Bölüm
14

Optik Nöropatiler

Erdoğan Yaşar[1]

GİRİŞ

Optik sinir, retina ganglion hücrelerinin aksonlarından oluşmakta olup tek gözde yaklaşık 1-1.2 milyon akson bulunmaktadır. Her iki gözden çıkan optik sinirler, optik kiazma bölgesinde birleşirler. Optik sinir aynı zamanda ikinci kraniyel sinir olarak da bilinmektedir. Görme uyarısının sinirsel iletisi yanında ışık refleksinin afferent liflerini de taşımaktadır. Aynı zamanda beynin bir uzantısı olduğu için beyni ve medulla spinalis saran meninks zarları içten dışa doğru pia mater, araknoid mater ve dura mater olmak üzere optik siniri de sarmaktadır. Dura mater orbita içinde 2 bölüme ayrılmakta olup yapraklardan biri orbitayı döşemekte diğeri ise sklera ile kaynaşmaktadır.Araknoid zarı altındaki boşlukta beyin omirilik sıvısı bulunmakta olup kafa içi basıncının arttığı durumlarda papil ödem görünümüne neden olmaktadır. Schwann kılıfı ile sarılı olmadığı için rejenerasyon yeteneği olmayan optik sinir ciddi hasarlarında geri dönüşümsüz görme kaybı gelişebilmektedir. Retina gangliyon hücrelerinden oluşan optik sinir kiazma, optik traktuslar, korpus geniculatum laterale ve daha sonra optik radyasyon aracılığı ile Brodman 17 no'lu alan olarak adlandırılan medial oksipital loptaki kalkarin kortekse ulaşmaktadır. Görme korteksinin beslenmesi medial ve posterior serebral damarlar aracılığı ile olmaktadır.

Optik sinirin beslenmesinde, internal karotis arterin ilk major dalı olan oftalmik arter; optik kanal içinde , optik sinirin inferiorunda ve sinirden dura kılıfı ile ayrılmış olarak seyrederek optik sinirin büyük bölümünün beslenmesini gerçekleştir. Orbita içinde, oftalmik arter, pial damarları ve 2 yada 3 posterior siliyer arter dallarını verdikten sonra santral retinal arter olarak devam etmektedir. Santral retinal arter, globun yaklaşık 8-12 mm posteriorunda optik sinir içine girerek sinir içinde seyreder.

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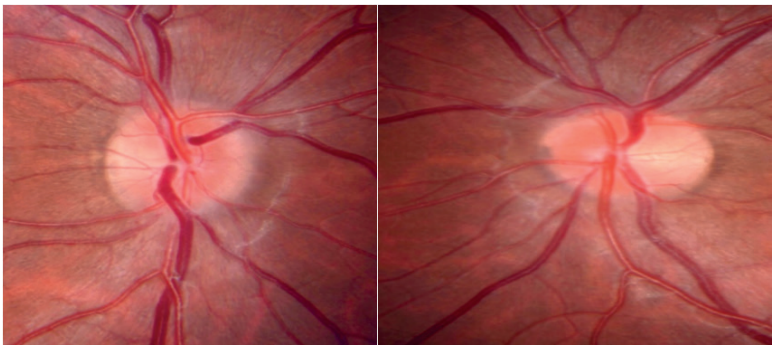

Resim 7a, 7b: Sağ gözde daha fazla olmak üzere bilateral papil ödemi olan Psödotümör Serebri olgusunun fundus fotoğrafları

Papilödem tespit edilir edilmez mutlaka psödo papilödem ödem ayırıcı tanısı yapıldıktan sonra acil nörolojik konsültasyon istenmelidir. Başağrısı, bulantı,kusma,çınlama ve bilateral 6. kraniyal sinire bası sonucu horizontal diplopi eşlik edebilen ek sistemik bulgulardır. Papilödem her iki gözde de olup görme keskinliği ve ışık refleksi optik atrofi oluşuncaya kadar normal olarak saptanır.Optik nörit olan papillitden farklı olarak göz hareketleri ile ağrı yoktur. Tedavisi etiyolojisine yönelik olup eğer optik atrofi gelişmeden önce başlanırsa genellikle prognoz iyidir.Ayrıca optik sinir fenestrasyonu ve şant cerrahisi seçilmiş vakalarda fayda sağlayabilmektedir.

Anahtar Kelimeler: İskemik optik nöropati, toksik-nütrisyonel optik nöropati, travmatik optik nöropati, kompresif-infiltratif optik nöropati, papil ödem

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