BÖLÜM

# 12

# GÖZ HASTALIKLARI FARMAKOLOJİSİ

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İnsan gözü birçok embriyolojik kökene sahiptir: lens ektodermden, retina ve optik sinir ön beyinden, aksesuar yapılar mezenşimden kaynaklanır. Gözün, özellikli bir duyusal organ olarak benzersizliği görme işlevidir. Bununla birlikte göz, kardiyovasküler, nöronal ve diğer sistemlerin küçük bir örneğidir. Nispeten küçük olmasına rağmen, göz aşırı derecede karmaşık bir organdır. Gözün ebatları da önemlidir, çünkü miyopi veya konjenital glokomda olduğu gibi daha büyük bir göz, görme fonksiyonunu azaltabilir ve hastayı körlük veya retina dekolmanı gibi risklerle karşılaştırabilir.

Kornea ve lens arasındaki ve lens ile retina arasındaki sıvı, düzgün bir görüntü elde etmek için saydam olmalıdır. Normalde kornea ve lensin kan damarları yoktur, besinler etraflarında dolaşan hava ve sıvı yoluyla temin edilir. Göze giden kan akımı karmaşıktır: hem oftalmik arter hem de koroidal pleksus tarafından kan akımı sağlanır. Özellikle koroid, vücuttaki en vasküler alanlardan biridir ve birim alana düşen kan akımı çok yüksektir. Oftalmik arter içindeki kan akışının düzenlenmesi karmaşıktır, çünkü sadece sistemik kan basıncına değil, aynı zamanda kan damarlarını daraltabilecek ve akışı engelleyebilecek göz içi basıncına da (GİB) bağlıdır.

Retina, hem gündüz hem gece yüksek çözünürlüklü görüş için, hem de renkli görme için fazlaca hücre yapısına sahiptir. Diğer omurgalılarda olduğu gibi, insan retinalarının çoğunluğu düşük çözünürlüklü siyah-beyaz çevresel görüşe sahiptir. Sadece küçük bir santral alan okuma gibi aktif görevlerle uğraşır.

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nin klinik kullanım endikasyonları antikolinerjik ilaçlar gibidir. Midriyazise ikincil dar açılı hastada AKG'nu tetikleyebilir. İris dilatatör kasının kontraksiyonu pigment granüllerinin ön kamaraya dağılmasına yol açabilir. Gözde ağrı, korneada bulanıklık ve kaş ağrısı yapabilir. Nadiren sistemik toksisiteye yol açacak kadar absorbe olur, kardiyovasküler yan etkiler (hipertansiyon, ventriküler aritmi, kardiyak arrest gibi) önemlidir. Diğer yan etkiler terleme, solukluk, titreme, ajitasyon ve konfüzyondur.

| **Muskarinik Antagonistler - Midriyazis ve Siklopleji** | | | **Midriyasiz** | **Siklopeji** |
|---|---|---|---|---|
| **Jenerik İsmi** | **Marka İsmi** | **Solusyonun konsantrasyonu (%)** | **Maksimum etki (dakika) / Düzelme (gün)** | **Maksimum etki (dakika) / Düzeltme (gün)** |
| Atropin | Generic Only | 0.5, 1 | 30-40 / 7-12 | 60-180 / 6-12 |
| Siklopentolat | AK-Pentolate, Cyclogyl | 0.5, 1, 2 | 30-60 / 1 | 25-76 / 0.25-1 |
| Homatropin | Isopto Homatropine | 2, 5 | 40-60 / 1-3 | 30-60 / 1-3 |
| Skopolamin | Isopto Hyoscine | 0.25 | 20-30 / 1-3 | 30-60 / 3-7 |
| Tropikamid | Tropicacyl, Opticyl, Mydriacyl | 0.5, 1 | 20-40 / 0.25 | 20-35 / <0.25 |

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