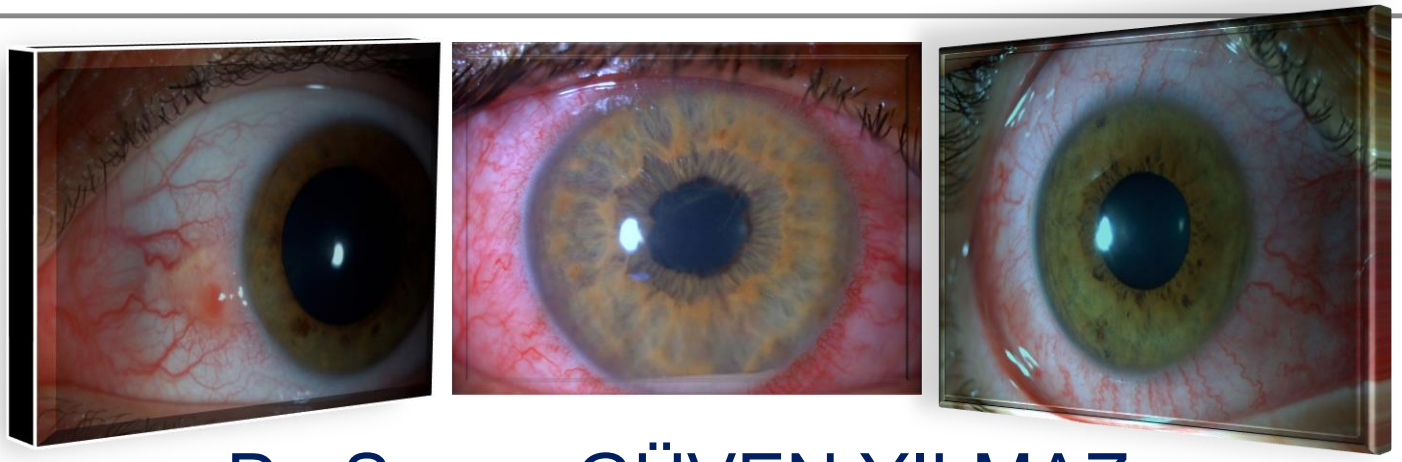
16. EGE ROMATOLOJİ GÜNLERİ
19-22 Eylül 2019
Club Marvy, Özdere-İzmir
www.egeromatoloji.com

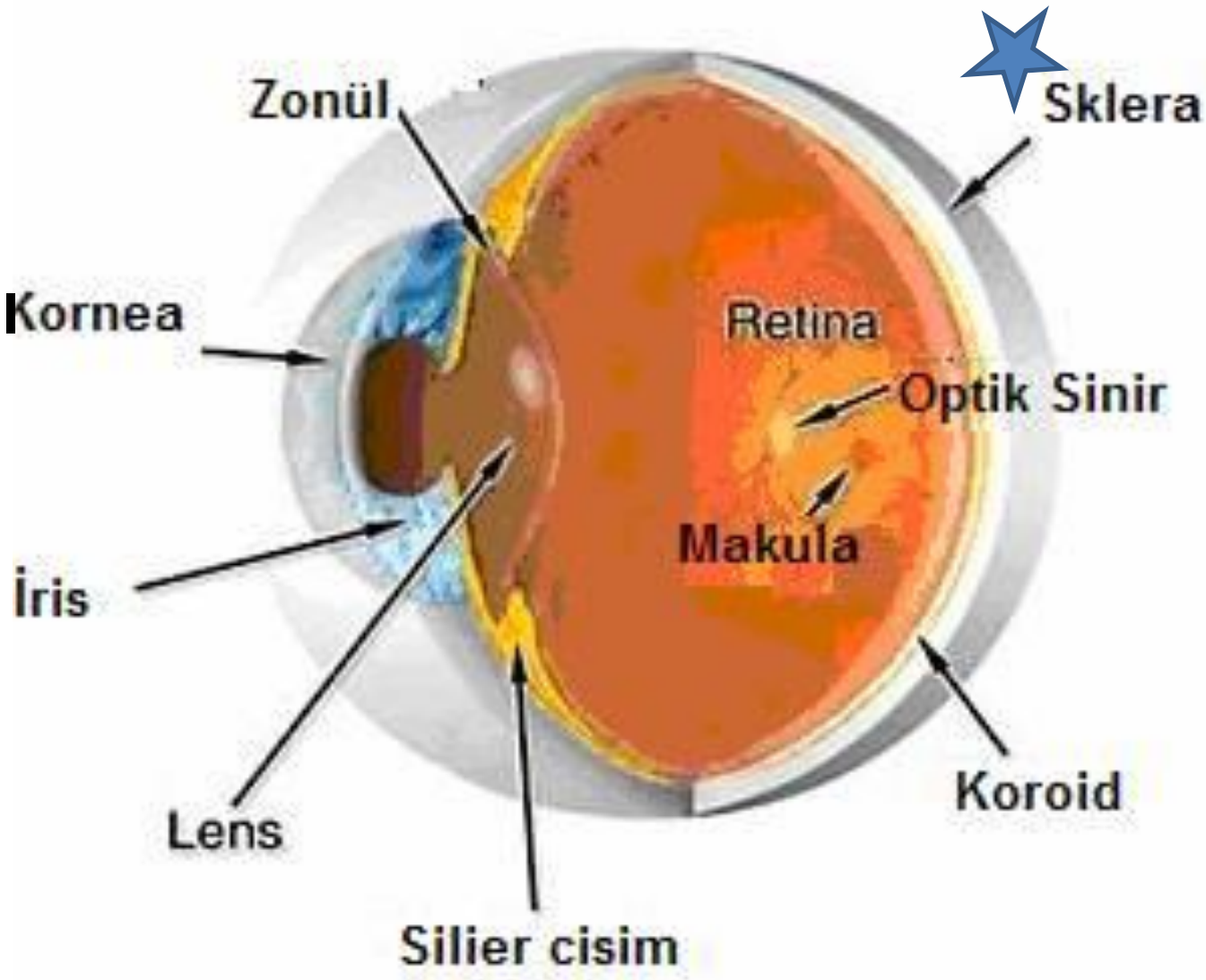
Kırmızı Göz Ayırıcı Tanı;

