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Clinicians improve care for glaucoma patients with UBM

August 27, 2013

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Practitioners are finding that [ultrasound biomicroscopy](#) is providing even more in-depth clinical information than optical coherence tomography when managing patients with glaucoma.

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Clinicians told Primary Care Optometry News in the [August print edition](#) that they are using the technology to visualize the ciliary body and image the macula and retinal nerve fiber layer at the cellular level.

“I use it a lot for phacomorphic glaucoma,” John A. McCall Jr., OD, said. “If a patient has a nuclear sclerotic cataract that is expanding, and the lens is expanding and closing off the angle, the patient has to be watched very closely. As the angle closes, the pressure shoots up, and the patient will fall into phacomorphic glaucoma.”

“Imaging the angle provides almost definitive assessment as to whether anatomically narrowing angle closure is occurring, whether pigmentation is appearing in the trabecular meshwork, lenticular changes inducing phakolytic glaucoma, along with other difficult-to-diagnose conditions such

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as cystic or tumor formation in the angular structures,” Randall F. Fuerst, OD, FAAO, said.

“Sometimes it’s very helpful to perform gonioscopy and assess the angle in a light-simulated situation, then do the UBM in total darkness,” J. James Thimons, OD, said.

The two procedures are reimbursable when performed on the same day, he added.

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