

**Commentary on SOI – FEOPh European Symposium, Rome 2017.**

On Saturday December 2<sup>nd</sup> 2017, at the 97th SOI National Congress in Rome, within the **FEOPh European Symposium "MIGS in European countries"**, in the plenary hall with large audience, a Round Table entitled **"Laser therapy for glaucoma: advances, pros / cons, long-term follow-up "**, was held with the participation of experts from the five European Countries that make up the Federation (P. Brusini for Italy, J.M. Giraud for France, T. Klink for Germany, S. Trikha for Great Britain and S. Garcia-Delpech for Spain). The round table, animated and moderated by Pier Enrico Gallenga, served to take stock of the new techniques of minimally invasive microsurgery (MIGS) and laser treatments, in particular selective trabeculoplasty (SLT). This gave rise to interesting insights, useful for understanding the current situation of these new methods in Europe. The discussion pointed out that, despite the considerable interest that the various MIGS procedures are having, a brake on their diffusion, besides their effectiveness often rather modest, is represented by the non-reimbursement of these interventions in many European countries.

The presentations of the five juniors concerned the various opportunities of MIGS (L.a Zeppa jr, Italy, also with films by Marco Nardi; JR Fenolland, France) the modified canaloplasty in comparison to the trab (S. Liebezeit, Germany) and the results of the implants Xen (P. Martinez Corell, Spain and M. Abu-Bakra, UK). The implant in live surgery by L. Zeppa sr of a *C-pass* for the suprachoroidal drainage, didactically illustrated the method.

As far as SLT treatments are concerned, it is clear that this is a rapidly expanding technology, thanks above all to the ease of use, the scarcity of complications and the satisfactory results obtainable in about 75% of treated patients. The amount of reimbursement by the National Health System is quite similar in the five Countries - even if this still remains a problem - as well as the cost of the procedure carried out under a professional-free regime, but it seems to be higher in Great Britain than in other states (around 500 euros). The consensus was almost unanimous on the indications: the SLT provides the best results in relatively young patients with non-advanced open angle glaucoma, but also in subjects with ocular hypertension, before starting medical treatment with hypotonic eye drops. Garcia-Delpech recalled that sufficient pigmentation of the trabecular meshwork is necessary to obtain a good response. Brusini stressed that SLT can also be useful in pigmentary glaucoma, provided a very low power is used, and in pseudoexfoliative glaucoma, although the efficacy tends to rapidly decrease in this kind of glaucoma. It can also be used in eyes already submitted to MIGS. Finally, as regards the approach towards patients in whom glaucoma shows a progression despite maximal medical therapy, there is consensus on the need for surgical treatment. In Germany (T. Klink) and in the UK (S. Trikha) the operation of choice (*gold standard*) remains trabeculectomy, while in other Countries, also depending on the surgeon's experience, the preference is increasingly given to the non-perforating surgery. It has also been found that, more and more, there is a tendency to early removal of cataracts, possibly associated with MIGS, in patients suffering from glaucoma.

The round table attracted considerable interest and has served to take stock of indications, results and limits of SLT, whose use is certainly destined to increase in the near future throughout Europe.

The session, entirely recorded, will be available on : [www.soiweb.com](http://www.soiweb.com) - [www.feoph.org](http://www.feoph.org)

(P. Brusini)