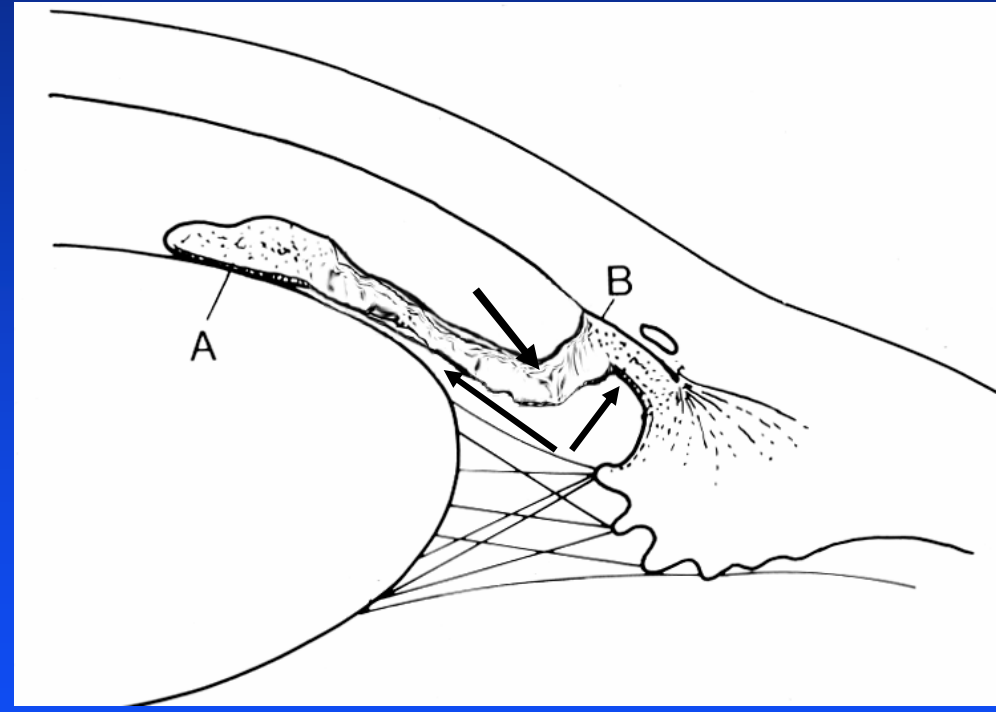
# Other Non-genetic Factors

- PACG is probably not all genetic
- Short-term increases in blood pressure?
- Things that put the pupil in the middle
- Things that “crowd” the front of the eye
  - Lens growth, drugs etc

# How PACG Develops



Normal



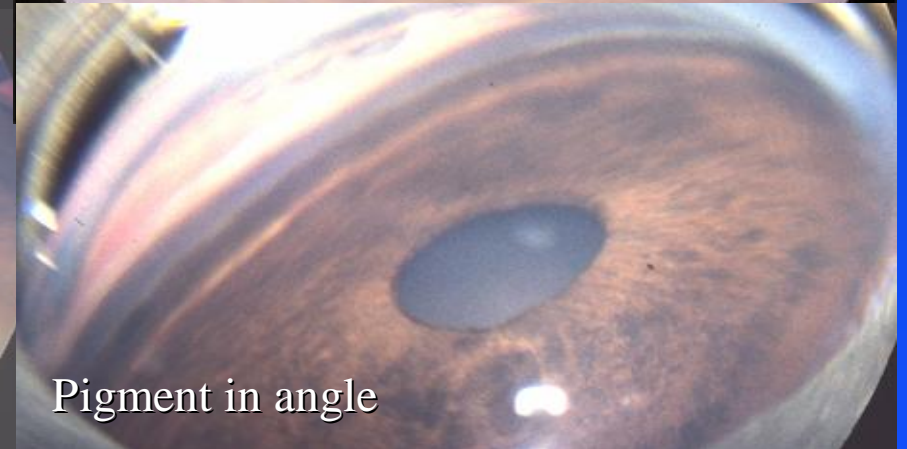
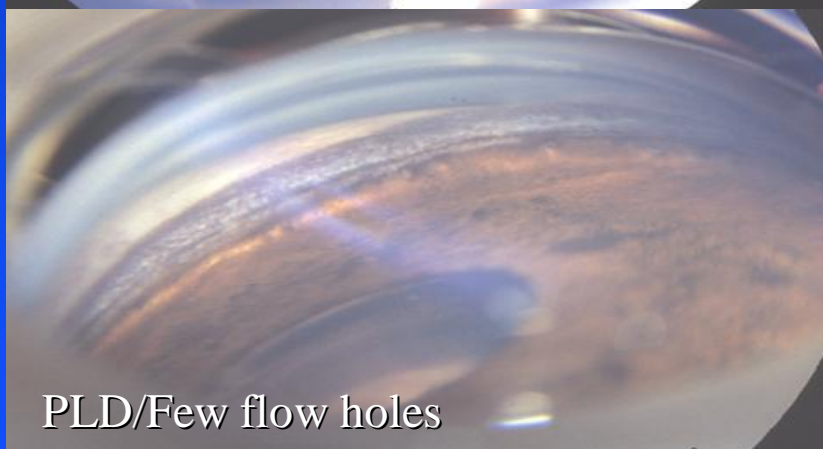
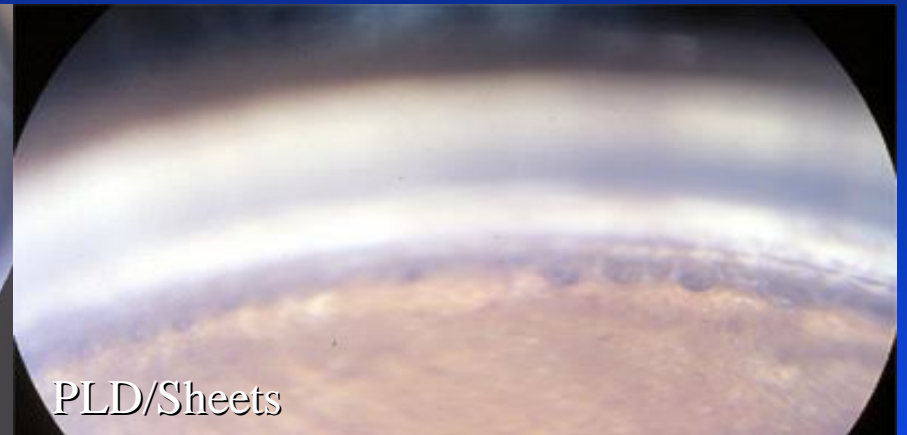
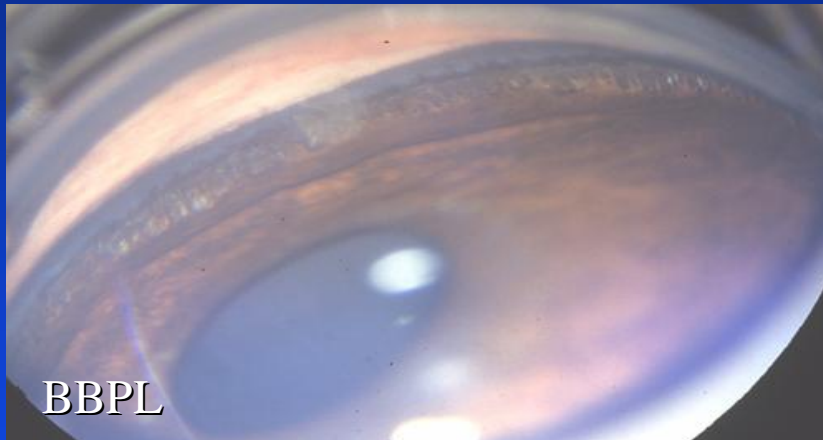
PACG

