

Bölüm 25

SİSTEMİK HASTALIKLARDA GÖZ BULGULARI

Çiğdem COŞKUN¹

Birçok sistemik hastalık göz ve görme sistemini etkileyebilmektedir. Göz tutulumu sistemik hastalığın başlangıcında ortaya çıkabilir, hastalığın tanısında önemli rol oynayabilir veya hastalığın seyri sırasında gelişebilir. Oftalmolog, sistemik hastalıkların oküler bulguları hakkında bilgi sahibi olmalı, tanı ve tedavi için diğer kliniklerle işbirliği içerisinde olmalıdır.

Göz tutulumu yapan sistemik hastalıklar alt başlıklar halinde incelenecektir.

1. Endokrin hastalıklar ve göz bulguları
2. Romatolojik hastalıklar ve göz bulguları
3. Dermatolojik hastalıklar ve göz bulguları
4. Hematolojik hastalıklar ve göz bulguları
5. Kardiyovasküler hastalıklar ve göz bulguları
6. Enfeksiyon hastalıkları ve göz bulguları
7. Hereditör metabolizma hastalıkları ve göz bulguları
8. Metastatik tümörler ve göz bulguları
9. Fakomatozlar ve göz bulguları
10. Sistemik ilaçların oküler komplikasyonları

ENDOKRİN HASTALIKLAR VE GÖZ BULGULARI

Diyabetes Mellitus

Diyabetes mellitus (DM), mikrovasküler ve metabolik etkilerinden dolayı göz tutulumuna neden olmaktadır. Retina, kornea, iris, lens dokularını etkileyerek çeşitli patolojilere neden olmaktadır (**Tablo 1**). DM hastalarının düzenli göz muayenesi olmaları görme kaybını önlemek açısından önemlidir.

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SONUÇ

Birçok sistemik hastalık ve bu hastalıkların tedavisi için kullanılan ilaçlar gözde patolojilere ve görme kaybına neden olabilmektedir. Göz bulguları sistemik hastalığın tanısının konulmasını kolaylaştırabilmekte, hastalığın tedavisi ile göz bulgularında düzelme görülebilmektedir. Bu hastaların düzenli oftalmolojik muayeneleri yapılmalı ve erken dönemde tedavileri başlanmalıdır. Oftalmologlar da sistemik hastalık varlığını sorgulamalı ve diğer kliniklerle işbirliği içinde hastayı değerlendirmelidir.

