

# 14. BÖLÜM

## ÜVEİTLERİN TEDAVİSİ

Alp KAYIRAN<sup>1</sup>

Üveit tedavisinin hedefi inflamasyonun kontrolünü sağlayarak görme kaybına sebep olabilecek komplikasyonların engellenmesidir. Üveit spektrumunda yer alan klinik tablonun yerleşimi ve özelliklerine göre tedavi planlanmaktadır. Anterior üveit için sadece topikal tedavi yeterli olabilirken, arka segmentin tutulduğu durumlarda perioküler ya da sistemik tedaviler gerekli olmaktadır. Bu bölümde enfeksiyöz olmayan üveitlerin tedavisinde kullanılan medikal ve cerrahi tedaviler gözden geçirilecektir.

### 1. TOPİKAL TEDAVİ

#### a) Midriyatik ve Sikloplejik İlaçlar

Sikloplejik ilaçların anterior üveit tedavisindeki iki temel işlevinden biri posterior sineşilerin açılması ve yenilerinin engellenmesi, diğeri ise siliyer spazmdan kaynaklanan fotofobinin giderilmesidir. Antikolinergikler iristeki muskarinik kolinerjik reseptörleri antagonize ederek sfinkter paralizisi, pupil dilatasyonu ve siklopleji sağladıklarından topikal tedavide tercih edilirler.

Tropikamid (%0,5 veya %1) 4-6 saat ile en kısa etki süresine sahip olan midriyatik ajandır. Midriyazisi yapan diğeri ajanlardan %1'lik siklopentolat 12-24 saat, %5'lik homatropin 1-2 gün, %1'lik atropin ise 7-10 gün etkilidir. Ülkemizde tropikamid ve siklopentolat ruhsatlı müstahzar olarak temin edilebilirken, atropin damla ise majistral ilaç olarak hazırlanabilmektedir. Siklopentolat orta etki süresi ve doz aralarında pupillanın hareketine olanak verdiği için tercih edilmektedir. Topikal antikolinergikler çoğu yetişkinde iyi tolere edilirken, 6 yaşın altındaki çocuklarda uyku hali gibi santral sinir sistemi yan etkilerine yol açabilmektedir. Sempatik agonist olan fenilefrin sadece midriyatik etki gösterip fotofobi hissini gidermediğinden tercih edilmez.

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