BÖLÜM 29

TİROİD OFTALMOPATİSİ

Ezgi KARATAŞ[1]

GENEL BİLGİLER

Tiroid göz hastalığı orbita yağ dokusunu, ekstraoküler kasları ve lakrimal bezi etkileyen otoimmün inflamatuar bir hastalıktır. Bu dokularda glikozaminoglikan birikimi ve ikincil ödem olabilmekle beraber bazı olgularda anormal kollajen üretimine sekonder fibrozis de izlenebilmektedir (1). Çoğu hastada göz kapak retraksiyonu, proptozis ve korneada eksposure olabilir iken olguların üçte birinde ekstraoküler kaslarda ciddi tutulum ve hareketlerinde kısıtlılık, yumuşak doku ödemi ve kompresif optik nöropati gibi ciddi klinik bulgular da olabilmektedir. Bu klinikteki varyasyon hastalığın ciddiyeti olarak sınıflandırılır.

Tiroid göz hastalıkları klinik olarak bifazik eğilime sahiptir. Bu eğilimde yaklaşık olarak 18 aya varan aktif faz ve onu takip eden inaktif faz mevcuttur (**Şekil 1**).

Tiroid göz hastalığı çoğunlukla kendini sınırlayan bir klinik olmasına rağmen hayat kalitesinde en az diyabetes mellitus veya kronik obstrüktif akciğer hastalığı kadar bozulmaya yol açmaktadır (2).

Tiroid göz hastalığı insidansı kadınlarda 14/100.000 kadar olup erkeklerde bu oran beşte biri kadardır (3). Tüm yaşlarda ve cinsiyette görülebilen bu hastalık ikinci ve altıncı dekatta daha sık görülür (4).

Tiroid oftalmopati yaklaşık %90 oranında Graves hastalığı ile ve %3 oranında Hashimoto tiroiditi ile ilişkilidir. Antikorlar TSH reseptörünü veya IGF1 reseptörünü hedef olarak tiroid bezinde, orbital fibroblastlarda ve ciltte etki gösterir (3). Otoimmün tiroid hastalarının %25-50'sinde göz tutulumu beklenmektedir ve bu hastaların üçte birinde ciddi göz komplikasyonları olabilmektedir (5).

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Sonuç olarak tiroid oftalmopatisinde kapak retraksiyonu tedavisinde çeşitli cerrahi ve cerrahi dışı seçenekler olmakla beraber tedavi seçimi hastaya, beklentiye ve hastalığın aktivasyonuna göre değişkenlik göstermektedir.

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