10. BÖLÜM ÜVEİTİ TAKLİT EDEN SENDROMLAR

Tuğba GENÇAĞA ATAKAN [1]

İntraokuler hücrelerin sebebinin immun aracılı olmadığı durumlar üveiti taklit eden sendromlar olarak tanımlanır. Neoplastik ya da non-neoplastik olarak sınıflandırılabilen pek çok etken bu duruma neden olabilir.

Klinik pratikte üveit tanısı konan kişilerde intraoküler hücreler pek çok nedenden kaynaklanabileceği için tanı her zaman kolaylıkla ortaya konulamayabilir. Oysa intraokuler hücreler, sistemik bir hastalığın erken teşhisi için bir ipucu olabilir. Özellikle bu durum erken tanı ve tedavinin hayati olduğu malignite hastaları için çok önemlidir. Bu nedenle özellikle tedaviye cevap alınamayan üveit hastalarında neoplastik nedenler mutlaka akla getirilmesi gereken bir konudur.

Üveiti taklit eden neoplastik durumlar arasında; primer vitreoretinal lenfoma, iris ve silier cisim tümörleri, langerhans hücreli histiyositozis, lösemi, iris stromal kist rüptürü, melanomlar, koroid metastazı, retinal metastazlar, paraneoplastik sendromlar, retinoblastoma sayılabilir.

Non-neoplastik durumlar ise; korneal epitel defektleri, açı kapanması glokomu, pigment dispersiyon sendromu, göz içi yabancı cisim, İlaç ve aşının neden olduğu üveit, vitreus kanaması, asteroid hyalosis, retinitis pigmentoza, kolesterolozis bulbi, oküler iskemik sendrom, santral seröz korioretinopati, panüveitler, sklerit, yırtıklı retina dekolmanı olarak sıralanabilir.

ÜVEİTİ TAKLİT EDEN NEOPLASTİK DURUMLAR

İntraokuler Lenfoma

İntraoküler lenfomalar primer vitreoretinal lenfoma veya sistemik lenfomaya sekonder (metastatik) olabilir.

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Kortikosteroid ve sikloplejik ile lokal tedavi, neovaskülarizasyon var ise panretinal fotokoagülasyon yapılır. Karotis arter endarterektomi veya stent uygulanması gerekebilir.

YIRTIKLI RETİNA DEKOLMANI

Yırtıklı retina dekolmanı, retinadaki bir yırtık sonucu subretinal sıvı birikimi ile sensöryel retinanın retina pigment epitelinden ayrışmasıdır. Subretinal alandaki sıvı birikimi inflamatuar cevabı uyararak vaskuler geçigenliğin artmasına, ön kamara ve vitreusta protein ve hücre oluşumuna neden olabilir. Detaylı bir anamnez ve klinik muayene ile ayırt edilebilmesine rağmen yoğun inflamasyon bulguları üveiti taklit ederek dekolmanın kendisini maskeleyebilir.

Anamnezde travma, aile öyküsü, geçirilmiş göz içi cerrahiler, kronik hastalıklar ayrıca sorgulanmalıdır. Biyomikroskopik muayenede ön kamarada ve vitreusta hücre veya pigment görünümü, kronik dekolmanlarda periferik pigment demarkasyon hattı, subretinal sıvı, subretinal fibrozis ve periferik retinada kistler yırtığa eşlik edebilir. Göz ultrasonu tanıya yardımcıdır.

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