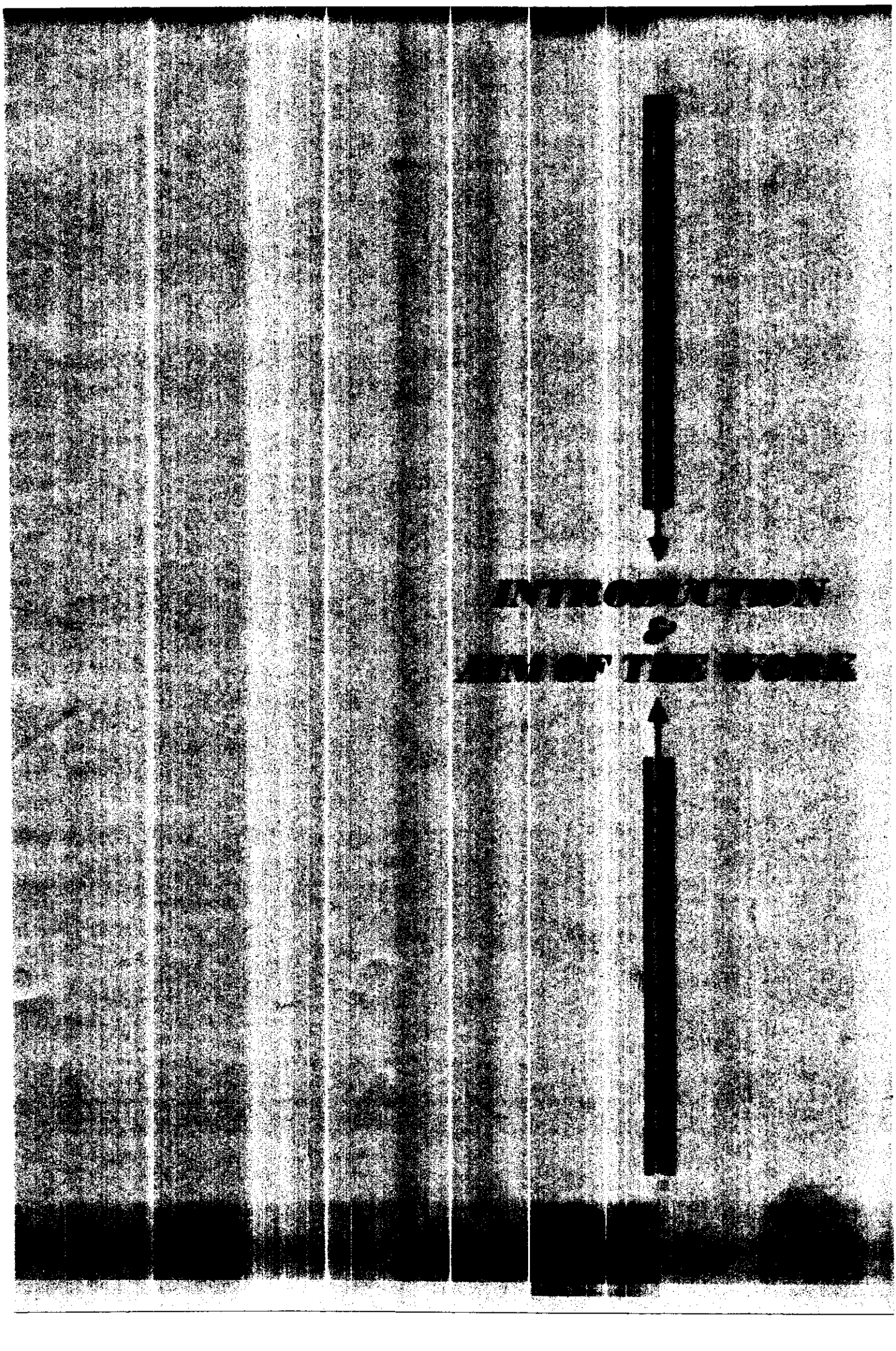

INTRODUCTION & AIM OF THE WORK

In our present state of knowledge, an unequivocal diagnosis of primary open angle glaucoma can not be made without evidence of optic nerve damage. Also the number of glaucoma suspects is at least 15 times greater than the frequency of primary open angle glaucoma *(Becker and Shaffer, 1989).*

Diagnosis of primary open angle glaucoma is principally based on elevated intraocular pressure, cupping of the optic disc and typical pattern of visual field loss. However, these three diagnostic modalities are not sharply conclusive.

The intraocular pressure is unfortunately only intermittently elevated in many glaucomatous eyes. Also, patients with elevated intraocular pressure do not necessarily have visual damage. The prevalence of ocular hypertension is at least 10 to 15 times greater than the visual field loss. In addition, visual loss and optic nerve damage can occur at normal intraocular pressure levels. Moreover, the intraocular pressure does not give any idea about the degree of optic nerve damage.

It may not be easy to recognize glaucomatous disc or differentiate it from physiological cupping in the early stages of the disease.

Field plotting is a subjective test and its reliability depends on the cooperation of the patient. Also, many of the field defects e.g. baring of the blind spot, enlargement of the blind spot and field contraction are sufficiently nonspecific.

The aim of this work is to study the optic disc fluorescence in cases of primary open angle glaucoma and correlate it with the field defects in a trial to evaluate this technique in the diagnosis and evaluation of the degree of optic nerve damage in glaucoma.