PLD is only first “hit”

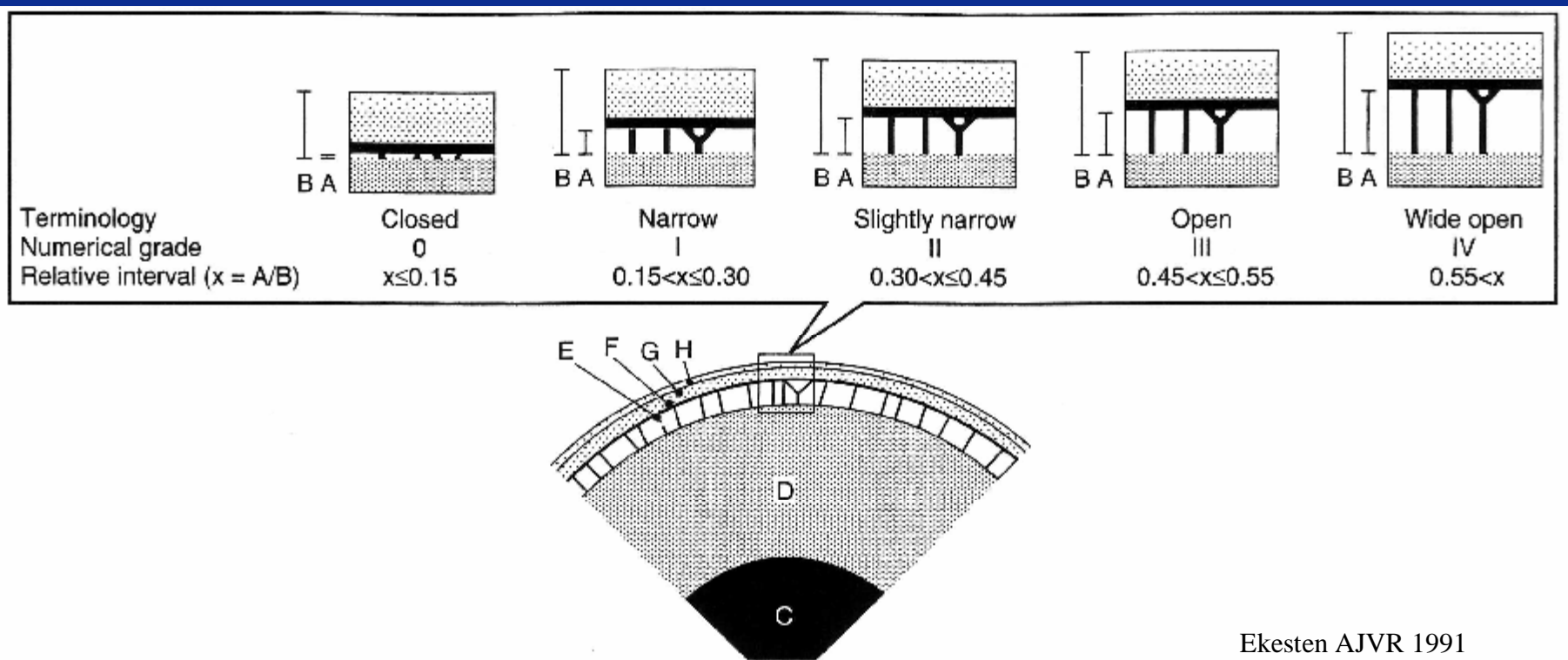


# Selecting by Angles:

Currently the only game in town



# Angle Scoring



Grade by Width and by extent of Pectinate Ligament Dysplasia

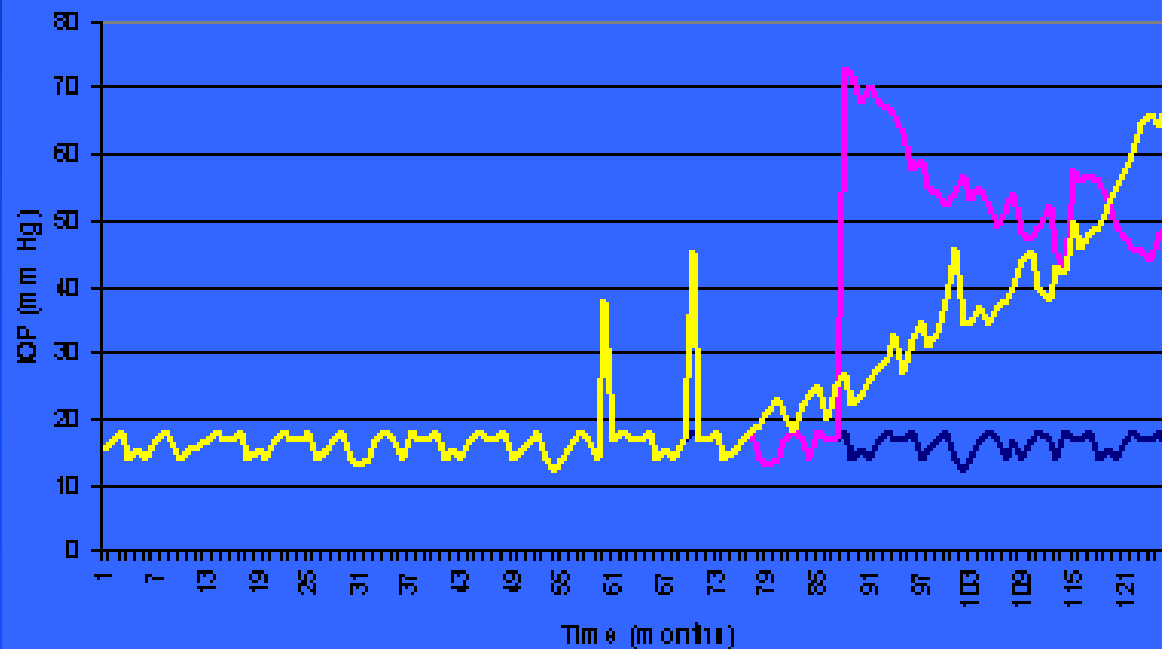
# Other scoring schemes

- % of normal
- Mild, moderate, severe
- “Good” or “Bad”



