Bölüm
21

HİPERTANSİF GÖZ HASTALIĞI

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GİRİŞ

Hipertansiyon tüm doku ve organları etkileme potansiyeli olan multisistemik bir hastalıktır. Kardiyovasküler komplikasyonları kadar bilinmese de oküler patolojilere de yol açabilmektedir. Biz bu bölümde hipertansiyonun oküler dokulara olan etkisinden bahsetmeye çalışacağız.

HİPERTANSİYON EPİDEMİYOLOJİ

Hipertansiyon, tüm dünyada önlenebilir ölüm nedenleri arasında ilk sıradadır (1, 2). 2010 yılında tüm dünyada yaklaşık 1.39 milyar hipertansiyon hastasının varolduğu saptanmış ve 2000 yılından bu yana hipertansiyon prevalansındaki artış %5.2'ye yükselmiştir. 2025 yılında ise 1.56 milyar hipertansiyon hastasının varolacağı öngörülmektedir (3). Bu veriler aynı zamanda toplumların gelişmişlik düzeyi ile hipertansiyon sıklığı arasındaki ilişkiyi de ortaya koymuştur. 2000-2010 yılları arasında, hipertansiyon prevalansı gelişmiş ülkelerde %2.6 azalırken, gelişmekte olan ülkelerde %7.7 artış göstermiştir. Bunun yanı sıra, gelişmekte olan ülkelerde, gelişmiş ülkelere göre üç kat daha fazla hipertansiyon hastası bulunmaktadır (1.04 milyar ve 694 milyon) (4). Bu sonuçlara göre, hipertansiyon hem gelişmiş hem de gelişmekte olan ülkelerde önem verilmesi gereken bir halk sağlığı sorunu olarak görülmektedir. Hipertansiyon, kardiyovasküler komplikasyonlar, kronik böbrek yetmezliği, oküler komplikasyonlar gibi sekonder etkileriyle iş gücü kaybı oluşturabileceğinden tüm hekimlerinin dikkatle ele alması gereken sistemik bir hastalıktır. Biz bu bölümde hipertansiyona bağlı göz hastalıklarını, tanı ve tedavilerini oftalmolojik açıdan anlatmaya çalışacağız.

Dünya Sağlık Örgütü (World Health Organization - WHO) tarafından, sistolik

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SONUÇ

Hipertansif retinopati fizyopatolojisine dair keşfedilen her bilgi, yeni tedavi stratejileri için umut olacaktır. Bildiğimiz gibi hipertansif retinopatik değişiklikler kan basıncının medikal tedavi ile kontrol altına alınmasıyla gerileyebilmekte ve bu gerileme farklı antihipertansif tedavilerle farklı oranlarda gözlenmektedir (89-91). Bu farkın sebebini henüz bilmiyoruz fakat devam etmekte olan çalışmalar gösteriyor ki retinal mikrodolaşımdaki değişiklikler hakkında ne kadar çok şey keşfedersek tedavi konusunda da hastalara o kadar faydalı olabiliriz.

Sonuç olarak; oftalmologlar primer olarak hipertansiyonu tedavi etmemektedir fakat bazı durumlarda hipertansiyon tanısını ilk koyan hekim olabilmektedir. Fundus muayenesi esnasında retinal damarları doğrudan görülebildiğinden, hipertansiyon ön tanısı konulabilir ve hastaları kan basıncı düzenlenmesi için uygun branşa yönlendirmek hayat kurtarıcı olabilir. Hipertansiyon kalıcı görme kaybı yapabilen birçok klinik durum için risk faktörüdür. Bu nedenle oftalmologlar ve dahili branşlar yakın işbirliği yaparak hastayı takip etmeli ve hem göz sağlığını hem de genel sağlık durumlarını iyileştirmeyi amaçlamalıdırlar.

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