Bölüm
15

OPTİK NÖRİT

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GİRİŞ

Optik nörit, genellikle 18-45 yaş aralığında genç erişkinleri etkileyen optik sinirin inflamasyonudur (1). Tipik olarak sıklıkla genç erişkin kadınlarda görülen, unilateral, spontan düzelen hafif orta derecede ağrılı görme kaybı ile karakterizedir. Optik nörit çoğunlukla idiyopatik olsa da demiyelinizan, sistemik otoimmün, enfeksiyöz, paraenfeksiyöz hastalıklar gibi bir çok heterojen etyolojiye sahiptir. Optik sinire izole bir şekilde monofazik, polifazik olabilir veya Multipl Skleroz (MS), Nöromiyelitis optika (NMO) gibi santral sinir sisteminin (SSS) demiyelinizan hastalığı ile ilişkili olabilir (1). Demiyelinizan hastalıklara benzer şekilde SLE, Sjögren, sarkoidoz gibi sistemik hastalıklar da belirti, bulgu vermeden önce izole optik nörit şeklinde görülebilmektedir. Etyolojiye göre klinik özellikler değişmektedir. Bu yüzden optik nöritin klinik özelliklerini, laboratuar, MRG, görme alanı bulgularını anlamak ayırıcı tanıya gitmek açısından çok önemlidir. Hasta akut izole optik nörit ile geldiğinde tipik tedavi 3 gün 1gr/gün IV metilprednizolon, sonrasında 11 gün 1mg/kg/gün oral prednizon şeklindedir. Başlangıçta primer tedavide oral prednizon rekürrensi artırdığı için kullanılmamalı, öncelikle IV steroid tedavisi uygulanmalıdır. Tanıya göre tedavide immünsüpresan ilaçlar eklenebilmektedir. Tedavi stratejisi açısından optik nöritin değişik tiplerinin tanınması ve tipik atipik ayrımı yapılması oldukça önemlidir, çünkü bir hastalık için kullanılan antienflamatuar ajan diğer hastalık için kullanılırsa hastalığın alevlenmesine neden olabilmektedir.

EPİDEMİYOLOJİ

Optik nörit insidansı yılda 5/100.000'dir. Ortalama başlangıç yaşı 36'dır; 18 yaşın altındaki veya 50 yaşın üzerindeki kişilerde nadir görülür (2,3,4). Hastaların %

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sıklıkla genç erişkinlerde, perinöritte ise geniş aralıktadır. MS ile ilişki değerlendirildiğinde ise; optik nörit MS gelişimi için risk faktörü iken optik perinörit MS ile ilişkilendirilmemiştir (150).

SONUÇ

Sonuç olarak, optik nöritte başvuruda; yaş, görme kayıp hızı, göz hareketleri ile ağrı olup olmadığı, sistemik hastalık sorgulamasını içeren detaylı bir anamnez alınmalı, RAPD, renkli görme, dilate fundus muayenesi yapılmalı, ilk atakta veya atipik olan olguda kontrastlı beyin, orbita, spinal MRG çekimi yapılmalıdır, ayırıcı tanı için tam kan, sedimentasyon, CRP istenmelidir. Gerekli görüldüğünde atipik durumlarda atipik optik nörit yapan hastalıklara özgü testler istenmelidir. Son dönemde NMO, MOG, paraneoplastik optik nöropati dikkat çekmektedir, bunlara özgü otoantikorlar gerekli görüldüğünde istenmelidir. Ayrıca sarkoidoz, SLE, Sjögren, Behçet hastalığı gibi sistemik hastalıklara özgü gerekli tetkikler de yapılmalıdır. Optik nöritlerde klinik spektrumu oldukça farklı hastalıklar görülmektedir. Tipik, atipik optik nörit ayrımı tanı, takip ve tedavi açısından çok önem arz etmektedir.

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