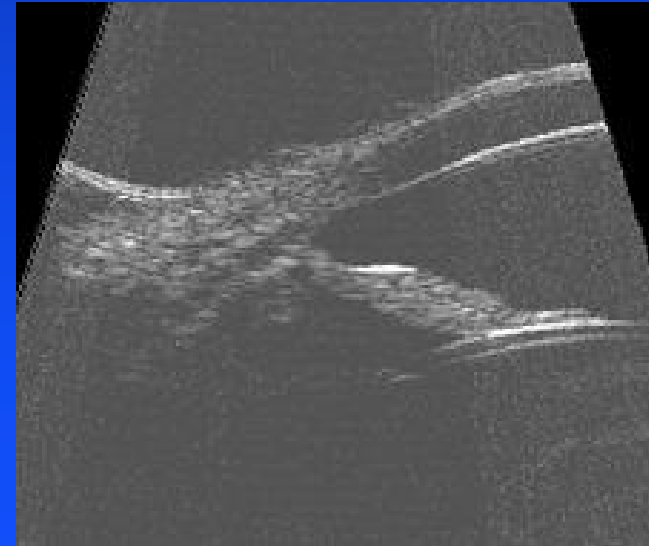
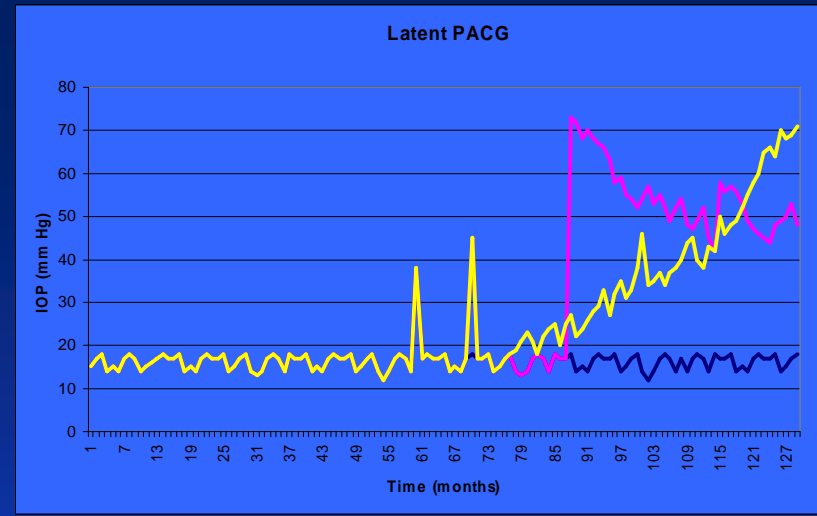
# PACG – Its not only sudden onset

- Latent - “at risk” fellow eye
- Intermittent – attacks that spontaneously resolve
- Acute congestive – sudden attacks that don’t resolve
- Post congestive – had an attack but now normal IOP
- Chronic – gradual increase
- Absolute – end stage



