

Research Article**Rights of Child to Effective Methods of Care: Example of the Combined Trabeculotomy-Trabeculectomy in the Treatment of Congenital Glaucoma in Dar-Es -Salaam (Tanzania)****Théra JP^{1*}, Diassana M², Théra F³, Soumah M⁴, Botti K⁵, Etté H⁶, Sow ML⁷**

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Abstract: Congenital glaucoma is a sight threatening disease. Its treatment is very challenging and is mainly surgical. Three methods mainly: trabeculectomy, goniotomy and trabeculotomy are usually performed either alone or in combination. Anyway, the legal guardians of the children suffering from this disease must participate to the surgical decision making. Nevertheless as trabeculectomy is the easier method, many surgeons perform it systematically without the informed consent of the patients' legal guardians. By so doing, they infringe the patient's right to care. As trabeculotomy either alone or in combination with trabeculectomy is a safe and effective method, patients or their legal guardians must have the opportunity to choose it.**Keywords:** Rights, Effective methods, Care, Trabeculotomy-trabeculectomy, Glaucoma.

INTRODUCTION

Congenital glaucoma is a pathology potentially blinding [1]. It is a major cause of visual handicap in children and is responsible in some series for 2.5 to 10% of all children registered blind [2, 3]. Surgery is the treatment of choice, with options including goniotomy, trabeculotomy, and trabeculectomy [4, 5]. If the first two methods give a success rate ranging from 80 to 90 %, this rate is 30 to 50% with trabeculectomy [6-8].

The trabeculectomy which is relatively easier than the two other methods is widely performed by many ophthalmologists; nevertheless, it should not be imposed on the patients.

Under the terms of article L. 1111-4 of the code of public health of France [9], "Any person takes, with the health care professional and given the information and recommendations this latter provides, the decisions concerning his health ...".

The right to health is a fundamental element of human rights. The right to enjoy the best attainable state of physical and mental health that it is possible to achieve has been laid down for the first time in the 1946 Constitution of the World Health Organization [10]. The right to health has also been recognized as a human right by the 1966 international covenant on economic, social and cultural rights [11].

The trabeculotomy combined with the trabeculectomy would give a success rate of 90 % [6].

The objective of this work was to show the link between the choice of this method and the observance of the rights of the patient.

MATERIALS AND MEETHODS

It was a retrospective study carried out in the Comprehensive community based rehabilitation Hospital in Tanzania (CCBRT) from January 1st 2010 to

December 31st 2010. 15 patients from the age range 0-12 months were included in the study. 26 eyes were involved (11 bilateral and 4 unilateral). All the patients had congenital glaucoma. The surgical technique was the combination trabeculotomy-trabeculectomy.

Alike some autors, our success of the operation was based on an intraocular pressure (IOP) after surgery < 16 mm Hg [12].

The variables studied were: age, sex, informed consent of the parents, preoperative IOP, post operative IOP.

The legal representatives have agreed to the choice of the surgical method.

The data were collected from an individual sheet of data after informed consent.

The data were analyzed with the software SPSS 12.0 Windows.

RESULTS

- Of the 15 patients, 10 were males (66.7%) and 5 were females (33.3%) , with a sex ration = 2 (the Fig. 1 illustrates the feature of congenital glaucoma)
- The age group 4-7 months accounted for 46,7, followed by the age group 0-3 months, 33,3 (Table 1)
- The preoperative IOP ranged from 22 mmHg to 39 mmHg (Table 2)
- The success rate was 92,3% (Fig. 2)
- 42,3 (11 eyes) had a post operative IOP range from 11-13 mm Hg (Table 3)

