



# **Pharmacological Denervation and Glaucoma: A Clinical Trial Report with Guanethidine and Adrenaline in One Eye Drop (Monographs in Ophthalmology)**

*Ph.F.J. Hoyng*

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# Pharmacological Denervation and Glaucoma: A Clinical Trial Report with Guanethidine and Adrenaline in One Eye Drop (Monographs in Ophthalmology)

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## **Pharmacological Denervation and Glaucoma: A Clinical Trial Report with Guanethidine and Adrenaline in One Eye Drop (Monographs in Ophthalmology) Ph.F.J. Hoyng**

Glaucoma simplex or open angle glaucoma is a slow, progressive illness with an insidious course which can lead to blindness. According to our contemporary state of knowledge, the illness begins with a decreased outflow of aqueous humor. This leads, sometimes after a period of decreased aqueous humor production due to a feedback mechanism, to an increase in intraocular pressure (IOP). An elevated IOP can eventually lead to optic nerve damage, which manifests itself morphologically as glaucomatous papillary excavation and functionally in the development of a visual field defect. The classic triad of elevated IOP, papillary excavation and visual field defect, on which the diagnosis of glaucoma was also based in earlier times, is then present. To this can now only be added that tonography usually shows a decrease in aqueous humor outflow and that gonioscopy must reveal an open angle. On the basis of statistical findings, Goldmann has calculated that there may be an interval of as long as 18 years between the initial increase in IOP and the development of visual field defects. This point of view (which has been confirmed in practice) that the onset of the illness can be demonstrated by measurement of the IOP has introduced a new element into the discussion around glaucoma, namely, the concept of ocular hypertension. This implies simply that there is an (statistically) elevated intraocular pressure, even though the optic nerve may not (yet) be damaged.

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