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## **Clinical outcome and anterior segment optical coherence tomography imaging after nonpenetrating deep sclerectomy with esnoper-clip implant: 6 months follow-up**

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**Purpose:** To describe the clinical outcome and the anatomic characteristics of filtering blebs, intrascleral and suprachoroidal spaces, using anterior segment optical coherence tomography (OCT-AS), in patients who underwent nonpenetrating deep sclerectomy (NPDS) with the new Esnoper-Clip<sup>®</sup> implant.

**Methods:** A prospective study was conducted in 5 eyes (5 patients) with open angle glaucoma who underwent NPDS with Esnoper-Clip<sup>®</sup> implant. All patients were submitted to a complete ophthalmologic examination and Visante<sup>®</sup> - OCT preoperatively, then at each follow-up visit, at 1 day, 1 week, 1 month and 6 months postoperatively.

**Results:** Intraocular pressure (IOP) was significantly reduced ( $p < 0.05$ ) from a mean preoperative value of  $23.4 \pm 8.6$  mmHg ( $n = 3.8$ ;  $n =$  glaucoma medications) to a mean postoperative value of  $6.0 \pm 2.5$  ( $n = 0$ ),  $10.6 \pm 5.4$  ( $n = 0$ ),  $13 \pm 1.6$  ( $n = 0.4$ ) and  $12.4 \pm 2.1$  ( $n = 0.8$ ) at 1 day, 1 week, 1 month and 6 months respectively. Using OCT-AS the two portions of the implant and the trabeculodescemet membrane were identified. Hyporeflexive spaces were found in the bleb wall thickness and in suprascleral and supra-choroidal localizations.

**Conclusions:** Our first five NPDS with Esnoper-clip<sup>®</sup> implantation suggest an effective and well-tolerated method to reduce IOP. OCT-AS examination allows the internal anatomic analysis of the filtering blebs and of the alternative pathways of aqueous humor drainage.