# Latent Form

- “Normal” fellow eye
- At high risk – 50% in 8 months
- Abnormal angle/S-shaped iris
- Cleft open initially – may close later
- Preventative drops lower risk to 50% in 30+ months

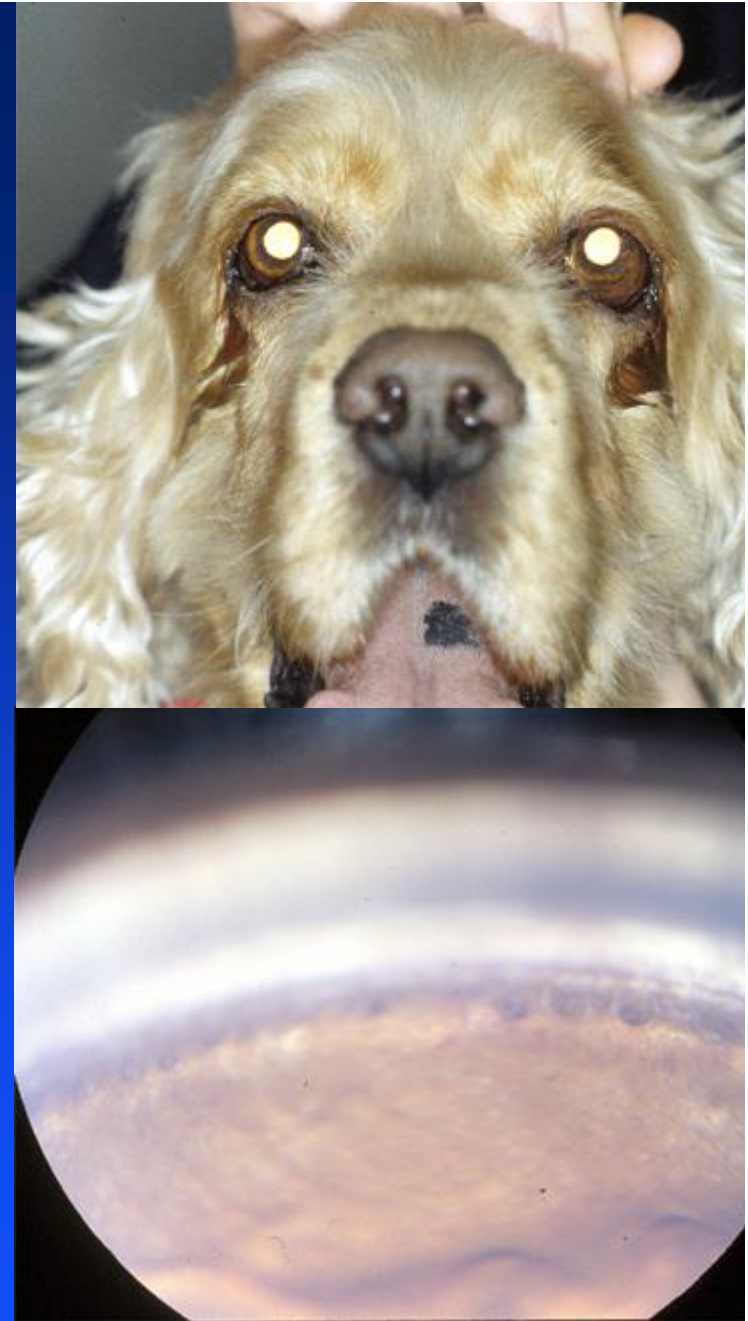


# Intermittent Form

- 8-yr-old FS Cocker Spaniel
- Vague Hx transient red eye at night or with child crying
- Has PLD both eyes