Sklerit ve Üveitler



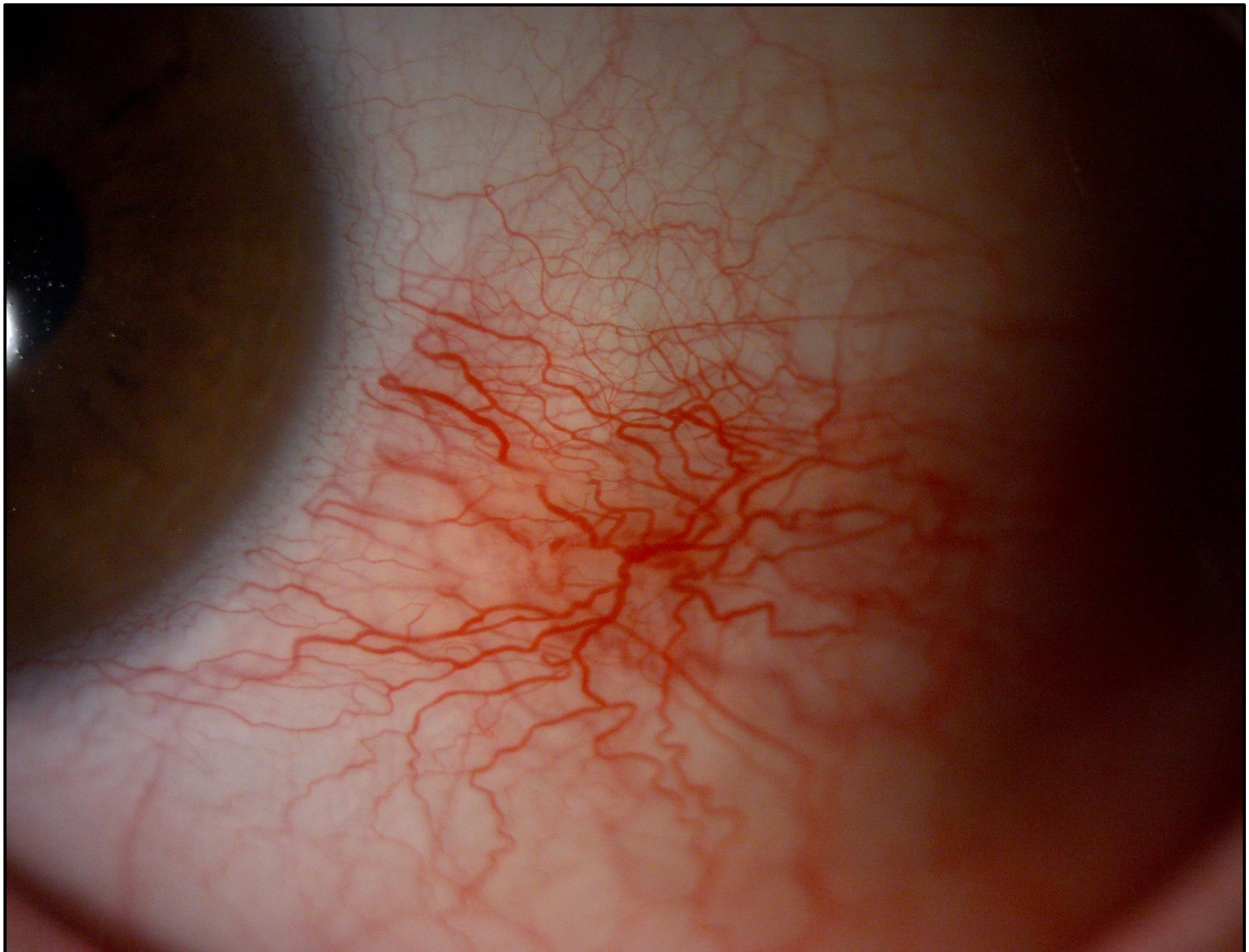
Dr. Suzan GÜVEN YILMAZ
EÜTF, Göz Hastalıkları AD, İzmir

