

# 4. BÖLÜM

## DİYABETİK MAKÜLER ÖDEM

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### 1. GİRİŞ

Diyabetik maküler ödem (DMÖ), diyabet hastalarında görülen görme kaybının ana nedenidir. Makülada kan-retina bariyerinin yıkılması ile beraber plazma ve lipid sızıntısı meydana gelir. Aslında, diyabetik makülopati, maküler ödeme ilaveten daha geniş bir kavramdır ve çoğunlukla kötü prognozu olan maküler iskemi ile birlikte.

Wisconsin Epidemiyolojik Diyabetik Retinopati (DR) çalışmasında (WESDR), 25 yılda tip 1 diyabet hastalarında % 29'luk bir DMÖ insidansı bildirilmiştir. Diyabet Kontrol ve Komplikasyonlar çalışmasında (DCCT) ise, diyabet başlangıcından sonraki 9 yıl içinde tip 1 diyabetiklerin % 27'sinde DMÖ geliştiği gözlenmiştir. Başka bir WESDR çalışmasında, tip 2 diyabet hastalarında maküler ödem insidansı, insüline ihtiyaç duyanlarda % 25.4 ve insüline ihtiyaç duymayanlarda % 13.9 olarak kaydedilmiştir. Proliferatif diyabetik retinopati (PDR), 15 yıllık diyabetten sonra tip 1 diyabet hastalarında sadece % 50'sinde ve tip 2 diyabet hastalarının % 10'unda görülmüştür.

### 2. KLİNİK ÖZELLİKLER

DMÖ, DR'nin herhangi bir evresinde gelişebilir. Maküler ödem foveayı etkiliyorsa veya foveayı da tehdit ettiğinde hastalarda metamorfopsi ve görme kaybı gibi semptomlar ortaya çıkar. DMÖ'nün klinik değerlendirilmesinde maküler stereoskopik biyomikroskopi veya stereoskopik fundus görüntüsü önem arz etmektedir.

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