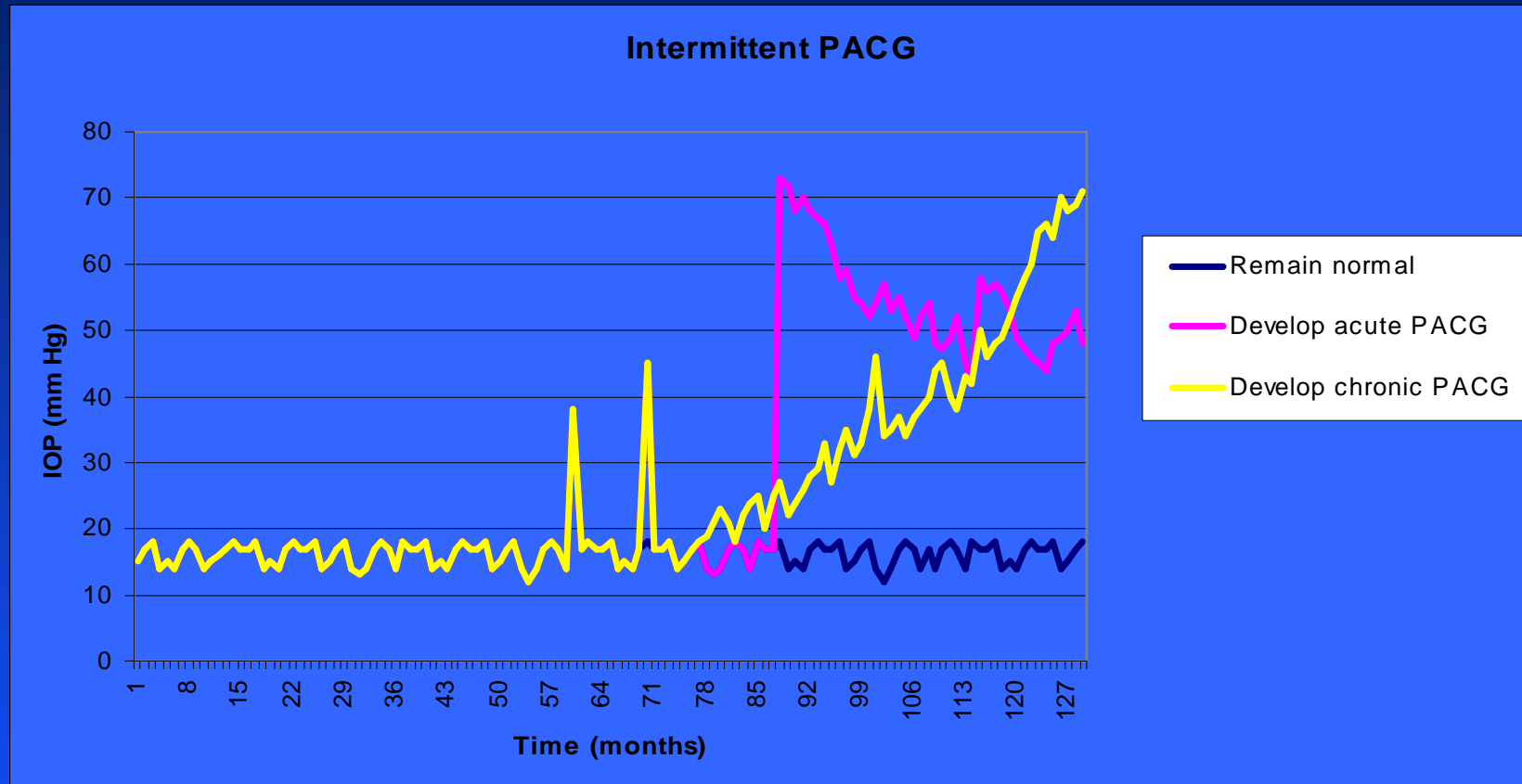
	R	L
8AM	15	17
9AM	13	21
11AM	16	23
1PM	17	41
2PM (latano)	16	12

- Cleft Closed on HRUS



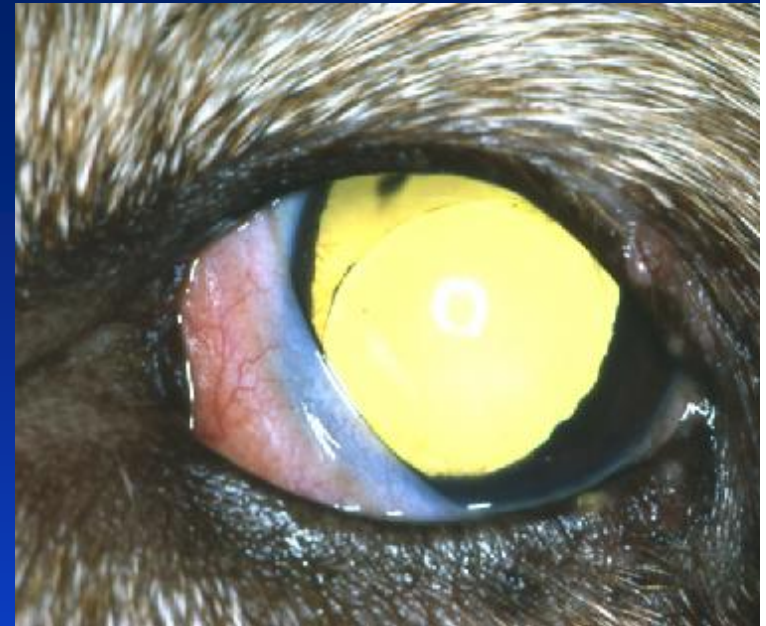
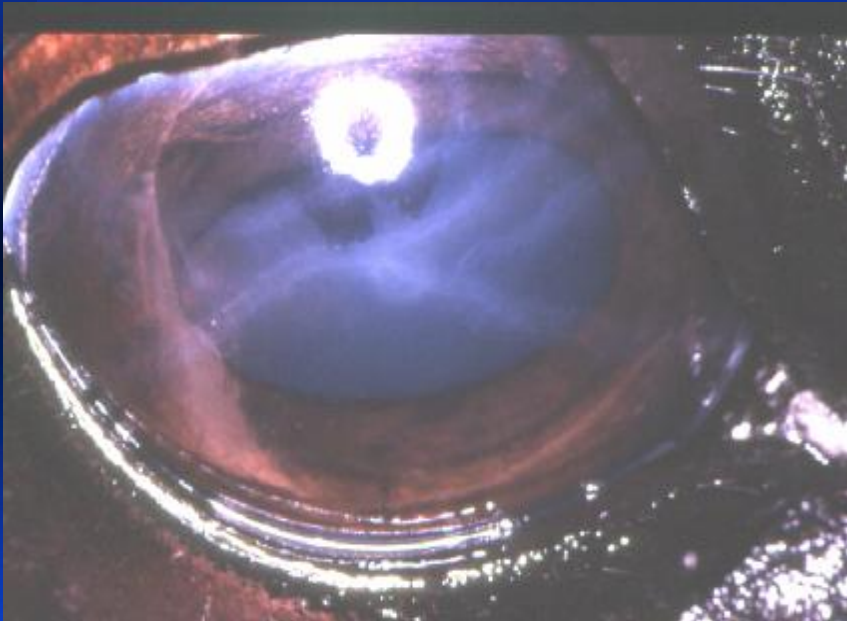


# Intermittent PACG - Course



- Remain normal – rare
- Develop acute PACG – most common
- Develop chronic PACG - occurs