Table 1: Age distribution of the patients

Age range (month)	N	%
0-3	5	33.3
4-7	7	46.7
8-12	3	20.0
Total	15	100.0

Table 2: Preoperative IOP distribution of the eyes

IOP (mm Hg)	N	%
22-27	12	46.1
28-33	10	38.5
34-39	4	15.4
Total	26	100.0

Table 3: Post operative IOP distribution of the eyes

IOP (mmHg)	N	%
8-10	8	30.7
11-13	11	42.3
14-15	5	19.2
> 15	2	3.8
Total	26	100.0



Fig. 1: A 6- month-old female child with bilateral glaucoma

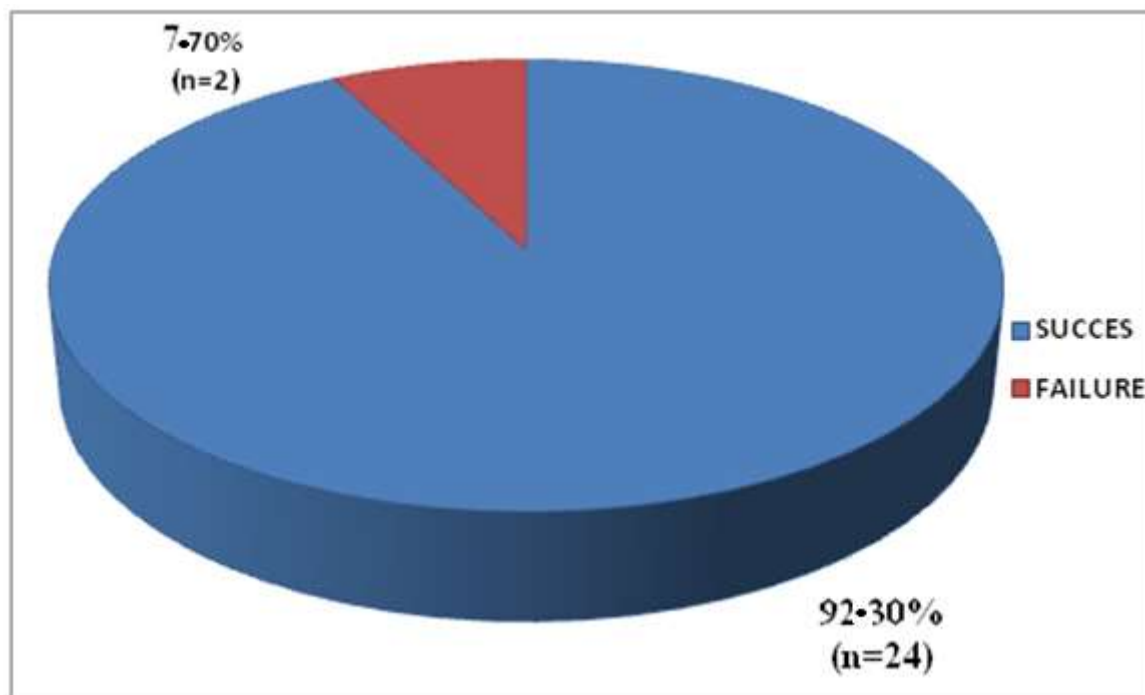


Fig. 2: Outcome of surgery

DISCUSSION

Of the 15 patients (26 eyes), 10 were males (66.7%) and 5 were females (33.3%), with a sex ratio = 2. In the study of Ehrlich [13], there were 12 males (70.6%) and 5 females (29.4%). The preoperative IOP ranged from 22 mmHg to 39 mmHg. The postoperative IOP was below 16 mmHg in 24 eyes (92.3%), in 2 eyes, the postoperative IOP was above 16 mmHg (7.7%). The success of the operation was based on an intraocular pressure (IOP) after surgery < 16 mmHg without any medication; so, the overall success rate was 92.3 %.

In the study of Bruce, the criterion for a success outcome was chosen as a postoperative IOP of 18 mmHg or less without the use of any medical treatment. After a single trabeculotomy 12 of the 14 eyes satisfied this criterion [14].

The treatment of glaucoma in children is challenging. The main goals of treatment include controlling IOP and preserving vision [13].

Combined trabeculotomy-trabeculectomy has theoretical and practical advantages, less dependent on corneal clarity than goniotomy. Thus, it is applicable to all primary surgery in congenital glaucoma [15].

Since the “Mercier judgment of 1936” of the French court of cassation, “the doctor has an obligation to provide conscientious and attentive care according to the up-to-date data of science” According to the jurisprudence the doctor must obtain the informed consent of patient at all steps of care [16]. The right to health includes access to timely, acceptable, and affordable health care of appropriate quality [10].

Making decisions when caring for children involves a delicate balancing of the child’s rights and those of the parents. The medical paternalism which allowed the doctor to decide for the patient fell in decline with the advent of the principle of autonomy. Nowadays, the principle is that the consent of patient to the diagnosis and treatment must first be obtained. However, in practice some physicians continue to impose the therapeutic method to the patients.

Our patients were all minors, therefore “incapable legally”, the consent of the legal representatives was therefore necessary to allow the achievement of the surgical procedure.

After the appropriate information, the legal representatives have accepted the surgical method.

The doctor offers the treatment to the patient; but he must not impose it on him.

Theoretically, in absence of consent from the patient, every surgical procedure could be considered a criminal offence [17].

CONCLUSION

The combination Trabeculotomy-Trabeculectomy in first intention gives satisfactory results. Its realization could reduce the number of multiple surgical procedures, thus respecting the right of patient to the integrity of the body. Given its effectiveness, opportunity should be given to patients to choose it. Anyway no therapeutic method should be imposed on the patients

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