Supplementary material for Low et al., "The treatment of refractory angle-closure glaucoma in a patient with X-linked juvenile retinoschisis," *Ophthalmic Genetics*, 2018.

Supplementary Table 1: Inherited retinal dystrophies that have been associated with glaucoma.

Inherited retinopathy	Mechanism of glaucoma	Papers
Familial exudative vitreoretinopathy (FEVR)	Exudative retinal detachment (retrolenticular process)	Familial exudative vitreoretinopathy associated with nonneovascular chronic angle-closure glaucoma (1).
	Open angle glaucoma	Pediatric cataract, myopic astigmatism, familial exudative vitreoretinopathy and primary open-angle glaucoma co-segregating in a family (2).
Best disease	Hyperopia with primary angle closure	Anterior segment abnormalities and angle-closure glaucoma in a family with a mutation in the BEST1 gene and Best vitelliform macular dystrophy (3). Autosomal dominant Best disease with an unusual electrooculographic light rise and risk of angle closure glaucoma: a clinical and molecular genetic study (4).
Retinitis Pigmentosa	Hyperopia with primary angle closure	Sector retinitis pigmentosa and chronic angle-closure glaucoma: a new association (5). Primary angle closure glaucoma and retinitis pigmentosa (6). A novel crumbs homolog 1 mutation in a family with retinitis pigmentosa, nanophthalmos and optic disc drusen (7). Increased risk of acute angle closure in retinitis pigmentosa: a population-based case-control study (8).

Retinitis pigmentosa	Zonular weakness, anterior lens subluxation	Retinitis pigmentosa associated with ectopia lentis and acute angle-closure glaucoma (9). Acute angle closure glaucoma secondary to a luxated lens associated with retinitis pigmentosa (10).
	Iridocorneal endothelial syndrome with peripheral anterior synechiae	Retinitis pigmentosa with concomitant essential iris atrophy and glaucoma - case report (11).

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Supplementary video commentary

The video clip shows left phacoemulsification and intraocular lens insertion under local anesthesia, in a case of refractory angle-closure glaucoma in a 39-year-old Caucasian man with X-linked retinoschisis. During cataract surgery for the treatment of angle-closure glaucoma, it is important to maintain a stable anterior chamber throughout the procedure. A small main incision was made for controlled capsulorhexis formation under viscoelastic. A good sized capsulorhexis and hydrodissection enabled the mobility of the relatively soft nuclear material. The lensectomy and IOL implantation was uncomplicated and the patient was given a stat dose of atropine 1% at the end of surgery to reduce the risk of aqueous misdirection. Following surgery, his IOP reduced to 10mmHg to 14mmHg on all follow up examinations, without any need for glaucoma drops. His iridocorneal angle remained open. His vision improved to 20/100.