Normal Göz Anatomisi

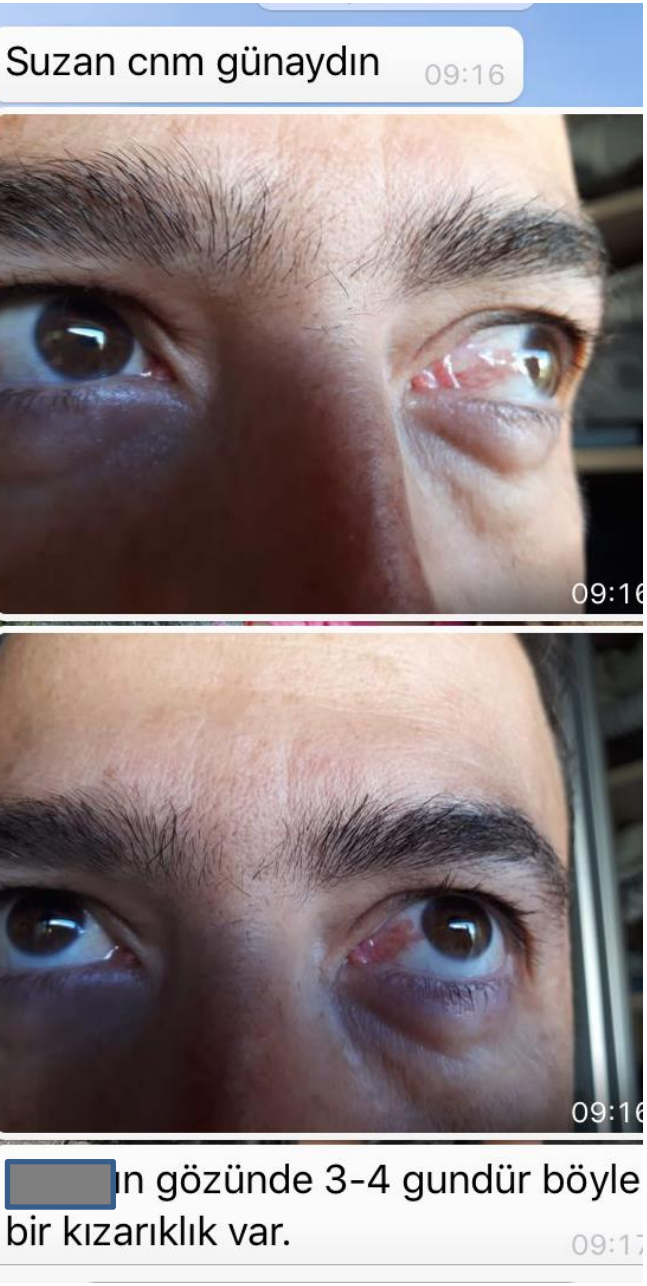


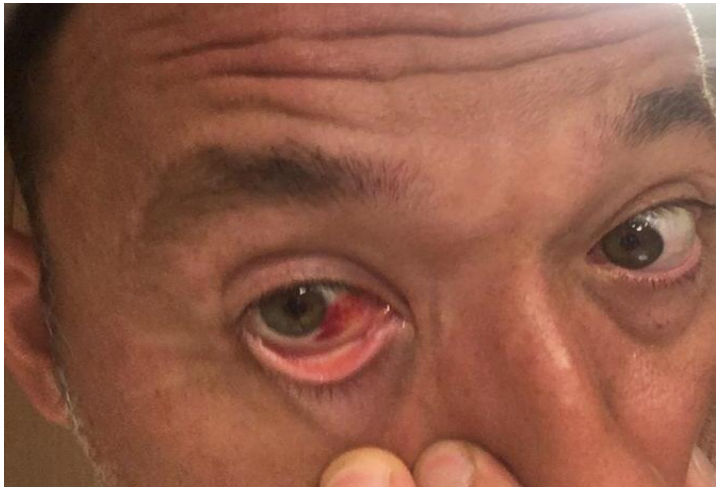
1. Episklera
2. Skleral stroma
3. Lamina fusca

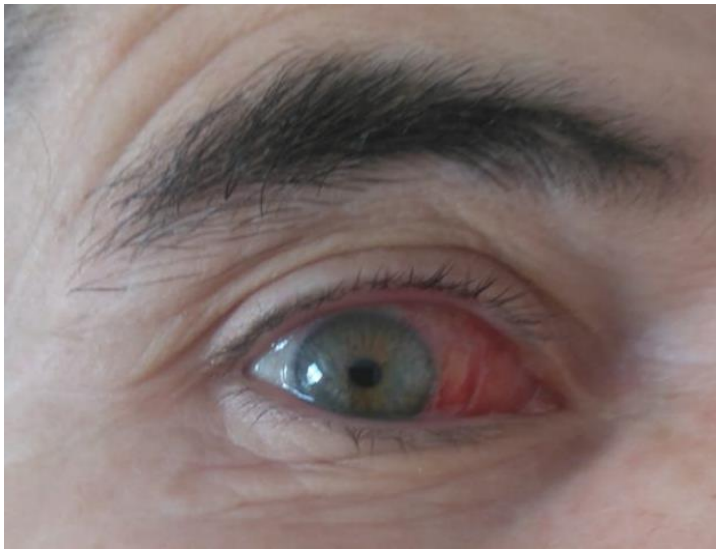
Episkleritler

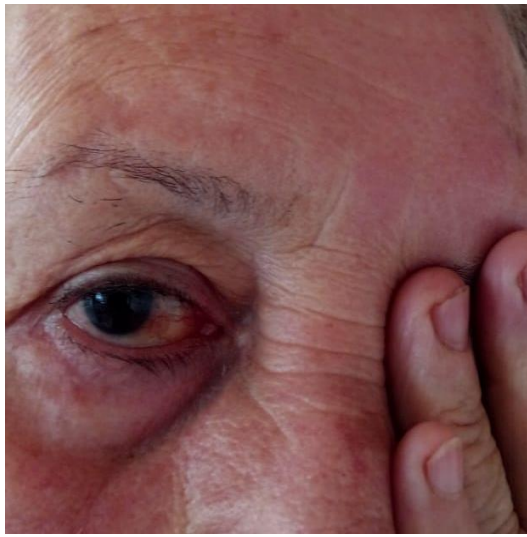


Gözüm Kızardı!



