11. BÖLÜM BEYAZ NOKTA SENDROMU VE ÜVEİTLER

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Beyaz nokta sendromları (BNS) retinanın dış katmanlarını, retina pigment epitelini ve koroidi etkileyen multifokal koryoretinopati olarak da anılabilen inflamatuar bir grup hastalığı tanımlar. Hastalar genellikle diğer yönlerden sağlıklı bireylerdir ve görme azalması, diskromotopsi, görme alanı defektleri ile müracaat ederler. Tutulum bilateral veya unilateral olabileceği gibi kendiliğinden düzelebilen alt tiplerinin yanı sıra görmeyi tehdit eden varyansları da mevcuttur. Beyaz nokta sendromununu oluşturan hastalıklar retinanın dış segmentini, koroidi, retina pigment epitelini tutabilir ve şu hastalıklardan oluşur:

1. Akut posterior multifokal plakoid pigment epitelyopati
2. Multiple geçici beyaz nokta sendromu
3. Serpinjinöz koroidit
4. Birdshot koryoretinopati
5. Punktat iç koroidopati
6. Multifokal koroidit ve panüvit
7. Akut zonal okult dış retinopati
8. Progressif subretinal fibröz ve üveit sendromu

Bu gruptaki hastalıklarda ön ve arka segment inflamasyonu hastalıklara göre değişmekle birlikte görülebilir ancak punktat iç koroidopatide inflamasyon görülmesi beklenmez. Hastalıkların etyolojisi net değildir ancak klinik özelliklerine göre sınıflandırmaları yapılmaktadır. Bazı alt tiplerinin human lokosit antijenleriyle (HLA) ile ilişkileri dikkat çekicidir.

1. Akut Posterior Multifokal Plakoid Pigment Epitelyopati

Akut posterior multifokal plakoid pigment epitelyopati (APMPPE) ilk olarak 1968 yılında Gass tarafından tanımlanmıştır ve sıklıkla 2. ve 3. dekaddaki kişileri etkileyen akut başlangıçlı inflamatuar koryoretinopatidir. Her iki cinsi-

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KAYNAKLAR

1. Kanski's Clinical Ophthalmology, Bowling B, Eighth Edition, 2016
2. Oftalmoloji, Yanoof M,duker JS. İkinci baskı,2007
3. Kanski Clinical Ophthalmology International Edition, Kansky JJ, Sixth edition,2007
4. S. K. Vance, S. Khan, J. M. Klancnik, and K. B. Freund, "Characteristic spectral-domain optical coherence tomography findings of multifocal choroiditis," Retina, vol. 31, no. 4, pp. 717– 723, 2011
5. Brown J Jr, Folk JC, Reddy CV, Kimura AE. Visual prognosis of multifocal choroiditis, punctate inner choroidopathy, and the diffuse subretinal fibrosis syndrome. Ophthalmology. 1996;103(7):1100–5
6. Tsang SH, Sharma T. Acute Zonal Occult Outer Retinopathy (AZOOR) and Related Diseases. Adv Exp Med Biol. 2018;1085:233-237.
7. Fung AT, Pal S, Yannuzzi NA, et al. Multifocal choroiditis without panuveitis: clinical characteristics and progression. Retina. 2014;34(1):98–107
8. Dreyer RF, Gass DJ. Multifocal choroiditis and panuveitis. A syndrome that mimics ocular histoplasmosis. Arch Ophthalmol. 1984;102(12):1776–84
9. Quillen DA, Davis JB, Gottlieb JL, et al. The white dot syndromes. Am J Ophthalmol. 2004;137(3):538–50
10. Thorne JE, Wittenberg S, Jabs DA, et al. Multifocal choroiditis with panuveitis incidence of ocular complications and of loss of visual acuity. Ophthalmology. 2006;113(12):2310–6.
11. Ryan PT. Multiple evanescent white dot syndrome: a review and case report. Clin Exp Optom. 2010;93(5):324–9.
12. Marsiglia M, Gallego-Pinazo R, Cunha de Souza E, et al. Expanded clinical spectrum of multiple evanescent white dot syndrome with multimodal imaging. Retina. 2016;36(1):64–74
13. Hashimoto H, Kishi S. Ultra-wide-field fundus autofluorescence in multiple evanescent white dot syndrome. Am J Ophthalmol. 2015;159(4):698–706
14. Souka AA, Hillenkamp J, Gora F,et al. Correlation between optical coherence tomography and autofluorescence in acute posterior multifocal placoid pigment epitheliopathy. Graefes Arch Clin Exp Ophthalmol. 2006;244(10):1219–23
15. Lofoco G, Ciucci F, Bardocci A, et al. Optical coherence tomography findings in a case of acute multifocal posterior placoid pigment epitheliopathy (AMPPPE). Eur J Ophthalmol. 2005;15(1):143–7
16. Scheufele TA, Witkin AJ, Schocket LS, et al. Photoreceptor atrophy in acute posterior multifocal placoid pigment epitheliopathy demonstrated by optical coherence tomography. Retina. 2005;25(8):1109–12.
17. Birnbaum AD, Blair MP, Tessler HH, Goldstein DA. Subretinal fluid in acute posterior multifocal placoid pigment epitheliopathy. Retina. 2010;30(5):810–4.
18. Howe LJ, Woon H, Graham EM, et al. Choroidal hypoperfusion in acute posterior multifocal placoid pigment epitheliopathy. An indocyanine green angiography study. Ophthalmology. 1995;102(5):790–8.
19. Akpek EK, Jabs DA, Tessler HH, Joondeph BC, Foster CS. Successful treatment of serpiginous choroiditis with alkylating agents. Ophthalmology. 2002;109(8):1506–13
20. Yeh S, Forooghian F, Wong WT, et al. Fundus autofluorescence imaging of the white dot syndromes. Arch Ophthalmol. 2010;128(1):46–56
21. Cozubas R, Ungureanu E, Instrate SL, et al. Similarities and differences between three different types of white dot syndrome and the therapeutic possibilities. Rom J Ophthalmol. 2018 Jul-Sep;62(3):183-187. PMID: 30505986; PMCID: PMC6256077.
22. Ahnood D, Madhusudhan S, Tsaloumas MD, et al. Punctate inner choroidopathy: A review. Surv Ophthalmol. 2017 Mar-Apr;62(2):113-126.
23. Christmas NJ, Oh KT, Oh DM, Folk JC. Long-term follow-up of patients with serpinginous

