A comparative analysis of vision, intraocular pressure, complications and other phenomena after surgery showed that clear lens extraction was better than laser peripheral iridectomy in the control of intraocular pressure and does not require reoperation [7]. Therefore, clear lens extraction is more effective for the treatment of early glaucoma and is recommended as the first-line treatment. This recommendation is contrary to the 2014 European Glaucoma Guidelines [8], which indicate the following: (a) laser peripheral iridectomy can deepen the angle for patients with angle-closure combined with plateau-iris glaucoma; (b) laser peripheral iridectomy can be used as the first choice for patients with acute angle closure glaucoma combined with pupillary block factors; and (c) peripheral iridectomy can be used as the initial treatment for all patients with chronic angle closure glaucoma. The advantages of peripheral iridectomy, especially laser peripheral iridectomy, are a high level of safety and fewer complications. The research by Azuara-Blanco et al. [7] indicated that the complications from clear cataract extraction were almost greater than those from laser peripheral iridectomy. Generally, the incidence of such complications is low. However, prolapse of vitreous, macular edema, postoperative inflammation, and other complications could lead to decreased vision and psychological burden to the patients with clear lens [9]. Furthermore, the lens is known to have an important physiological role, that is, it has the accommodation function [10] in which, for objects at different distances, the lens can change its curvature to change the diopter of the eyes and enable one to see the objects clearly [11]. Artificial lenses do not have such function. When a cataract occurs, the lens will gradually lose its accommodation function. For patients with transparent lenses, the application of artificial lens is tantamount to eliminating its accommodation function.

In sum, clear lens extraction can effectively control the intraocular pressure in the long term, equivalent to opening the angle of patients with angle-closure glaucoma in the form of advanced treatment of cataract and deepening the anterior chamber. However, physicians also need to view issues from the perspective of patients and consider problems in a more humane term. For patients with early angle-closure glaucoma, laser peripheral iridectomy not only maintains the lens regulatory function but also has high operational safety, with fewer complications. Thus, early angle-closure glaucoma should continue to be treated in accordance with the provisions of the Glaucoma Guidelines.
References