

Bölüm 11

AKUT AÇI KAPANMASI GLOKOMU

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GİRİŞ

Glokom önemli körlük nedenlerinden biri olup, 2020 yılında dünyada, yaklaşık 80 milyon bireyin glokomdan etkileneceği; bunun da yaklaşık dörtte birini açı kapanması glokomlu bireylerin oluşturacağı tahmin edilmektedir. Yine 2020 yılında, yaklaşık 11,2 milyon bireyde glokoma bağlı bilateral körlük görüleceği; bunların da yaklaşık yarısının açı kapanması glokomuna bağlı gelişeceği öngörülmektedir. Açı kapanması glokomunun, açık açılı glokomdan en önemli farkı asemptomatik hastalık oranının tahmin edildiğinden daha yüksek olmasıdır (1).

Açı kapanması, drenaj açısının periferik iris ile kapanması ile karakterizedir. İri-dotrabeküler temas (İTT) varlığı ile tanımlanan açı kapanması, apozisyonel ya da sineşiyel olabilmektedir (2). İTT'in tanımı, loş-karanlık odada yapılan gonyoskopik muayenede, primer bakış pozisyonunda indentasyon yapmadan pigmente trabeküler ağın 180° veya daha fazla bölümünün görülememesi olarak yapılmaktadır.

Açı kapanması glokomu, primer ve sekonder olarak iki grupta incelenebilir. Primer açı kapanmasında, periferik anterior sineşi (PAS) oluşumunu tetikleyen oküler hastalık bulunmamakta; etnik farklılıklar, ileri yaş, kadın cinsiyet, kalıtsal faktörler, göze ait anatomik yatkınlıklar ve fizyolojik-farmakolojik risk faktörleri ön plana çıkmaktadır. Sekonder açı kapanmasında ise PAS oluşumunu tetikleyen oküler hastalıklar bulunabilmekte; irisi öne doğru çeken (neovasküler glokom, iridokorneal endotelyal sendrom, posterior polimorfoz distrofi, penetran veya penetran olmayan travma, üveit vb.) ve irisi arkadan iten (katarakt, lens ektopisi, afaki/psödofaki, malign glokom, arka segment tümörleri, vitreus hemorajisi, göz içi silikon/gaz/hava, uveal efüzyon vb.) kuvvetlerin etkisi görülebilmektedir

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ALPİ seçilmiş özel durumlarda örneğin GİB'nın kontrol edilemediği geç kalınmış olgularda ya da ilaçların kullanılmadığı durumlarda faydalı olabilir. Tedaviye ışık tutacak olan çalışmaların çoğu, açılı kapanması glokomuna anatomik yatkınlığı yüksek olan asyalı hastalarda yapılmıştır. Son olarak lens ekstraksiyonu hastanın yaşı, açılı kapanmasının tipi, glokomun evresi göz önünde bulundurularak hem rekürrensleri azaltmada hem de kronik evreye ilerlemeyi önlemede faydalı olabilir.

Anahtar Kelimeler: akut açılı kapanması glokomu, periferik lazer iridotomi, argon lazer periferik iridoplasti, lens ekstraksiyonu

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