

ICD-9-CM Coordination and Maintenance Committee Meeting  
March 22-23, 2007  
Diagnosis Agenda Errata, October 24, 2007

The following gives corrections of two errors in the March 2007 Diagnosis Agenda, which is available from: <http://www.cdc.gov/nchs/data/icd9/agendam07.pdf>.

**Topic: Migraines and other headache syndromes**

The following sentence should replace the first sentence related to migraines and other headache syndromes, which is the first sentence on page 7 of the agenda. This is intended to correct the identification of the organization submitting the request for the change, as being the American Headache Society, and not the International Headache Society.

With the publication of the “The International Classification of Headache Disorders, 2<sup>nd</sup> edition”, members of the headache classification subcommittee of the American Headache Society wished to have the concepts of the headache classification incorporated into the ICD-9-CM to allow clinicians to properly classify headache patients.

**Topic: Plateau iris syndrome**

The following paragraph should replace the previous paragraph related to plateau iris syndrome, which is the first paragraph on page 25 of the agenda. This is intended to correct the erroneous statement that plateau iris syndrome is a postoperative condition.

Plateau iris syndrome is a pre-existing anatomical situation that predisposes to acute angle closure glaucoma. It involves a large or anteriorly positioned ciliary body that alters the position of the peripheral iris, pushing it forward, against the trabecular meshwork. Some degree of pupillary block is usually present, with the edges of the iris that form the pupil pushing against the lens, obstructing the flow of aqueous humor from the posterior chamber, where it is produced by the ciliary body, to the anterior chamber, where it is taken up by the trabecular meshwork. The increased pressure in the posterior chamber relative to the anterior chamber then pushes the peripheral iris against the trabecular meshwork, leading to increased pressure (acute angle closure glaucoma). The first treatment is laser iridotomy, to create a hole in the iris that will keep the pressure in the posterior and anterior chambers equal. This keeps pupillary block from causing angle closure glaucoma. However, in plateau iris syndrome, due to the very narrow angle, there may still be spontaneous angle closure glaucoma, or it may be precipitated by dilation of the pupil. Plateau iris syndrome is an important cause of angle closure glaucoma, especially in those less than 50 years age. It may be diagnosed on slit lamp examination. However, it often may not be identified until after iridotomy, when angle closure may persist, despite a patent iridotomy. While plateau iris syndrome may be identified postoperatively, it is not a complication of iridotomy, and it is not exclusively found in the postoperative period.