Newborn Primary Congenital Glaucoma

In this issue of the *Journal of Pediatric Ophthalmology & Strabismus*, the apparently distinct entity of newborn primary congenital glaucoma is described. The authors have drawn on Dr. David Walton’s vast experience in the treatment of infants with glaucoma to establish the diagnostic criteria for this perplexing entity. This disease is recognized at birth because of the associated corneal opacification. It is striking in that the bilateral diffuse corneal opacification may persist after control of intraocular pressure is achieved. The authors postulate that the corneal thickening and opacification present in these patients is secondary to increased intraocular pressure and possibly a primary endothelial cell disturbance related to a genetic abnormality. All patients studied possessed homozygous mutations of the *CYP1B1* gene. This gene is found at locus GLC3A on chromosome 2p21. The profound filtration angle anomalies found in these children correlate with the poor functional results after goniosurgery. Many of these patients require combined trabeculotomy–trabeculectomy or secondary glaucoma drainage tube surgery to achieve control of intraocular pressure.

The clinical and histopathologic images of the anterior chamber and angle presented in the article are of excellent quality and add to the superb discussion of this topic. It is nice to have the opportunity to learn about this condition in such a concise yet comprehensive format. Dr. Walton and the many excellent fellows he has trained should be complimented once again for their contributions to the scientific literature on the subject of juvenile glaucoma.

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Editor