Bölüm
11

Submaküler Hemoraji

Enes UYAR[1]

1. GİRİŞ

Submaküler hemoraji (SMH) maküla bölgesinde nörosensöriyel retina ile retina pigment epiteli (RPE) arasında kan birikmesi olarak tanımlanmıştır. Bu kan altta yatan etiyolojiye göre koroidal veya retinal dolaşımdan kaynaklanabilir. SMH genellikle ani görme azlığı ve görme alanı kaybı ile belirti vermektedir. SMH, subretinal alandaki kanın retina ve görsel fonksiyonlar üzerindeki kalıcı olabilecek olumsuz etkilerinden dolayı erken müdahalenin gerekebildiği bir retina acilidir. SMH sıklığı ve yaygınlığı ile alakalı çok fazla bilgi yoktur. 2018 yılında yayınlanmış bir çalışmada yıllık insidansın İskoçya bölgesinde milyonda 5,4 (2-15/1.000.000) olduğu saptanmıştır. Net bir sınıflama olmamakla birlikte; kanama 2 disk çapından az ise küçük SMH, 2 disk çapından büyük olup temporal arkuat sınırı içerisinde kalıyorsa orta büyüklükte SMH, temporal arkuat sınırlarını aşıyor ise masif SMH denilebilmektedir. SMH biyomikroskopik fundus muayenesinde görülebilecek kadar retina elevasyonuna neden oluyorsa ya da kalınlığı 500 mikrondan daha fazlaysa kalın SMH olarak nitelendirilebilmektedir.

2. KLİNİK BULGULAR VE TANI

SMH hastalarında ani görme azlığı, merkezi skotom ve metamorfopsi ana şikayetlerdir. Fakat bazen altta yatan hastalık nedeniyle görme keskinliği çok düşükse veya SMH foveal bölgeden uzaksa hastalar yeni gelişen bir hemorajiyi fark edemeyebilir.

SMH fundus muayenesinde açık kırmızı renkten siyaha yakın koyu kırmızı hatta yeşil renge kadar değişen görünümlere sahip olabilir (Resim 1). Hemoraji-

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landığı prospektif randomize kontrollü çalışmalara ihtiyaç vardır.

Neticede ciddi görme azlığı yapması ve erken müdahalenin gerekli olması, SMH'yı önemli bir retina acili yapmaktadır.

8. ÖNEMLİ NOKTALAR

- SMH'nin en sık nedeni YBMD'dir. Fakat özellikle Asya toplumlarında ayırıcı tanı ve tedavide PKV de akılda tutulmalıdır.
- Tedavide ilk seçenek, hastanın kliniğine göre d-PA kullanılarak veya kullanılmadan intravitreal gaz tamponadı ile pnömotik yer değiştirme yöntemi olabilir.
- Özellikle kalın ve geniş SMH'de vitrektomi ile kanın daha başarılı olarak foveadan uzaklaştırılması sağlanarak belirgin GK artışı sağlanabilir.
- YBMD'ye bağlı SMH'de ilk tedavi ve takipler esnasında antiVEGF tedavisinin dikkatle uygulanması GK artışı, hastalığın kötüye gidişi ve tekrar kanamaların engellenmesi açısından önemlidir.
- Tedavi başarısını etkileyen en önemli faktörler; hastanın kanamadan önceki GK düzeyi, RPE ve fotoreseptör hasarı olup olmaması ile SMH'nin erken tespit ve erken tedavisidir.

9. KAYNAKLAR

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