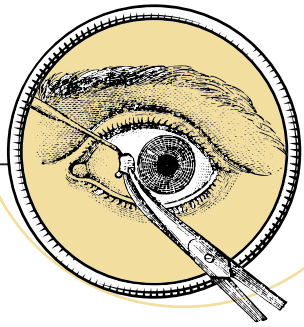
BÖLÜM 5

Ezotropyalar



Mimbay YAŞAR[1]

Giriş

Ezotropya terimi, eski Yunanca'dan dilimize ἔσω (ésō, "iç") ve τρόπος (*trópos*, "dönüş") sözcüklerinden türetilerek kavramsallaştırılmıştır. Ekzotropyalara göre daha karmaşık klinik yansımaları olan ezotropyalar komitan ve inkomitan olarak görülebilmektedir. Etiyolojideki ve klinikteki farklılıklarından dolayı ezotropyaları sınıflandırmak oldukça güçtür. Bu bölümde komitan ezotropyaları Tablo 1'de olduğu gibi inceleyeceğiz.

Tablo 1. Komitan Ezotropyalar
Akomodatif ezotropyalar
• Refraktif akomodatif ezotropyalar
• Refraktif olmayan akomodatif ezotropyalar
– Hipoakomodatif ezotropyalar
• Parsiyel akomodatif ezotropyalar
Akomodatif olmayan ezotropyalar
• İnfantil ezotropya
• Geç başlangıçlı ezotropya
– Basit
– Akut başlangıçlı
– Konverjans fazlalığı

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- İnfantil ezotropyalarda taş bebek manevrası ya da tek göze yapılan kapama sonrası abduksiyondaki düzelme fark edilebilir.
- İnfantil ezotropyalarda nistagmus varlığı ilave cerrahiler için artmış bir risk göstergesidir.
- İnfantil ezotropyalarda çoğunlukla inferior oblik kasında hiperfonksiyon görülmektedir, başlangıçta tek taraflı olabilse de sonradan bilateral görülmekte ve V patterne neden olmaktadır.
- İnfantil ezotropyalarda 40 D üzerindeki kaymalarda spontan düzelme şansı oldukça düşüktür ve 2 yaşın altında yapılan erken cerrahilerde daha iyi duysal sonuçler elde edilmektedir.
- Geç başlangıçlı ezotropyalar nörojenik hastalık kaynaklı olabileceğinden detaylı muayenin yapılması gerekmektedir.
- Mikrotropyalar rutin göz muayenesinde gözden kaçabilmektedir, tek taraflı görme azlığı olan ve altta yatan organik bir neden bulunmayan hastalarda mutlaka akılda bulundurulmalıdır.

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