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Comparison of Esnoper® implant with and without suprachoroidal placement in non penetrating deep sclerectomy

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Purpose: To compare the efficacy and safety of the Esnoper® implant in non penetrating deep sclerectomy with the implant placed in two different positions: under the scleral flap versus a portion of the implant introduced in the suprachoroidal space.

Methods: Retrospective analysis of 35 eyes of 32 patients who underwent non penetrating deep sclerectomy, being the implant Esnoper® placed under the scleral flap (in the scleral lake) in group A (14 eyes) and part of it in suprachoroidal space in group B (21 eyes).

Results: In group A, the IOP decreased from 19.8 ± 5.5 mmHg to 14.4 ± 3.5 mmHg and in group B from 19.2 ± 3.6 mmHg to 12.7 ± 3.2 mmHg ($p < 0.05$). The difference in the postoperative IOP between both groups was statistically non significant ($p > 0.05$). Antiglaucoma medications decreased from 2.8 ± 0.4 to 0.5 ± 0.8 in group A, and from 2.7 ± 0.5 to 0.1 ± 0.3 in group B, being this difference statistically significant ($p < 0.05$). Qualified success was found in all patients (100%) in both groups. Complete success (IOP without treatment) was achieved in 9/14 (64.3%) eyes in group A and in 19/21 (90.5%) eyes in group B. The average follow-up was 8.1 ± 4.6 months for group A and 5.2 ± 3.2 months for group B. There weren't any complication in any group.

Conclusions: The IOP-lowering effect and safety of scleral and suprachoroidal Esnoper® implant seem to be comparable, but fewer antiglaucoma medications were required with the implant partially introduced in the suprachoroidal space.