# Bölüm 11

# PEDİATRİK ÜVEİTLER

**Burak ÖREN**[1]

## GİRİŞ

Kökeni Latince "uva" kelimesinden gelen "uvea" terimi, gözün üzüm benzeri görünüme sahip, kırmızımsı mavi renkte olan orta tabakasını ifade eder. Üveit, anatomik olarak iris, siliyer cisim ve koroidden oluşan bu tabakanın inflamasyonudur. Üveit pediatrik popülasyonda nadir görülür ve yetişkin üveitinden genellikle asemptomatik olmasıyla ayrılır; ancak kronikleşebilir ve oküler yapılarda hasara neden olabilir. Küçük çocuklarla iletişim ve muayene güçlükleri gibi birçok nedenden dolayı tanı gecikebilir (1). Pediatrik hastalarda üveit ile birlikte katarakt, glokom ve ambliyopi gelişebilir. Ayrıca üveit tedavisi sonucu büyüme ve gelişme geriliği gibi yan etkiler de çocuğu etkileyebilmekte ve çocuğun ailesine yük oluşturabilmektedir (2).

Uluslararası Üveit Çalışma Grubu (UÜÇG) ve Üveit Adlandırmasının Standardizasyonu (ÜAS) kriterleri, oftalmologların araştırmalarına ve klinik amaçlarla üveiti sınıflandırmasına olanak tanır (3,4). Bu kriterler hastalığın anatomik yerini, başlangıcını, süresini ve seyrini tanımlar ayrıca üveitli çocuklarda hastalık aktivitesinin izlenmesine yardımcı olur.

## EPİDEMİYOLOJİ VE DEMOGRAFİK ÖZELLİKLER

Çocukluk çağı üveiti tüm üveit türlerinin %5-10›unu oluşturur (5). Çocukluk çağı üveitinin tahmini insidansı 100.000›de 4,3 olup prevalansı 100.000›de 27,9›dur (6,7).Ancak hastalığın görülme sıklığı ve prevalansı farklı ülke ve toplumlarda farklılık göstermektedir. İngiltere'de pediatrik üveitin yıllık insidansı 100.000 çocuk başına 5 yeni vakadır (8). Finlandiya nüfusu üzerinde yapılan bir çalışmada, yıllık insidans ve prevalans sırasıyla 100.000'de 4 ve 100.000'de 28›dir (7). Pediatrik üveitin diğer otoimmün durumlara benzer şekilde kızlarda daha yaygın olduğu bulunmuştur (9). Smith ve ark. (10) üveitli 527 çocuktan oluşan

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ve çocuğun ailesine yük oluşturabilecek yan etkileri de bulunmaktadır. Zamanında tanı ve uygun tedavi başarının anahtarıdır.

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