KAYNAKLAR

1. Klein R, Lee KE, Knudtson MD, Gangnon RE, Klein BE. Changes in visual impairment prevalence by period of diagnosis of diabetes: the Wisconsin Epidemiologic Study of Diabetic Retinopathy. *Ophthalmology*. 2009 Oct;116(10):1937-42.
2. Chew EY, Davis MD, Danis RP, Lovato JF, Perdue LH, Greven C, et al, Action to Control Cardiovascular Risk in Diabetes Eye Study Research Group. The effects of medical management on the progression of diabetic retinopathy in persons with type 2 diabetes: the Action to Control Cardiovascular Risk in Diabetes (ACCORD) Eye Study. *Ophthalmology* 2014;121(12):2443-51.
3. Fluorescein angiographic risk factors for progression of diabetic retinopathy. ETDRS report number 13. Early Treatment Diabetic Retinopathy Study Research Group. *Ophthalmology* 1991;98(5 Suppl):834-840
4. Sang Beom Han, Hee Kyung Yang, Joon Young Hyon. Influence of diabetes mellitus on anterior segment of the eye. *Clin Interv Aging*. 2019; 14: 53–63. Published online 2018 Dec 27. doi: 10.2147/CIA.S190713
5. Li L, Wan XH, Zhao GH. Meta-analysis of the risk of cataract in type 2 diabetes. *BMC Ophthalmol*. 2014 Jul 24;14:94.
6. Josephine Duvall-Young. *Emergency, Acute and Rapid Access Ophthalmology. Practical, Clinical and Managerial Aspects*,2019, Springer
7. Kaiser P.K.2014. *The Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology*.4.Edition.Elsevier Saunders
8. Fujita M, Igarashi T, Kurai T, Sakane M, Yoshino S, Takahashi H. Correlation between dry eye and rheumatoid arthritis activity. *Am J Ophthalmol*. 2005;140(5):808–813
9. Kanski JJ: *Clinical Ophthalmology*. Oxford, ButterworthHeinemann,1997: 116-123.
10. Squirrell DM, Winfield J, Amos RS. Peripheral ulcerative keratitis corneal melt and rheumatoid arthritis: a case series. *Rheumatology*. 1999; 38: (12): 1245.33.
11. Eming R, Hertl M; Autoimmune Diagnostics Working Group. Autoimmune bullous disorders. *Clin Chem Lab Med* 2006;44:144-9.
12. Riordan-Eva, P. (2018). *Vaughan Asbury's General Ophthalmology*. (19th edition): Mc Gray Hill Education
13. Kaiser K. P. (2014). *The Massachusetts Eye and Ear Infirmary Illustrated Manual of Ophthalmology*. (Fourth edition): Elsevier Saunders
14. Sharma T1, Grewal J, Gupta S, Murray PI. Ophthalmic manifestations of acute leukaemias: the ophthalmologist's role. *Eye (Lond)*. 2004 Jul;18(7):663-72.
15. Moll A, Niwald A, Gratek M, et al. Ocular complications in leukaemias and malignant lymphomas in children. *Klin Oczna* 2004;106:783-78.
16. Weisenthal R, Frayer WC, Nichols CW, et al. Bilateral ocular disease as the initial presentation of malignant lymphoma. *Br J Ophthalmol* 1988;72:248-52.
17. Buggage RR, Levy-Clarke GA, Smith JA. New corneal findings in human T-cell lymphotropic virus type 1 infection. *Am J Ophthalmol* 2001;131:309-13.

