

Cataract and Glaucoma in Developing Countries

Cataract is a leading cause of blindness worldwide, with approximately half of the world's blindness caused by this condition. In India alone, approximately 8 million people are blind due to cataract, with an annual incidence of 2 million cases. Although work is proceeding to treat cataract in the form of government programmes, the backlog of people needing cataract surgery continues to increase.

Procedures for treating cataract in developing countries with large populations and few resources should be affordable with early rehabilitation and minimal complications. In this issue of *Asian Journal of Ophthalmology*, Malik et al evaluate the technique of non-phacoemulsification small incision cataract surgery with a phacoprofile non-foldable lens.¹ These authors found that the technique is feasible as a procedure of choice for a large population in a developing country.

Intraocular pressure is well recognised as a risk factor for open angle glaucoma, although it is not now thought to be the sole cause of glaucomatous optic atrophy. It is therefore necessary to assess progression of disease caused by other pathways, particularly in view of the fact that patients with glaucoma often have progression of visual field defects despite having IOPs of ≤ 21 mm Hg.

Random IOP measurement and optic disc evaluation are the mainstay of glaucoma assessment in developing countries and routine automated perimetry is not yet prevalent. However, as found by Gulati et al, random tonometry and clinical qualitative assessment of the optic disc are not sensitive means of glaucoma monitoring. These authors found that perimetry could identify progressive glaucomatous damage missed by random tonometry and suggest that automated perimetry, documentation of optic disc parameters, and tonometry be performed for follow up of all patients with glaucoma receiving long-term treatment.

1. Malik PK, Keshri PK, Pathak A, Yadhuvasani HK, Kapoor P. Cataract blindness in developing countries — procedure of choice for a large population. *Asian J Ophthalmol* 2002;4(1):9-11.
2. Gulati V, Agarwal HC, Sihota R. Monitoring glaucoma in the developing world. *Asian J Ophthalmol* 2002;4(1):3-8.

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SEAGIG 2002 — Glaucoma: Global & Southeast Asian Perspectives
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