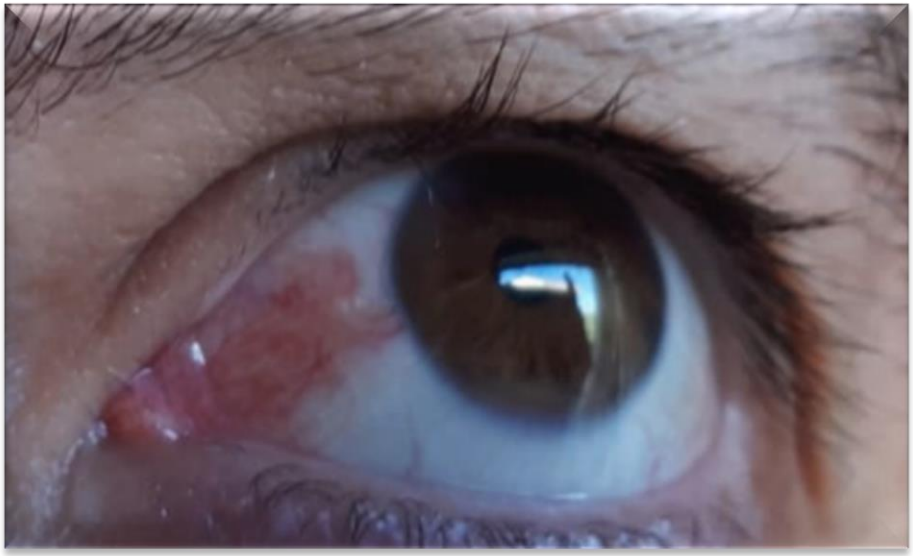




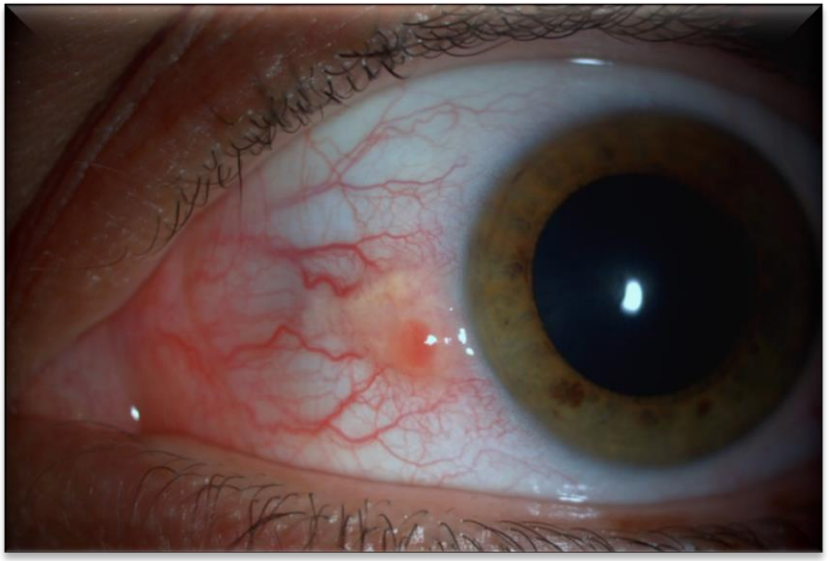