18. Furuya T, Yamabayashi S, Okuyama M, et al. A case of malignant lymphoma with various ocular manifestations. *Nippon Ganka Gakkai Zasshi* 1990;94: 231-7.
19. Dhaliwal RS, Schachat AP. Leukemias and lymphomas. In: Ryan SJ (Hrsg) *Retina*, 4. Aufl. Elsevier Mosby, Los Angeles 2006S 851-72.
20. Bloch, RS. Hematologic Disorders. (1984). In Duane TD (ed), *Clinical Ophthalmology*, Philadelphia: Harper and Row Publishers
21. Mansour AM, Salti AJ, Han DP et al. Ocular findings in aplastic anemia. *Ophthalmologica* 2000;214:399-402.
22. Cohen SB, Fletcher ME, Goldberg MF, et al. Diagnosis and management of ocular complications of sickle hemoglobinopathies: Part V. *Ophthalmic Surg* 1986;17:369-74.
23. Siqueira WC, Figueiredo MS, Cruz AA, et al. Conjunctival vessel abnormalities in sickle cell diseases: the influence of age and genotype. *Acta Ophthalmol (Copenh)* 1990;68:515-18.
24. Gartaganis S , Ismiridis K , Papageorgiou O, et al. Ocular abnormalities in patients with beta-thalassemia. *Am J Ophthalmol* 1989;108:699-703.
25. Olivieri NF , Buncic JR , Chew E , et al. Visual and auditory neurotoxicity in patients receiving subcutaneous desferrioxamine infusions. *N Engl J Med* 1986;314:869-73.
26. Bürümcek E, Mudun B, Kan hastalıklarında göz bulguları ve retina neovaskülarizasyonu. *T. Oft.Gaz* 2001;31;321-6.
27. Newman, NJ. (1998). Cerebrovascular disease. In: *Clinical Neuro-Ophthalmology* (5th Edition) Williams and Wilkins Editions
28. Digre, KB. (2002). Amaurosis fugax not so fugax. Vascular disorders of the eye. In *Practical Viewing of the Optic Disc* (pp: 269-344). USA: Butterworth Heinemann
29. Carter JE. Carotid artery and its ocular manifestations. *Ophthalmol Clin North Am* 1992, 5: 425-43.
30. Malhotra R, Gregory-Evans K. Management of ocular ischemic syndrome. *Br J Ophthalmol* 2000; 84: 1428-1431.
31. Hussain N, Jalali KS. Carotid artery disease and ocular vascular disorders. *Indian J Ophthalmol* 2001; 49: 5-14.
32. Wong TY, Mitchell P. Hypertensive retinopathy. *N Engl J Med* 2004; 351:2310 – 2317.
33. Wong TY, Klein R, Nieto FJ, Klein BE, Sharrett AR, Meuer SM, et al. Retinal microvascular abnormalities and 10-year cardiovascular mortality: a population-based case-control study. *Ophthalmology* 2003; 110:933 – 940.
34. Wang JJ, Baker ML, Hand PJ, Hankey GJ, Lindley RI, Rochtchina E, et al. Transient ischemic attack and acute ischemic stroke: associations with retinal microvascular signs. *Stroke* 2011; 42:404 – 408.
35. Downie LE, Hodgson LA, Dsylya C et al. Hypertensive retinopathy: comparing the Keith-Wagener-Barker to a simplified classification. *J Hypertens* 2013 May;31(5);960-5.
36. Kim YS, Sun HJ, Kim TH et al. Ocular manifestation of acquired Immunodeficiency Syndrome. *Korean J Ophthalmol*.2015 Aug;29(4);241-8.
37. Tsatsos M, MacGregor C, Athanasiadis I, et al. Herpes simplex virus keratitis: an update of the pathogenesis and current treatment with oral and topical antiviral agents. *Clin Exp Ophthalmol*. 2016 Dec;44(9):824-837. doi: 10.1111/ceo.12785. Epub 2016 Jul 26.
38. Cohen EJ. Management and Prevention of Herpes Zoster Ocular Disease. *Cornea*. 2015 Oct;34 Suppl 10:S3-8. doi: 10.1097/ICO.0000000000000503.
39. Bowling, B. (2016). *Kanski's Clinical Ophthalmology a Systematic Approach* (eighth edition) Elsevier
40. Poll-The BT, Mailette de Buy Wenniger-Prick LJ, Barth PG, Duran M. The eye as a window to inborn errors of metabolism. *J Inher Metab Dis*. 2003;26:229-44.
41. Arffa RC. Disorders of Carbohydrate Metabolism. In: Arffa RC, editor. *Grayson's Diseases of the Cornea*, 3rd ed. St Louis: Mosby; 1991:523-31.
42. Samiy N. Ocular features of Fabry disease: diagnosis and a treat- able life-threatening disorder. *Surv Ophthalmol*. 2008;53:416-23.

43. Arffa RC. Other disorders of metabolism. In: Arffa RC, editor. Grayson's Diseases of the Cornea, 3rd ed. St Louis: Mosby;1991:537-53.
44. Kaiser-Kupfer MI, Caruso RC, Minkler DS, Gahl WA. Long-term 29. ocular manifestations in nephropathic cystinosis. Arch Ophthalmol. 1986;104:706-11.
45. Gahl WA, Kuehl EM, Iwata F, Lindblad A, Kaiser-Kupfer MI. 30. Corneal crystals in nephropathic cystinosis: natural history and treatment with cysteamine eyedrops. Mol Genet Metab. 2000;71:100-20.
46. Poll-The BT, Malette de Buy Wenniger-Prick LJ, Barth PG, Duran M. The eye as a window to inborn errors of metabolism. J Inherit Metab Dis. 2003;26:229-44.
47. Cross HE, Jensen AD. Ocular manifestations in the Marfan syndrome and homocystinuria. Am J Ophthalmol 1997;75:405-20.
48. Dinç UA, Özdek Ş, Hasanreisioğlu B ve ark. Kalıtsal Metabolik Hastalıklarda Göz Bulguları. Turk J Ophthalmol 2011; 41: 43-8.
49. Klingele TG, Burde RM, Rappazzo et al: Paraneoplastic retinopathy. J Clin Neuro-Ophthalmol 1984;4:239
50. Shakin EP, Shields JA. (2006). Metastatik cancer to the eye and adnexa. In: Duane's Ophthalmology on CD-ROM. Vol. 5, Chapter 34.
51. Sami D, Vivian A, Taylor D. (2006). The phakomatoses. Duane's ophthalmology. Vol 5. Chapter 36.