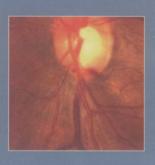
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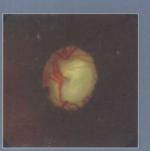
Second Edition | Volume One

GLAUCOMA

Medical Diagnosis & Therapy









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GLAUCOMA

Medical Diagnosis & Therapy

VOLUME ONE

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GLAUCOMA

First Edition Foreword

In spite of the widespread use of the internet, there seems to be a need for a book that reports on the current philosophy of glaucoma and explores the boundaries of its many subjects. The Editors, who are among the leaders in glaucoma field, have demonstrated their competence by choosing some of the best people to write the chapters for both volumes. This first volume deals with the non-surgical aspects of glaucoma. Reading some of the chapters, I was not surprised by the advances that have occurred since the last book of this kind was compiled. The chapter on the molecular biology of our genetic knowledge is a good example of the explosion of our knowledge, but we are not anywhere near the time when the genetics of the elevated intraocular pressure are known and we are guite in the dark of the genetics of the many other risk factors at play in this multifactorial disease. Quoting from the book 'It is now clear that glaucoma has wide genetic heterogeneity with no single gene accounting for all cases of any single glaucoma phenotype. In other words, alterations in different genes can lead to the same phenotype while in other cases variants in the same gene may lead to different phenotypes.' We are still far away 'from the time when it will be possible to predict at birth what ailments we are prone to and whether glaucoma is on the cards for the individual.' We are also much more aware of geographical differences in the disease and of the economic imperatives which affect many aspects of the disease. The philosophy of screening, the pathogenesis of the diseases, the role of the vascular factors, the definition of the disease and its diagnosis, the ever more sophisticated diagnostic tools available, the many types of glaucoma and their managements as well as the medical agents are all included. The recognition that there are risk factors, in addition to intraocular pressure, for the development of glaucoma and its progression have not yet fully found their way into clinical practice. We remain surprised when patients with major reduction of their IOP either continue to progress or start to progress again later in their lives. I know that under these circumstances the further reduction of the pressure in the eye is usually contemplated before considering whether there are other risk factors responsible for the progression. It is often stated, that nothing can be done about these other, non pressure, risk factors. Some of these other risk factors can be controlled or treated at present providing they are looked for and recognized. We do not have evidence-based knowledge that their control and treatment favorably affects the disease. If we channeled a fraction of our effort and resources to the entire disease, instead of channeling them almost entirely to IOP and its control, rapid progress would be made. Both of the controlled clinical trials, CNTGS and EMGT, which followed, for the first time, untreated glaucoma patients over fairly long periods of time make it clear that the course of untreated glaucoma is variable. Half of the untreated newly diagnosed patients with NTG showed no progression over a 5- to 8-year period. In the EMGT in patients with IOPs between 21 and 30 mmHg the number of untreated patients who did not progress was still 20%. It is not difficult to identify those patients in whom the disease progresses rapidly which would endanger their future visual well being. They clearly require appropriate treatment. On the other hand those in whom we can not identify current progression or find progression which is so slow as not to endanger their visual competence in their predicted life span probably require a different management. This is not currently widely practiced even though the information from the CNTGS and the EMGT have been in the public domain for quite a long time. One of my former fellows often said 'everybody writes but nobody reads'. While this is an amusing exaggeration I know that this comprehensive book will deserve to be read widely.

Stephen M Drance, OC MDVancouver

Preface

The first edition of "Glaucoma" was published 5 years ago and almost instantly found its place as a comprehensive tool for glaucoma surgeons and general ophthalmologists alike. It has been praised by our peers and has received excellent reviews. Five years on we are both thankful to our colleagues and humbled by their kind words. Never the less, we continually aspire to build on feedback received and commit to keeping current and comprehensive. It is evident that the last 5 years have seen important strides in the accumulated knowledge about glaucoma, and, in this day and age, it is imperative to keep up-to-date.

We are proud to present a second edition that is more encompassing and that expands on novel features, namely the spotlights, which make it both appealing and user friendly. In these concise cameos, not only do we aim to present the point of view of a chapter author but, whenever there is room for controversy, evidence-based counterpoints are proposed as well. We were able to draw in many experts in the field offering a podium to ponder specific points of view and challenging ideas.

As skill transfer becomes more accessible with the convenience of the Internet, a significant update of the book's video content was particularly important to our readers. We are confident that doubling the number of video clips in the second edition will be valuable.

As with the first edition, our efforts have been intelligently channelled by Russell Gabbedy, and joined, for the second edition by Alexandra Mortimer, Humayra Rahman Khan and Umarani Natarajan of Elsevier who, through a lot of time and energy, have guided and positively encouraged the whole process. We are forever in their debt.

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