

Narrow Angle and Plateau Iris Syndrome

While both a narrow angle and plateau iris can be associated with development of angle closure glaucoma, they are not synonymous with glaucoma. Rather, both a narrow angle and plateau iris are anatomic descriptions of the anterior chamber angle between the cornea and iris.

Narrow Angle

Patients with a narrow anterior chamber angle are at risk for developing both acute and chronic angle-closure glaucoma. Numerous studies have attempted to predict which patients will go on to develop glaucoma, but none have been consistently validated. Not all patients with narrow angles necessarily need treatment. However, those with intraocular pressure elevation, peripheral anterior synechiae (PAS), appositional angles, history of previous angle closure, positive family history, and/or symptoms of intermittent angle closure should be treated with a [laser iridotomy](#). Regardless of whether a patient is treated or not, all those with a narrow angle should be warned of the **signs/symptoms of an angle closure attack or intermittent angle closure, including: eye pain, eye redness, blurry vision, multi-colored halos, headache, nausea, and vomiting.**

Several systemic medications including cold and allergy medications, urological medications, and anti-depressants are associated with an increased risk of an acute angle-closure attack. Please let your ophthalmologist know if you take any of these types of medications with any regularity, as their use may influence your doctor's decision to treat you.

Plateau Iris Syndrome

The plateau iris configuration refers to an anterior chamber of normal depth centrally with a flat iris plane, but a narrow angle on gonioscopic examination. Often confused with a narrow angle secondary to pupillary block (described above), one should be suspicious of a plateau iris in younger patients with myopia in the setting of an acute angle closure attack. Although the mechanism of plateau iris is different than that of a narrow angle with pupillary block, the initial treatment with a [laser iridotomy](#) is the same; some anterior chamber angle widening may be noted, but patients with a plateau iris will have a persistent narrow angle despite patent iridotomy (hole in the iris). These patients are often discovered when an angle-closure attack occurs in the presence of a patent iridotomy. The mechanism appears to be an abnormality of the peripheral iris and anterior rotation of ciliary processes which allows occlusion of the

trabecular meshwork on dilation of the pupil. Additional treatment for patients with plateau iris may include close observation, miotic medications, laser iridoplasty, or lens/cataract extraction.