# Absolute Glaucoma

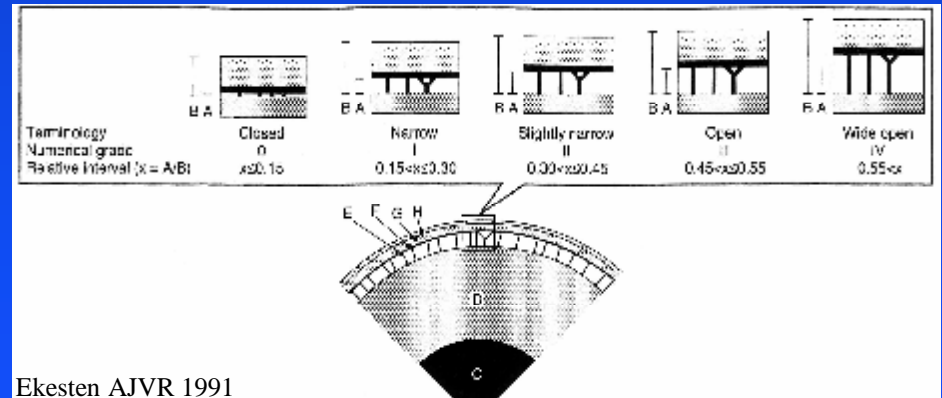
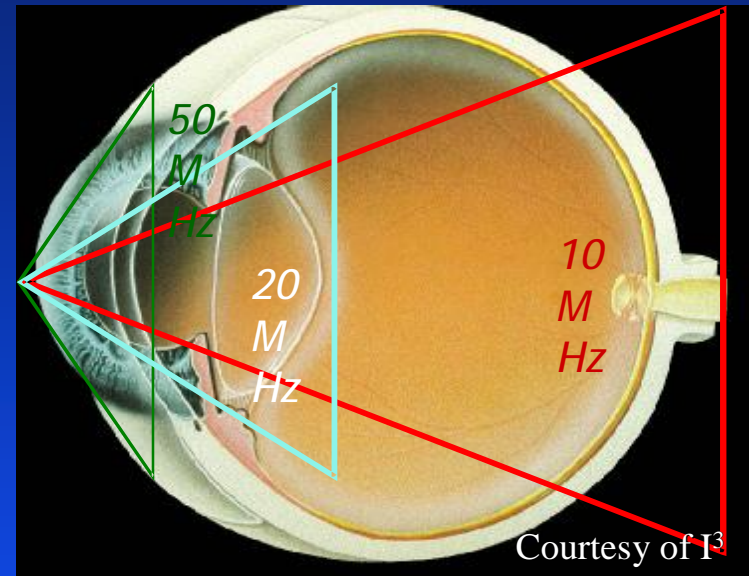


# BHF Study: Better Prediction

- PLD is common in Bouviers
- Only 1-2% with PLD develop PACG
- Therefore other factors may trigger an attack
- What are these factors?
- Can we use them to better identify “at-risk” dogs so we can target preventative therapy better and improve breeding advice?

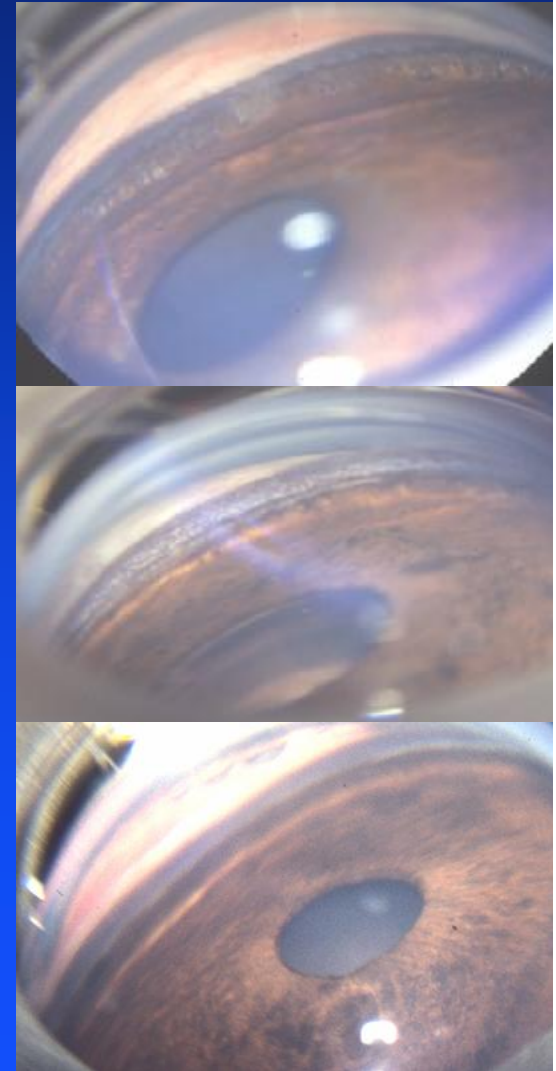
# Better Prediction

- Prospective
  - 98 “normal” eyes, 50 Bouviers
  - 2 one-eyed from PACG
  - Mean age: 63.3 mo range 10-140 months
  - 17 males, 33 females
- Slit-lamp/Indirect
- IOP pre/post-pupil dilation
- Gonioscopy
- Streak retinoscopy
- A-, B-, and 20 MHz high resolution ultrasonography (HRUS)
- Especially  $\pm 2$  sd from mean



