



Abstract Glaucoma or ocular hypertension can be caused by the presence of pseudoexfoliation (PEX) material and/or pigmented cells in the trabecular

progressive formation and accumulation of fibrillar deposits in various tissues and organs [2, 3]. Ocular involvement in this syndrome is manifested by the chronic accumulation of an abnormal fibrillar matrix product or a complex of glycoproteins/proteoglycans [4] on the ciliary body, the zonules [5], the anterior surface of the lens [6], the iris, the edge of the pupil, the corneal endothelium, in the irido-corneal angle (ICA), on the trabecular meshwork (TM), and in Schlemm's canal [7]. Although the physiopathology of this phenomenon is unclear, this anatomical distribution would support the hypothesis by which the origin of these microparticles is located at the level of the ciliary body. These pseudo-exfoliative particles are insoluble and follow the natural flow of aqueous humor to be finally deposited within the TM. These deposits slowly

op to prevent ocular hypertension (postoperative IOP spike) after washout.

Once merged into one water jet, we can now wash the TM and the ICA to remove the PEX material and pigment accumulation as much as possible.



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