

## Bölüm 22

# TRAVMATİK OPTİK NÖROPATİ

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### GİRİŞ

Travmatik optik nöropati (TON), künt veya penetran travma sonrası optik sinirin yaralanması olarak tanımlanır. TON, klinikte görme kaybı, diskromatopsi, görme alanı defektleri ve rölatif afferent pupil defekti (RAPD) (simetrik, bilateral TON'de izlenmez) bulgularıyla kendini gösterir. TON oluşma mekanizmasına göre direkt veya indirekt olarak sınıflandırılır. İndirekt TON, kafaya ve yüze alınan travmadan kaynaklanan darbe kuvvetinin oluşturduğu enerjinin kemik yapılardan optik sinire iletilmesi yoluyla meydana gelir. Bu kuvvetler, sinirin kendisinde veya pial damarlarda hasara neden olarak semptom oluştururlar. Direk TON ise, doğrudan delici-kesici alet ile optik sinirin avülsüyon veya laserasyonları ile ya da optik kanal içinde yabancı cisim ve optik kanaldaki fraktürlerin optik siniri sıkıştırması ile mekanik basılar sonucu oluşur.

TON, klinik pratikte travmatik kafa travmasından sonra önemli bir görme kaybı nedeni olmaya devam etmektedir. Nöro-oftalmologlar TON'un tedavisi konusunda çok kısıtlı bir oranda fikir birliği içindedirler. Bugüne kadar gözlem, kortikosteroid tedavisi, optik kanalın dekompresyonu gibi çeşitli tedavi yöntemleri araştırıldı. Bu tedavi modalitelerine ek olarak çeşitli yeni nöroprotektif tedaviler önerilmiştir. Bugüne kadar yapılmış hiçbir çalışma olumlu görsel sonuçlarla ilgili olarak tek bir tedavinin üstünlüğünü kesin olarak göstermemiştir. İnsidansın düşük olması, değişken tedavi algoritmaları kortikosteroid dozaj aralıkları ve müdahale olmadan spontan iyileşme ile sonuçlanabilme ihtimali bu konuda bir fikir birliğini güçleştirmektedir.

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neğine sahip uygulanabilir RGH'ler sağlayabilir. Günümüzde, ganglion hücresi aksonlarının transplantasyona dayanamama, aksonların dolaşımını sürdürememesi ve en sonunda nakil reddi nedeniyle memelilerde bütün göz nakli başarısız olmaktadır. Bununla birlikte, soğuk kanlı omurgalılarda transplantasyon ile ilgili bazı görsel iyileşmelerin kanıtları da vardır.

## SONUÇ

Göz acilleri arasında önemli bir yaklaşım gerektiren TON yukarıda derlediğimiz birçok araştırmada ele alınmıştır. Son yıllarda yapılan çalışmaların analizleri doğrultusunda sistemik steroid uygulaması ve cerrahi dekompresyonun TON tedavisinde faydası kanıtlanmamıştır. Klinisyenler, hastalarının görsel işlevlerini en iyi şekilde nasıl geri getirebileceklerine ilişkin bireysel kararlar vermelidir. Öte yandan, optik sinir yenilenmesinin, RGH apoptozunu yavaşlatan ve aksonun yeniden büyümesini destekleyen maddelerle laboratuvar ortamlarında başarılı bir şekilde desteklendiği görülmektedir. Bununla birlikte, bu çoklu ve yeni stratejilerin klinik ortamda kullanılacak tedavilere dönüştürülmesi için hala çok çalışılması gerekmektedir.

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