

BÖLÜM 14

DİYABETES MELLİTUSUN DİYABETİK RETİNOPATİ DIŞI GÖZ ETKİLERİ



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GİRİŞ

Diyabetik retinopati diyabetin gözü en sık etkileyen komplikasyonu olsa da kuru göz, katarakt, glokom, retinal vasküler tıkanıklıklar, diyabetik papillopati, oküler kraniyal felçler de diyabetli hastaları sıklıkla etkilemektedir. Üstelik retinopati dışı göz komplikasyonları diyabetli bireylerde diğer yönlerden sağlıklı bireylere göre medikal ve cerrahi uygulamalarda farklılıklar göstermektedir. Bu nedenle diyabetik retinopati tedavisi ve takibinde diyabetin diğer oküler etkileri de göz önünde bulundurulmalıdır.

KORNEA VE OKÜLER YÜZEY

Korneal Nöropati

Korneanın duyuşal sinirleri trigeminal sinirin oftalmik bölümünün nazosiliyer dalından gelir. Sinir lifleri periferik korneadan stromaya girer ve inferior yumağı oluşturur. Daha sonra 90 derece dönüş yapar ve Bowman tabakasını delerek bazal epitel tabakası ve Bowman tabakası arasında subbazal sinir pleksusunu oluşturur. Son olarak ise epitel içine serbest sinir sonlanmalarını oluşturur. Vücudun diğer bölgelerinden farklı olarak korneal sinirler konfokal mikroskop ile görüntülenebilir.

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Sonuç olarak diyabet, diyabetik retinopati dışında retinal vasküler hastalıkları artırıyor olabilir. Bu nedenle diyabetli hastalarda kardiyovasküler risk faktörlerinin azaltılması retinal vasküler komplikasyonları önlenmesinde daha temel bir rol oynamaktadır.

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