# Prediction - Gonioscopy

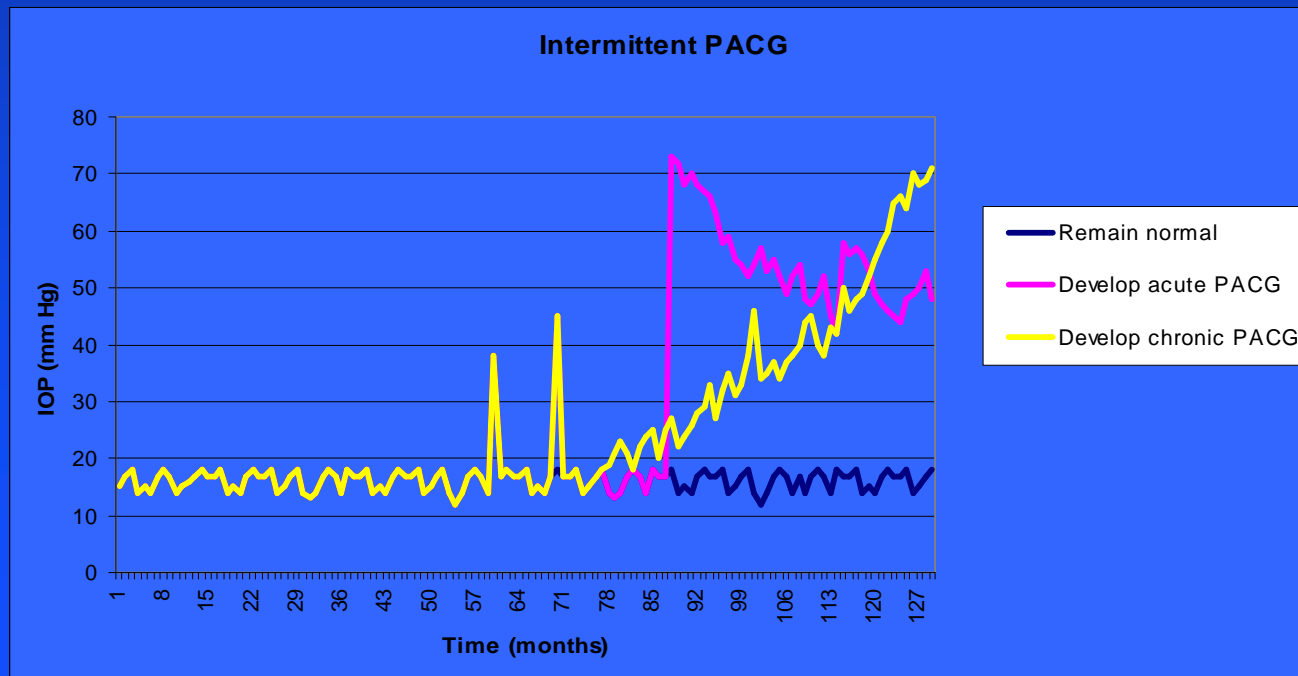
- 76% had some PLD (75% in Europe)
- Only 10% were “open” or “wide open” 360°
- Only severe PLD associated with PACG
- But few (15%) with severe PLD had PACG
- Two forms of glaucoma occur in Bouviers
  - “Typical PACG” with PLD
  - Pigment in TM/Cleft – PLD not required





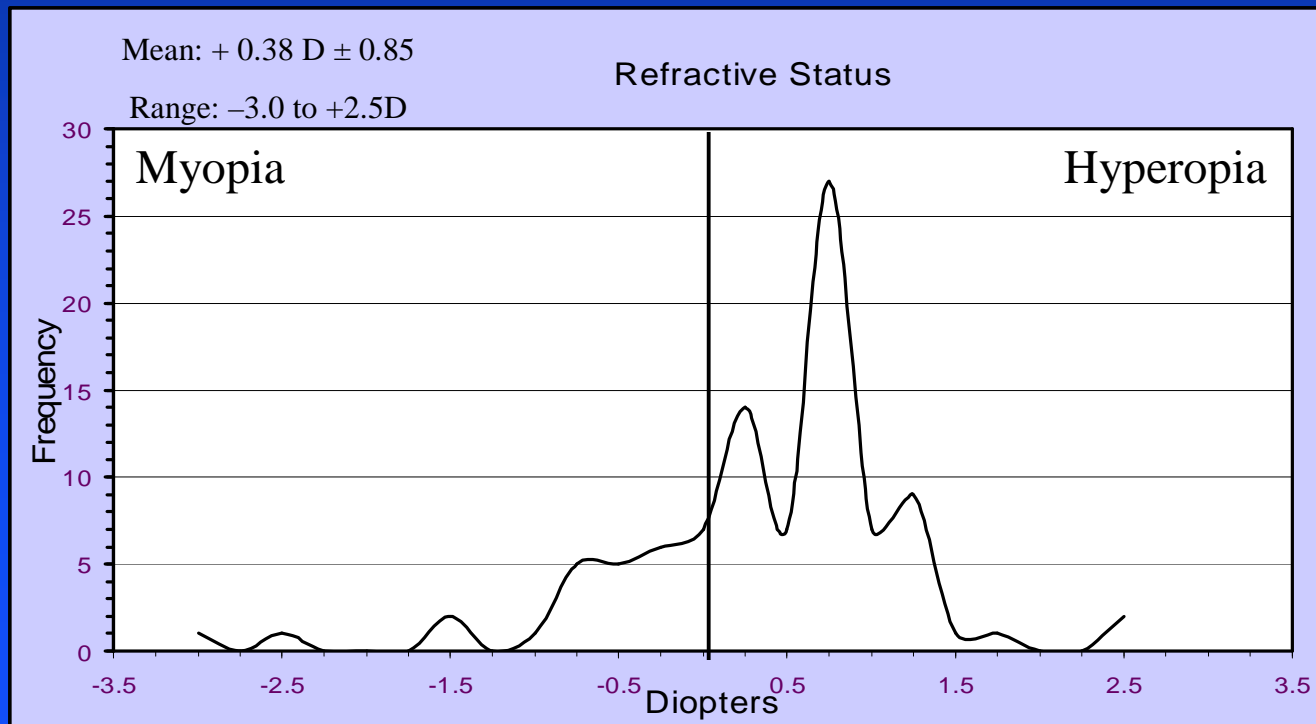
# Prediction - Tonometry

- IOP Pre/Post dilation did not identify at-risk dogs
- IOP only useful in dogs who had an attack in one eye, had a red eye, or were being treated
- Increased IOP may be one of the last events



