

Sir,
Immediate argon peripheral iridoplasty (ALPI) as initial treatment phacomorphic glaucoma: a safe and cost-effective treatment?

In their study of Argon Laser Peripheral Iridoplasty (ALPI) as an initial treatment for acute phacomorphic angle closure glaucoma, Tham *et al*¹ did not mention the number of patients they excluded from their trial and the reason for exclusion. Their recruitment rate of five patients per year may not be high enough to justify the cost of round-the-clock availability of facility and operator. This issue would be pertinent in developing countries where resources are more limited.

The authors additionally noted a 50% pressure increase in one of the 10 patients sampled; their suggested explanations imply that ALPI is somewhat unpredictable in its effects. Moreover, they could only postulate on how ALPI is able to reduce IOP as eight out of 10 patients had closed angles on gonioscopy. Their conclusion that ALPI is safe appears premature. Perhaps an *in vitro* model and ultrasound biomicroscopy would shed more light on the exact mechanism of ALPI in phacomorphic glaucoma.

Reference

- 1 Tham CCY, Lai JSM, Poon ASY, Chan JCH, Lam SW, Chua JKH *et al*. Immediate argon laser peripheral iridoplasty (ALPI) as initial treatment for acute phacomorphic angle-closure (phacomorphic glaucoma) before cataract extraction: a preliminary study. *Eye* 2005; **19**: 778–783.

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Sir,
Reply to S Thyagarajan

We thank Dr Thyagarajan for his interest and comments on our paper.¹ We recruited 10 consecutive patients into the study which means that no patient was excluded during the period of study. Argon laser peripheral iridoplasty (ALPI) is an easily mastered procedure and requires the availability of an argon laser machine, which we think is widely used in most of the eye institutions. The issue may be pertinent in developing countries but our hospital is equipped with the argon laser machine mainly for the treatment of diabetic retinopathy and therefore, no extra cost is required for its use in the treatment of acute phacomorphic angle-closure.

One of our 10 patients had a 50% rise in the intraocular pressure (IOP) 15 min after ALPI. The IOP decreased gradually to below 25 mmHg in 4 h although systemic acetazolamide was given. If we consider the fact that the other nine patients had steady decrease in the IOP after ALPI, the failure of one case would not have implied an unpredictable IOP lowering effect of ALPI. Concerning the persistent angle closure in eight of our patients, we have admitted in the discussion that our study was unable to find out the exact IOP lowering mechanism of ALPI. Nevertheless, we concluded from the preliminary study that ALPI appeared to be safe and effective as the first-line treatment of acute phacomorphic angle-closure. We agree that *in vitro* study and randomized controlled clinical trial are needed to shed more light on it.

Reference

- 1 Tham CC, Lai JS, Poon AS, Chan JC, Lam SW, Chua JK *et al*. Immediate argon laser peripheral iridoplasty (ALPI) as initial treatment for acute phacomorphic angle-closure (phacomorphic glaucoma) before cataract extraction: a preliminary study. *Eye* 2005; **19**: 778–783.

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