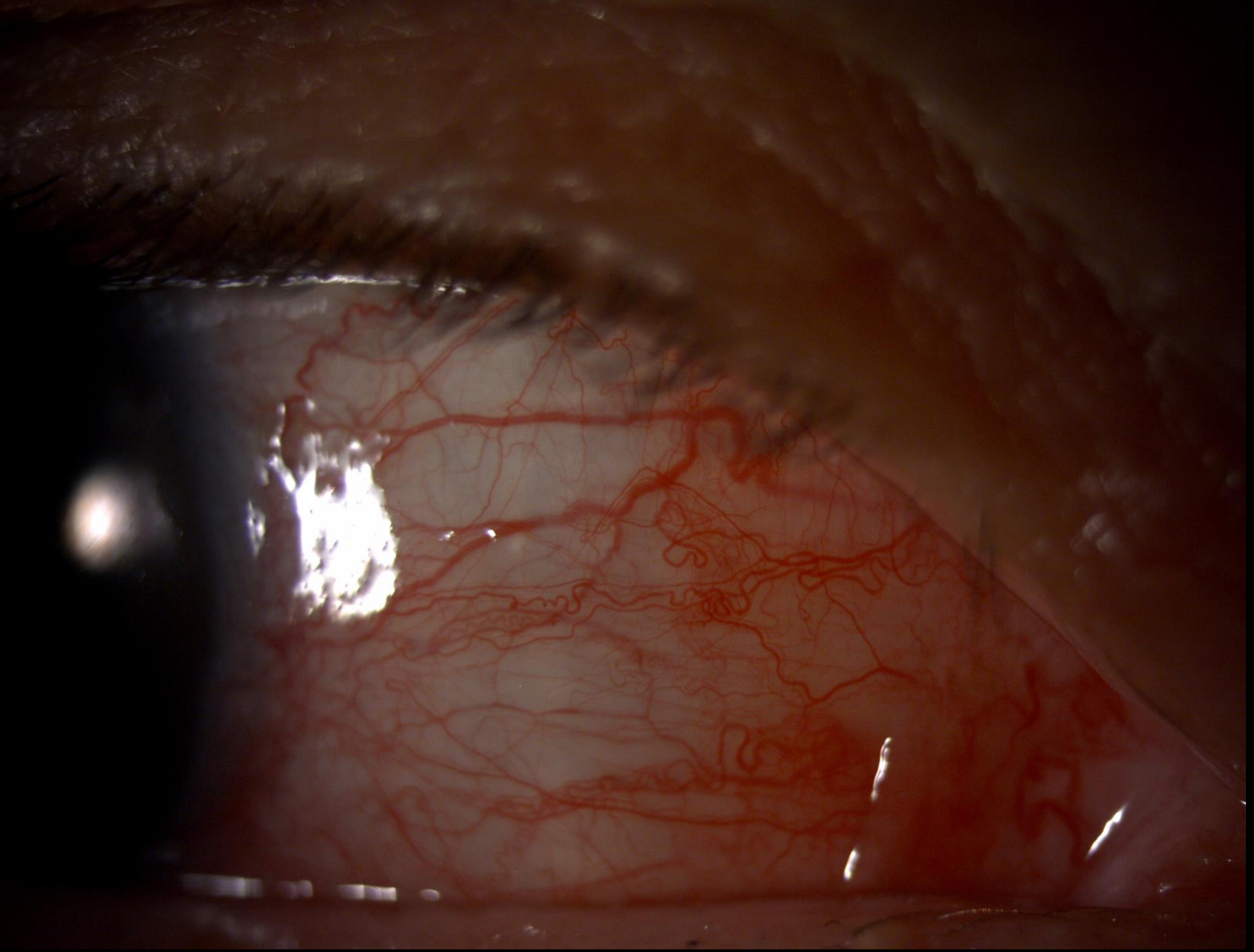
Episkleritler

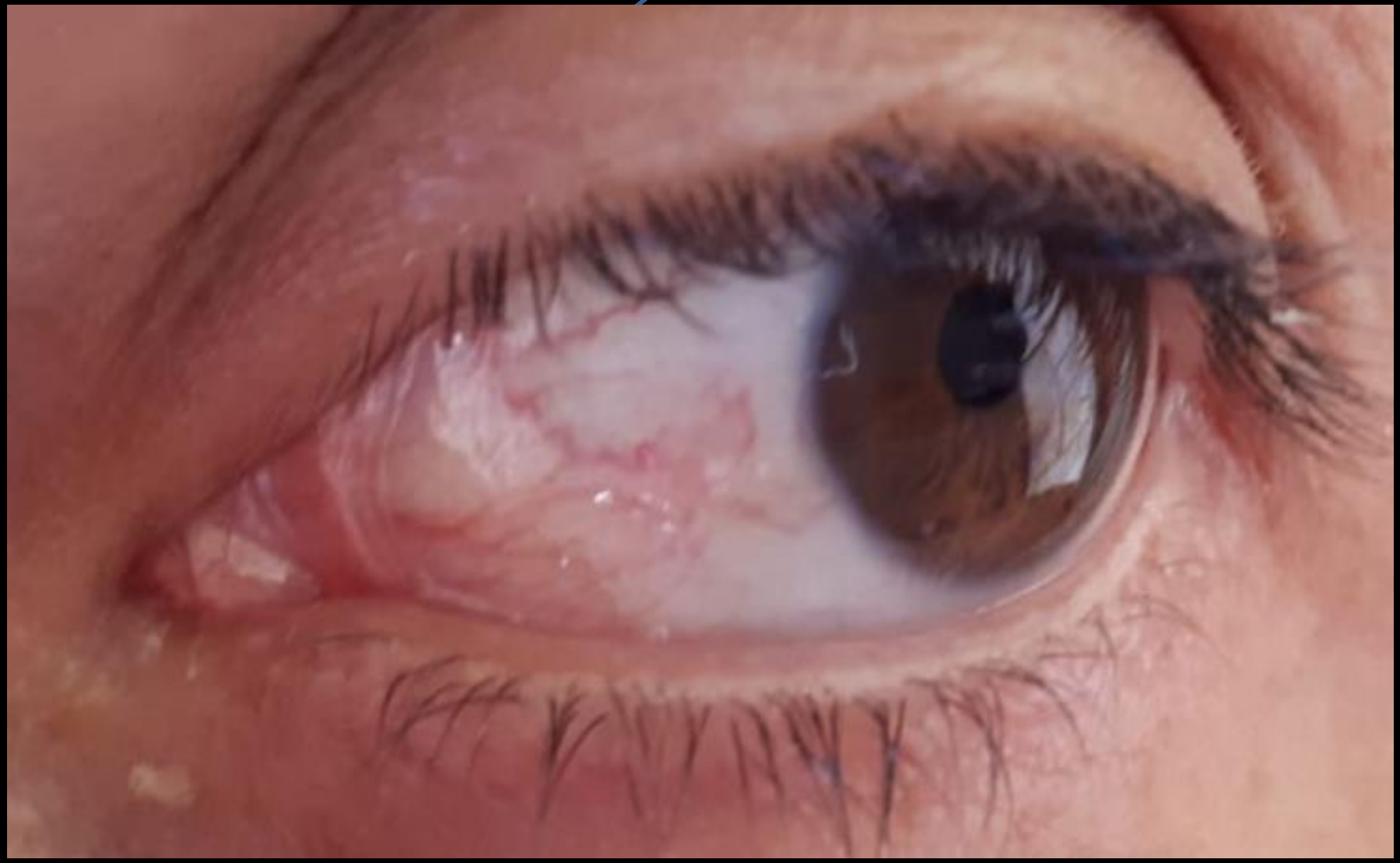
Basit

