

16. BÖLÜM

ENFEKSİYON HASTALIKLARI GÖZÜ İLE ÜVEİTLERE YAKLAŞIM



Filiz KÜRKLÜ BOZKIR¹
Seval SÖNMEZ YILDIRIM²

ÜVEİT NEDİR?

Uvea embriyolojik olarak orta vasküler katmandan köken alan, kornea-sk-lere dış koruyucu katman ve retina arasında yer alan pigmente yapıdır. Üvea kirpiksi cisim, iris ve koroidden oluşmaktadır. İris retina üzerine düşen ışığı ayarlar. Kirpiksi cisim aköz humor üreterek lensi destekler, koroid ise retinanın beslenmesine yardımcı olur. Gözün zengin orta tabakası olan uvea tabakasının inflamasyonuna üveit adı verilmektedir.

Üveitler, anatomik, etiyolojik ve klinik özelliklerine göre ayrı ayrı sınıflandırılmaktadır.

ÜVEİTLERİN SINIFLAMASI

1. Anatomik Sınıflandırma

Üveit etkilediği okuler katmanlara göre sınıflandırılmaktadır. Üveitte pek çok anatomik sınıflandırma şeması mevcuttur fakat çoğunlukla üveit ön (anterior),orta (intermediate), arka (posterior) ve panüveit olarak tanımlanmaktadır.

Ön üveit: Gözün ön kamarasında lökositlerin varlığı ile karakterize olan ön üveal yol iltihabı olarak adlandırılır ve iritis ile eş anlamlıdır. Bitişik siliyer cisim de iltihaplandığında, süreç iridosiklit olarak bilinir.

Arka üveit: Primer inflamasyon gözün arka segmentinde koroid veya retinada olup, retinit, koroidit, retinal vaskülit, nöroretiniti içerir.

İntermediyer (orta) üveit: Ön vitreus, siliyer cisim ve retina ile temas eden kısmının (periferal retina) inflamasyonunu kapsamaktadır.

¹ Dr. Öğr. Üyesi, Aksaray Üniversitesi, Tıp Fakültesi Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji AD., dr.filizkurklu@hotmail.com

² Uzm. Dr., Aksaray Üniversitesi Eğitim ve Araştırma Hastanesi Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji. sev09dr@hotmail.com

KAYNAKLAR

1. Wertheim MS, Mathers WD, Planck SJ, et al. In vivo confocal microscopy of keratic precipitates. *Arch Ophthalmol* 2004; 122:1773.
2. Yeh S, Forooghian F, Suhler EB. Implications of the Pacific Ocular Inflammation uveitis epidemiology study. *JAMA* 2014; 311:1912.
3. Yuen BG, Tham VM, Browne EN, et al. Association between Smoking and Uveitis: Results from the Pacific Ocular Inflammation Study. *Ophthalmology* 2015; 122:1257.
4. Lin P, Loh AR, Margolis TP, Acharya NR. Cigarette smoking as a risk factor for uveitis. *Ophthalmology* 2010; 117:585.
5. Marlene L. Durand Infectiouscauses of Uveitis PP: 1531-40. In: Mandell GL, Bennett JE, Dolin R (eds), Mandell, Douglas andBennett'sPrinciplesandPractice of InfectiousDiseases. 2019, 9thed. Churchill Livingstone, Philadelphia.
6. Tugal-Tutkun I, Ötük-Yasar B, Altinkurt E. Clinical features and prognosis of herpetic anterior uveitis: a retrospective study of 111 cases. *Int Ophthalmol*. 2010; 30: 559-565.
7. 12. van Boxtel LA, van der Lelij A, van der Meer J, Los LI. Cytomegalovirus as a cause of anterior uveitis in immunocompetent patients. *Ophthalmology*. 2007; 114: 1358-1362.
8. 16. Hoover DR, Peng Y, Saah A, et al. Occurrence of cytomegalovirus retinitis after human immunodeficiency virus immunosuppression. *Arch Ophthalmol*. 1996; 114: 821-827. 17. Kuo IC, Kempen JH, Dunn JP, et al. Clinical characteristics and outcomes of cytomegalovirus retinitis in persons without human immunodeficiency virus infection. *Am J Ophthalmol*. 2004; 138: 338-346.
9. Bosch-Driessen LE, Berendschot TT, Ongkosuwito JV, Rothova A. Ocular toxoplasmosis: clinical features and prognosis of 154 patients. *Ophthalmology* 2002; 109:869.
10. Margo CE, Hamed LM. Ocular syphilis. *Surv Ophthalmol* 1992; 37:203.
11. Sumru Önal, İlknur Tuğal-Tutkun. Oküler tüberküloz I: Epidemiyoloji, patogenezi ve klinik özellikler. *Turk J Ophthalmol* 2011; 41: 171-181.
12. Kaiser PK, Lowder CY, Sullivan P, et al. Chest computerized tomography in the evaluation of uveitis in elderly women. *Am J Ophthalmol* 2002; 133:499.
13. Hong BK, Khanamiri HN, Bababegy SR, Rao NA. The utility of routine tuberculosis screening in county hospital patients with uveitis. *Br J Ophthalmol* 2014; 98:1091.
14. Ang M, Wong W, Ngan CC, Chee SP. Interferon-gamma release assay as a diagnostic test for tuberculosis-associated uveitis. *Eye (Lond)* 2012; 26:658.
15. Lou SM, Larkin KL, Winthrop K, et al. Lack of consensus in the diagnosis and treatment for ocular tuberculosis among uveitis specialists. *Ocul Immunol Inflamm* 2015; 23:25.
16. Suhler EB, Lauer AK, Rosenbaum JT. Prevalence of serologic evidence of cat scratch disease in patients with neuroretinitis. *Ophthalmology* 2000; 107:871.
17. Stricker RB, Lautin A, Burrascano JJ. Lyme disease: point/counterpoint. *Expert Rev Anti Infect Ther*. 2005;3:155-165.
18. Mikkila HO, Seppala IJ, Viljanen MK, Peltomaa MP, Karma A. The expanding clinical spectrum of ocular lyme borreliosis. *Ophthalmology*. 2000;107:581-587
19. Tugwell P, Dennis DT, Weinstein A, Wells G, Shea B, Nichol G, Hayward R, Lightfoot R, Baker P, Steere AC. Laboratory evaluation in the diagnosis of Lyme disease. *Ann Intern Med*. 1997;127:1109-1123.
20. Garg S, Jampol LM. Systemic and intraocular manifestations of West Nile virus infection. *Surv Ophthalmol* 2005; 50:3.
21. Bains HS, Jampol LM, Caughron MC, Parnell JR. Vitritis and chorioretinitis in a patient with West Nile virus infection. *Arch Ophthalmol* 2003; 121:205.

