

BÖLÜM 12

NÖROOFTALMOLOJİK OLGULARDA OPTİK DİSK ÖDEMİNE YAKLAŞIM

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GİRİŞ

Optik sinirde meydana gelen bir hasar, klinikte temel olarak görme keskinliğinde azalmaya, edinilmiş renkli görme bozukluğuna, aferent pupil defektine, optik diskin görünümünde değişikliğe ve çeşitli görme alanı defektlerine neden olur.

Optik disk (OD), optik siniri etkileyen edinsel patolojik süreçlere 2 şekilde yanıt verir; OD ödemli olabilir veya normal görünümde kalabilir. Patolojik süreç optik sinirde kalıcı hasara neden olursa, sonuçta optik atrofi gelişir ve OD soluklaşır.

Optik disk ödemi patogenezinde, lamina kribrozada aksoplazmik akım iletiminin engellenmesi rol oynar.

Optik disk ödeminin erken döneminde OD'de hiperemi, spontan venöz pulsasyon kaybı, OD'in özellikle nazal, inferior ve süperior sınırlarında silinme ve retina sinir lifi tabakasında opaklaşma görülür. Sinir liflerindeki giderek artan ödem sonucu peripapiller damarlarda silinme, OD ödemi tam olarak geliştiğinde ise intraretinal hemorajiler, sinir lifi enfarktlarına bağlı yumuşak eksudalar, makula çevresinde ya da makula nazalinde sert eksudalar ortaya çıkabilir.

Oftalmoskopik ve klinik bulgular benzer olsa da OD ödeminin etyolojisinin belirlenmesi tedavi yaklaşımı açısından oldukça önemlidir.

Bazı olgularda gelişimsel OD anomalileri, OD ödeminin taklit edebilir. Optik diskte psödoödem görünümüne neden olan bu anomaliler; en sıklıkla optik disk drusenleri, küçük kalabalık disk, tilted disk ve OD etrafındaki miyelinli sinir lifleridir (1).

Optik Disk Drusenleri

Optik disk drusenleri (ODD), optik sinir başının prelaminar bölgesinde kalsifiye hyalin madde birikintileridir (2,3).

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ve ilk iki yılda MS ataklarının sayısını azaltmak için intravenöz metilprednizolon tedavisi önerilmektedir ancak bu yaklaşım görme keskinliği açısından nihai sonucu etkilememektedir (54).

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