

Bölüm 12

NON-ARTERİTİK ANTERİOR İSKEMİK OPTİK NÖROPATİLER

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GİRİŞ

Optik sinir başının anteriorunu besleyen kısa posterior siliyer arterlerin enfarktına bağlı gelişen non-arteritik anterior iskemik optik nöropati (NAİON), oftalmoloji pratiğinde sık görülen akut görme kaybı nedenlerinden biridir. Elli yaş üstü popülasyonda en sık görülen akut non-glokomatöz optik nöropatidir. Amerika Birleşik Devletleri (ABD)'nde 50 yaş üstünde 2.3-10.2/100 000 yıllık insidansla, her yıl 6000 yeni NAİON vakası olduğu tahmin edilmektedir (1-3).

DEMOGRAFİK ÖZELLİKLER

NAİON'un başlangıç ortalama yaşı 57-65 arasında değişmektedir. Yaş, her yıl için NAİON gelişme riskini %2 oranında arttırmaktadır. Ancak vaskülopatik risk faktörleri olan ve olmayan 40 yaş altı hastalarda da NAİON görülebilir. Olguların yaklaşık %10'unu 40 yaş altı bireyler oluşturmaktadır (4,5). Cinsiyet önceki yıllarda risk faktörü olarak kabul edilmezken son yıllardaki çalışmalar erkeklerin NAİON gelişimine daha yatkın olduğunu göstermiştir (5,6). Ischemic Optic Neuropathy Decompression Trial (IONDT) çalışma grubu verilerine göre NAİON siyahi veya hispanik bireylere kıyasla beyaz ırkta daha sıklıkla görülmektedir (7).

RİSK FAKTÖRLERİ

Sistemik Risk Faktörleri

Literatürde, başta vasküler nedenler olmak üzere pekçok sistemik risk faktörü NAİON ile ilişkilendirilmiştir. NAİON'lu hastaların %60-74'ünde en az bir vasküler risk faktörü olduğu görülürken (7,8) olguların %39-88'ine eşlik eden hiper-

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değerlendirilmeli, vaskülopatik risk faktörleri sorgulanmalı, DHA, inflamatuvar, neoplastik ve kompresif nedenler ekarte edilmelidir. Uygun yaş grubunda, tipik özellikler gösteren, diğer gözde riskli disk özelliklerini taşıyan olgularda NAİON tanısı sonrası izleme devam edilmeli, vaskülopatik risk faktörlerinin kontrolü için ilgili branşlara konsülte edilmeli, sigara kullanımının ve etyolojide rol oynayan ilaçların bırakılması, kilo kontrolü, OUA tedavisi ve egzersiz yapılması sağlanmalıdır. Bireysel yaklaşımımız, erken dönemde başvuran olgularda 3 gün 1gr IV pulse streoid tedavisini takiben 1 mg/kg oral tedavinin 2 aylık süreçte azaltılarak kesilmesi, geç atrofik dönemde başvuran olgularda ise günde 2 kez topikal Koenzim q10 0.1% ve Vitamin E TPGS (d-alpha-tocopheryl polyethylene glycol 1000 succinate) (Coqun® göz damlası; Visufarma SpA, Roma, İtalya) içeren göz damlasının ve profilaksi amaçlı oral 81 mg/gün bebe aspirininin reçetelenmesi şeklindedir. Yakın gelecek optik disk ödemi azaltan, kompartman sendromu gelişimini engelleyen ve nöromodulatuar-nöroprotektif ajanlarla retina gangliyon hücrelerini koruyan, hatta rejenere eden monoterapi veya kombinasyon tedavileri ile NAİON için umut vadetmektedir.

Anahtar Kelimeler: iskemik optik nöropati; nonarteritik iskemik optik nöropati; nöroproteksiyon,

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