22. Hershberger VS, Augsburger JJ, Hutchins RK, et al. Chorioretinal lesions in nonfatal cases of West Nile virus infection. *Ophthalmology* 2003; 110:1732.
23. Vandenbelt S, Shaikh S, Capone A Jr, Williams GA. Multifocal choroiditis associated with West Nile virus encephalitis. *Retina* 2003; 23:97.
24. Khairallah M, Ben Yahia S, Ladjimi A, et al. Chorioretinal involvement in patients with West Nile virus infection. *Ophthalmology* 2004; 111:2065.
25. Chan CK, Limstrom SA, Tarasewicz DG, Lin SG. Ocular features of west nile virus infection in North America: a study of 14 eyes. *Ophthalmology* 2006; 113:1539.
26. Kaiser PK, Lee MS, Martin DA. Occlusive vasculitis in a patient with concomitant West Nile virus infection. *Am J Ophthalmol* 2003; 136:928.
27. Kuchtey RW, Kosmorsky GS, Martin D, Lee MS. Uveitis associated with West Nile virus infection. *Arch Ophthalmol* 2003; 121:1648.
28. Kibadi K, Mupapa K, Kuvula K, et al. Late ophthalmologic manifestations in survivors of the 1995 Ebola virus epidemic in Kikwit, Democratic Republic of the Congo. *J Infect Dis* 1999; 179 Suppl 1:S13.
29. Varkey JB, Shantha JG, Crozier I, et al. Persistence of Ebola Virus in Ocular Fluid during Convalescence. *N Engl J Med* 2015; 372:2423.
30. Mattia JG, Vandy MJ, Chang JC, et al. Early clinical sequelae of Ebola virus disease in Sierra Leone: a cross-sectional study. *Lancet Infect Dis* 2016; 16:331.
31. de Paula Freitas B, de Oliveira Dias JR, Prazeres J, et al. Ocular Findings in Infants With Microcephaly Associated With Presumed Zika Virus Congenital Infection in Salvador, Brazil. *JAMA Ophthalmol* 2016.
32. Furtado JM, Espósito DL, Klein TM, et al. Uveitis Associated with Zika Virus Infection. *N Engl J Med* 2016; 375:394.
33. Kodati S, Palmore TN, Spellman FA, et al. Bilateral posterior uveitis associated with Zika virus infection. *Lancet* 2017; 389:125.
34. Shafran SD, Deschênes J, Miller M, et al. Uveitis and pseudojaundice during a regimen of clarithromycin, rifabutin, and ethambutol. MAC Study Group of the Canadian HIV Trials Network. *N Engl J Med* 1994; 330:438.
35. Ambati J, Wynne KB, Angerame MC, Robinson MR. Anterior uveitis associated with intravenous cidofovir use in patients with cytomegalovirus retinitis. *Br J Ophthalmol* 1999; 83:1153.
36. Bainbridge JW, Raina J, Shah SM, et al. Ocular complications of intravenous cidofovir for cytomegalovirus retinitis in patients with AIDS. *Eye (Lond)* 1999; 13 (Pt 3a):353.
37. Witkin AJ, Chang DF, Jumper JM, et al. Vancomycin-Associated Hemorrhagic Occlusive Retinal Vasculitis: Clinical Characteristics of 36 Eyes. *Ophthalmology* 2017; 124:583.
38. Eadie B, Etminan M, Mikelberg FS. Risk for uveitis with oral moxifloxacin: a comparative safety study. *JAMA Ophthalmol* 2015; 133:81.
39. Wefers Bettink-Remeijer M, Brouwers K, van Langenhove L, et al. Uveitis-like syndrome and iris transillumination after the use of oral moxifloxacin. *Eye (Lond)* 2009; 23:2260.
40. Rosenbaum JT. Nibbling away at the diagnosis of idiopathic uveitis. *JAMA Ophthalmol* 2015; 133:146.