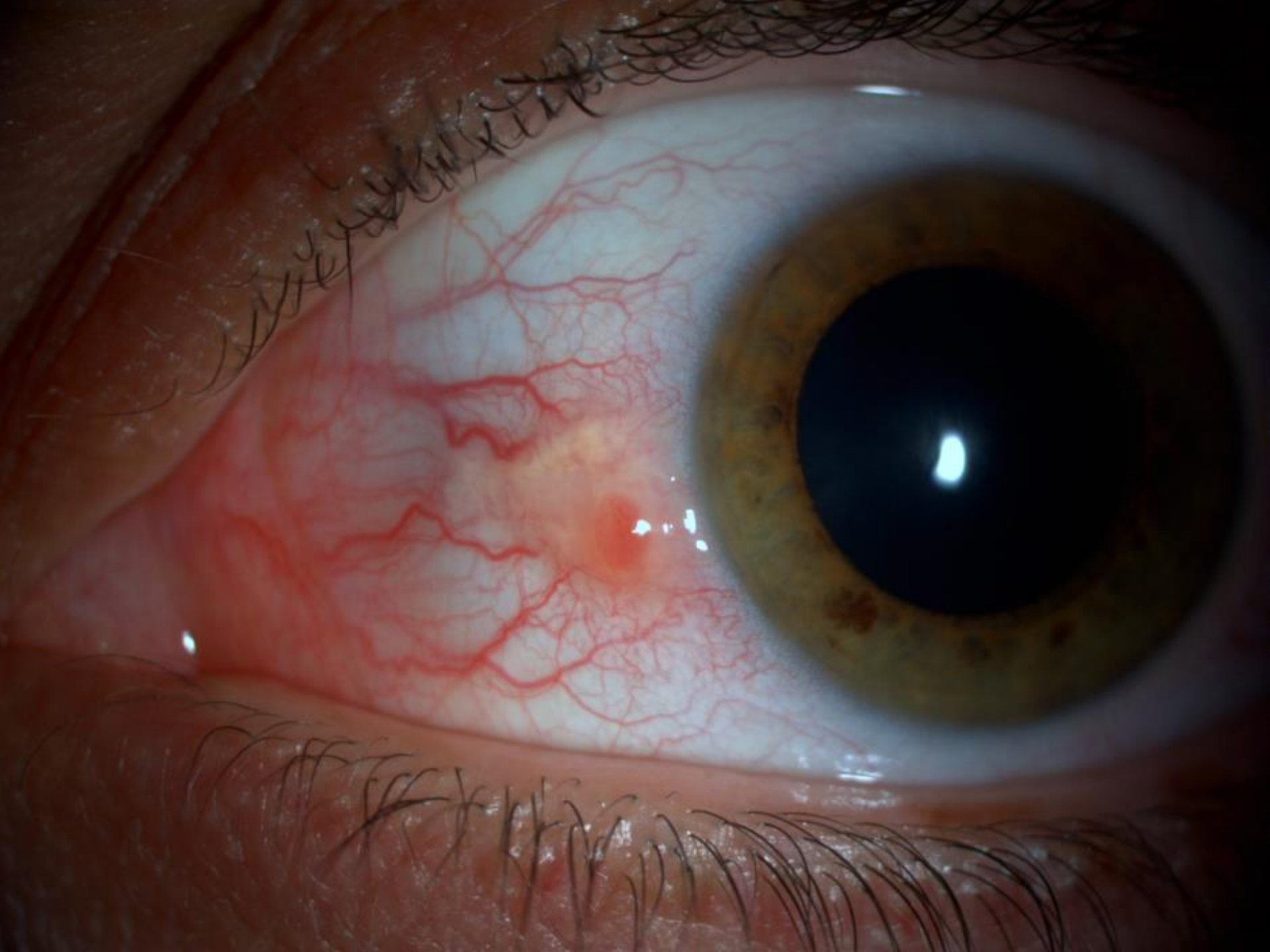


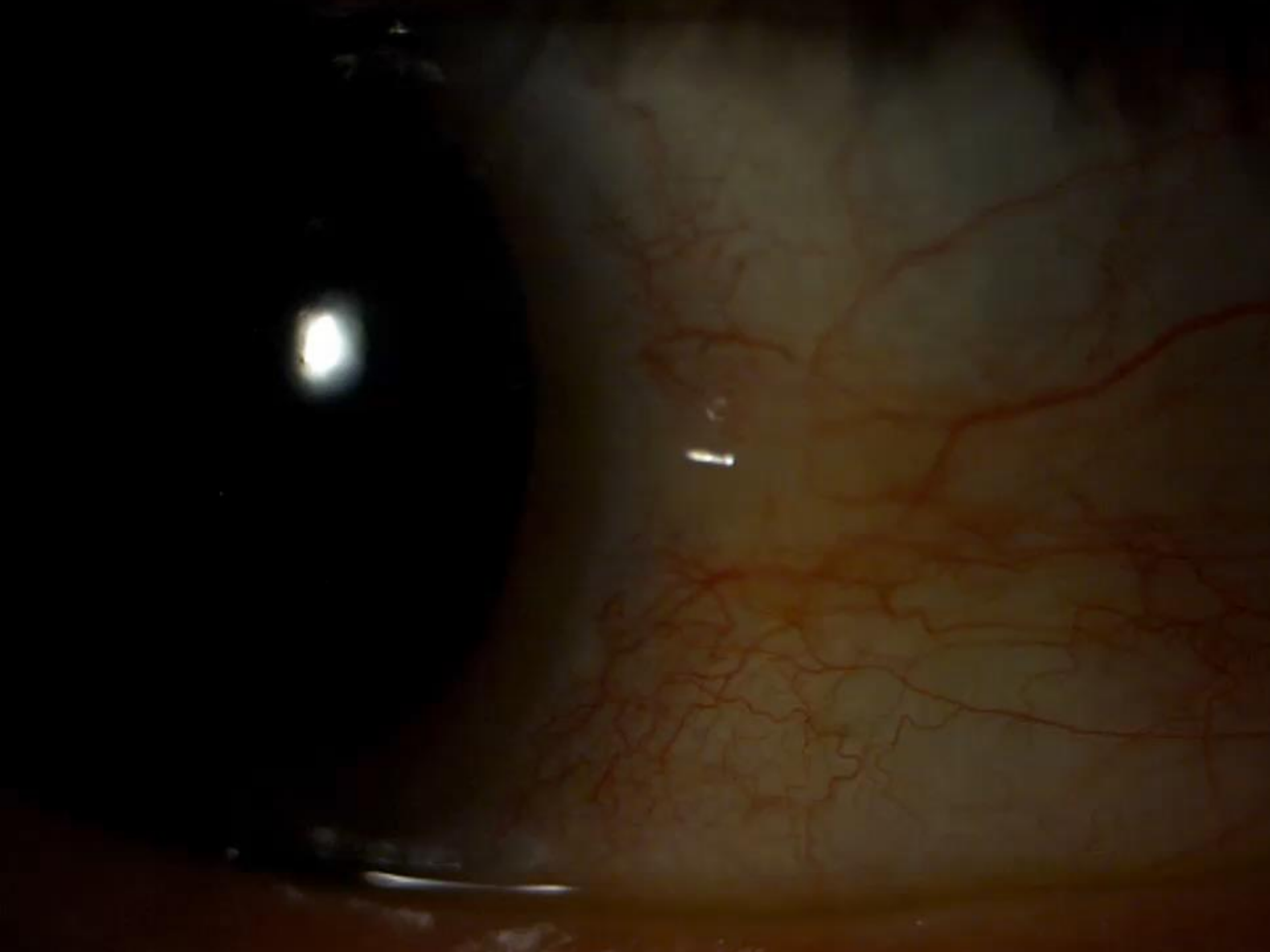
Nodüler