choroiditis. Retina. 2002;22(5):550–6
24. Shah KH, Levinson RD, Yu F, et al. Birdshot chorioretinopathy. Surv Ophthalmol. 2005;50(6):519–41
25. Keane PA, Allie M, Turner SJ, et al. Characterization of birdshot chorioretinopathy using extramacular enhanced depth optical coherence tomography. JAMA Ophthalmol. 2013;131(3):341–50
26. Reddy AK, Gonzalez MA, Henry CR, Yeh S, Sobrin L, Albini TA. Diagnostic sensitivity of indocyanine green angiography for birdshot chorioretinopathy. JAMA Ophthalmol. 2015;133(7):840–3
27. Pramanik S, Beaver HA. Multiple evanescent white dot syndrome (MEWDS): 24 y.o. woman with one week duration of central scotoma, OD. EyeRounds.org. April 8, 2005
28. Cheng J, Luu C, Yeo I, Chee S. The outer and inner retinal function in patients with multiple evanescent white dot syndrome. Clin Experimental Ophthalmol. 2009; 37:478– 484.
29. Takahashi Y, Ataka S, Wada S, et al. A case of multiple evanescent white dot syndrome treated by steroid pulse therapy. Osaka City Med J. 2006; 52:83–86.
30. Uy HS, Chan PS. Multiple evanescent white dot syndrome. In: Foster CS, Vitale AT, editors. Diagnosis and Treatment of Uveitis. 2002, Philadelphia, PA: Saunders Company, 767–771
31. Christmas NJ, Oh KT, Oh DM, Folk JC. Long-term followup of patients with serpinginous choroiditis. Retina. 2002; 22(5):550–6.
32. Vonmoos F, Messerli J, Moser HR et al. Immunosuppressive therapy in serpiginous choroiditis-case report and brief review of the literature. Klin Monbl Augenheilkd. 2001; 218(5):394–7.
33. Velillas S, Rodríguez de la Rua E, Carrasco B, et al. Síndrome de fibrosis subretiniana progresiva: a propósito de un caso [Progressive diffuse subretinal fibrosis syndrome: a case report]. Arch Soc Esp Oftalmol. 2001 Apr;76(4):259-62. Spanish. PMID: 11340517.
34. Kaiser PK, Gragoudas ES. The subretinal fibrosis and uveitis syndrome. Int Ophthalmol Clin. 1996 Winter;36(1):145-52.
35. Feltkamp TE. Ophthalmological significance of HLA associated uveitis. Eye (Lond). 1990;4(Pt 6):839–44