11. BÖLÜM

KARDİYOLOG GÖZÜYLE DİYABETİK RETİNOPATİYE YAKLAŞIM

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GİRİŞ

Diyabetik retinopati (DR), diyabetin sık görülen bir mikrovasküler komplikasyonudur. Diyabetik retinopati gelişimini önleyebilmek için öncelikli olarak risk faktörlerini değerlendirmek önemlidir. Son yıllarda yapılan çalışmalar DR varlığının inme, koroner kalp hastalığı (KKH), miyokard infarktüsü gibi bir dizi kardiyovasküler hastalık (KVH) ve KVH nedenli mortalite ile ilişkili olduğunu göstermiştir. Cheng ve arkadaşları bir, iki, üç veya dört kardiyometabolik risk faktörü ile ilişkili diyabetik retinopati prevalansını sırasıyla %16.0, %17.6, %21.3 ve %25.1 olduğunu bildirmişlerdir(P=0.001). Bu bölümde kardiyoloji pratiğinde sık görülen hipertansiyon (HT), koroner arter hastalığı (KAH) ve dislipidemi ile DR arasındaki ilişkiden bahsedilecektir.

HİPERTANSİYON VE DİYABETİK RETİNOPATİ

Diyabetik retinopati gelişimi için en önde gelen risk faktörleri uzun süreli diyabet, hiperglisemi ve HT'dir. Zayıf glisemik kontrolün yanı sıra, kan basıncının (KB), DR için önemli bir risk faktörü olduğu bilinmektedir. Hipertansiyonun, DR gelişimi ile pozitif bir ilişkisi olduğu gösterilmiştir. Bununla birlikte, DR'nin başlangıcı ve ciddiyetinde, sadece hiperglisemi ve HT ile açıklanamayacak önemli farklılıklar vardır. Yapılan bazı çalışmalar, kan şekeri ve kan basıncının kontrol altında olduğu hastalarda bile ileri evre DR geliştiğini göstermiştir. Bu durum diğer eşlik eden risk faktörlerinin de DR gelişiminde rolü olduğunu düşündürmektedir.

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