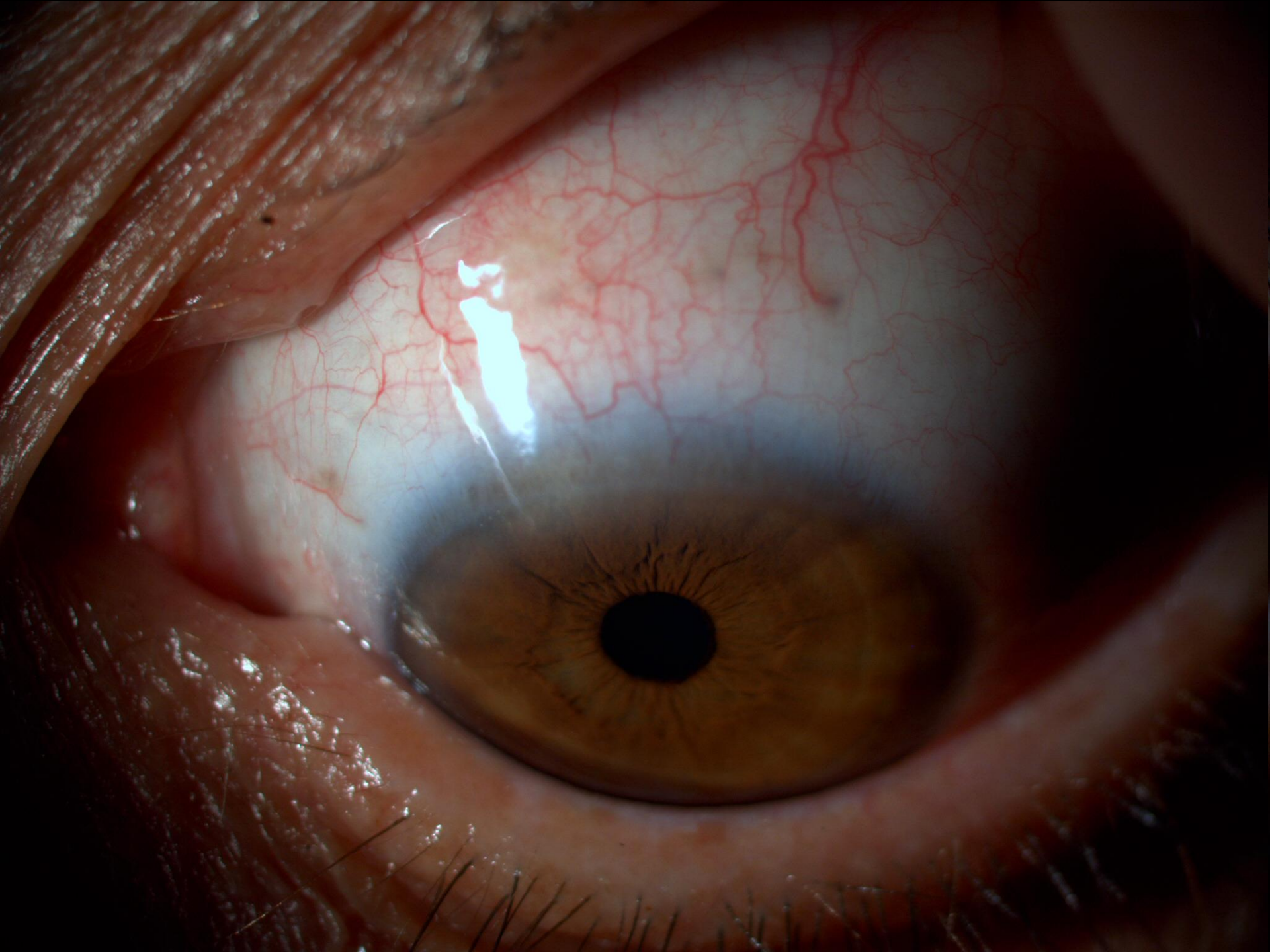








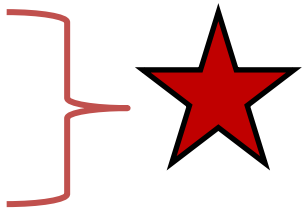




