

## BÖLÜM 16

### DIYABETİK MAKÜLER ÖDEM VE TEDAVİSİ

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Diabetes Mellitus (DM), insülinin yetersizliğine veya dokulardaki etkisine karşı dirence bağlı oluşan, kan glukozu seviyesinin yüksekliği ile seyreden kronik metabolik bir hastalıktır. <sup>(1)</sup> DM'de artan kan glukozu seviyesine bağlı karbonhidrat, yağ ve protein metabolizmalarında bozukluklar görülür. Tüm dünyada DM prevalansının %1,5-2,5 oranında olduğu bilinmektedir. 2016 yılında diyabetli hasta sayısı 415 milyon iken, bu sayının 2040 yılında 642 milyona ulaşacağı tahmin edilmektedir. <sup>(2-3)</sup> Diyabetin vasküler komplikasyonları, makrovasküler ve mikrovasküler olmak üzere ikiye ayrılmaktadır. Mikrovasküler komplikasyonlar arasında retinopati, nefropati ve nöropati bulunmaktadır. Diyabetik retinopati (DRP) diyabetin en sık görülen mikrovasküler komplikasyonudur.

Günümüzde gelişmiş toplumlarda, çalışan yaş grubunda (24-70 yaş) görme kaybının en önemli nedeni DRP'dir. Tanıdan 15 yıl sonra diyabetik her 4 bireyin üçünde DRP görülür. Diyabetik hastalarda körlük riski diyabetik olmayan kişilere göre 25 kat daha fazladır. <sup>(4-5)</sup> DRP'ye bağlı görme azlığı diyabetik maküler ödeme (DMÖ), maküler iskemiye, proliferatif DRP'ye veya retina dekolmanına bağlı olarak ortaya çıkabilir. Günümüzde DRP'nin sınıflandırılmasında, Diyabetik Retinopati Erken Tedavi Çalışma (Early Treatment Diabetic Retinopathy Study, ETDRS) grubunun oluşturduğu Airlier-House sınıflandırması (Tablo 1'de görülmektedir) kullanılmaktadır. <sup>(6)</sup>

**Tablo 1. Diyabetik retinopatinin evrelemesi**

NPDR	PDR
Background DRP	Erken PDR
<input type="checkbox"/> Hafif NPDR	
<input type="checkbox"/> Orta NPDR	
Preproliferatif DRP	Yüksek riskli PDR
<input type="checkbox"/> Ağır (ciddi) NPDR	
<input type="checkbox"/> Şiddetli (çok ciddi) NPDR	

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