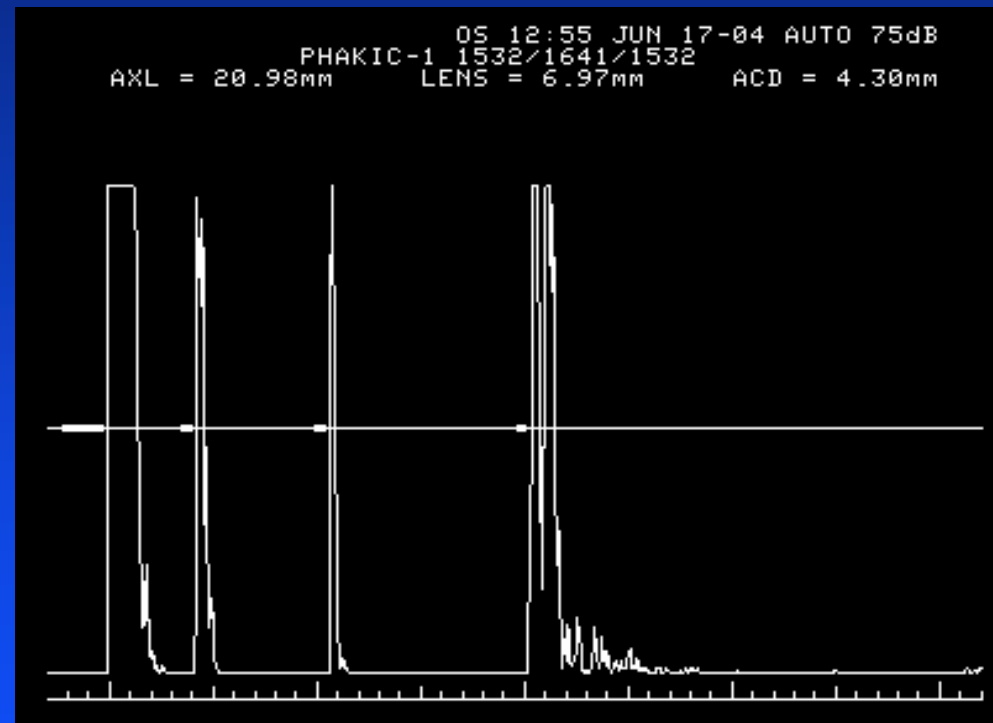
# Prediction - Retinoscopy

- Younger dogs more far sighted
- 50%  $\geq 0.5D$  far-sighted
- Every dog  $> 2$  sd had severe PLD, often closed cleft
- A shift to near-sightedness suggests intermittent spikes

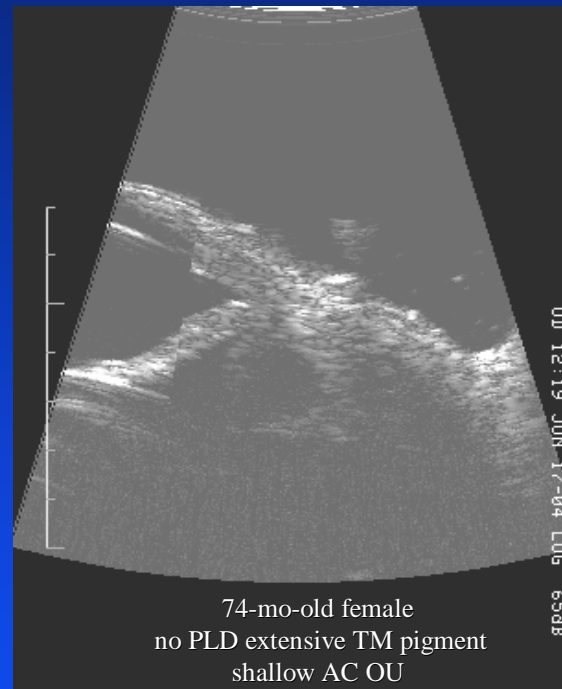


# Prediction – A-Scan

- Shallow AC associated with PACG and TM pigment
- Lens gets bigger with age
- Need more dogs to see if explains female predisp



# Prediction - HRUS



- Closed cleft associated with PACG and TM pigment
- Does closed cleft signal intermittent or impending glaucoma?

# BHF Study Summary

Refractive errors, shallow anterior chamber, long axial length, and cleft closure also occur in addition to PLD in Bouviers and these factors may also contribute to PACG



# Summary

- 1) Stress can trigger glaucoma in dogs
- 2) You might need to start to care about the ciliary cleft
- 3) Dog glaucoma is sort of like glaucoma in people
- 4) Bitches more likely to have glaucoma than dogs
- 5) Angles are not just something from geometry class

# Some Remaining Questions

- Tonometric screening in dogs? **NO**
- Is ultrasound plus gonioscopy better than gonioscopy alone?
- Can refractive errors aid in prediction?
- Provocative tests?
- Genetic testing?
- New treatment options

# Questions?