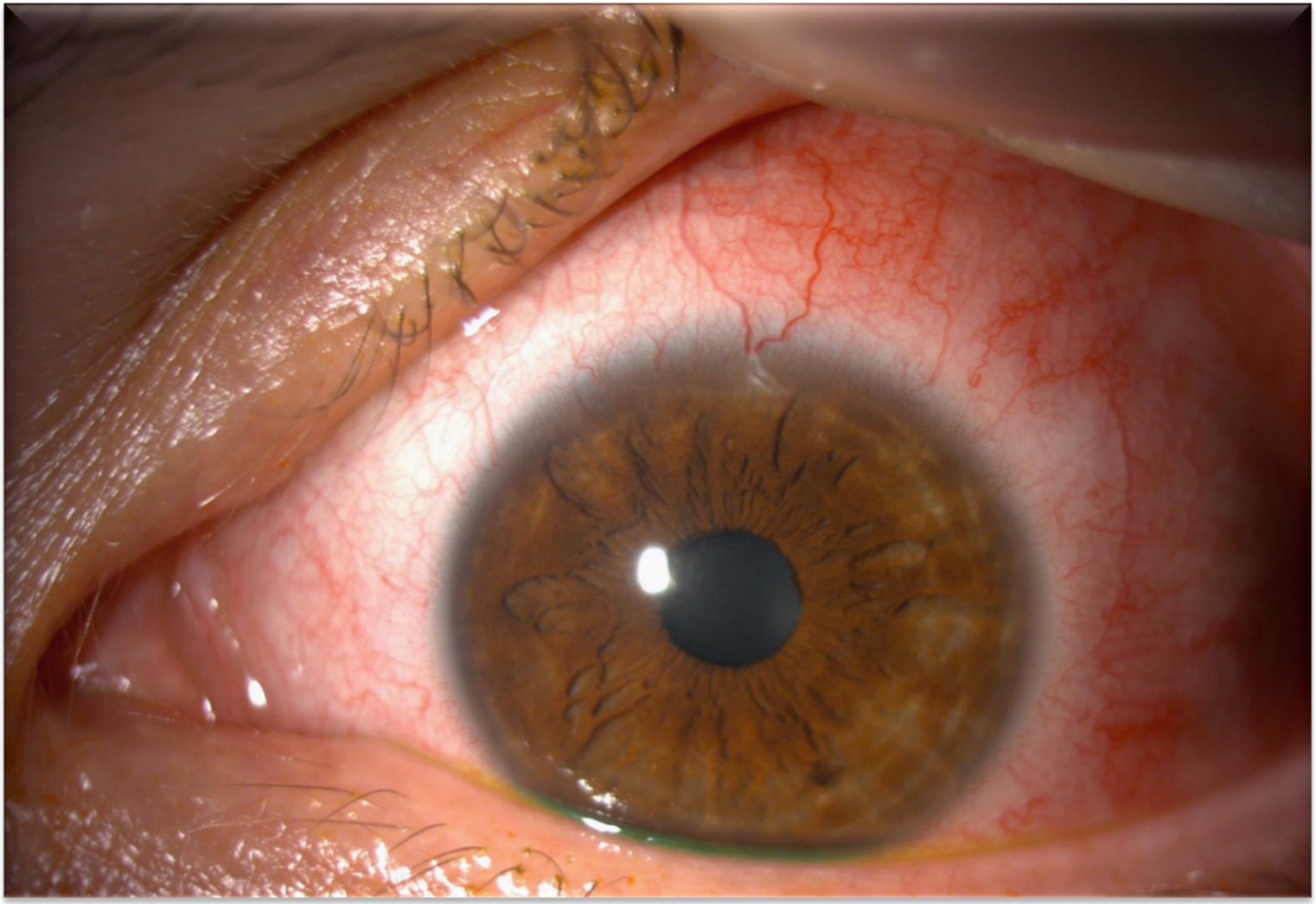
Özellikler	Episklerit	Sklerit
Anatomi	Episklera	Sklera
Yaş (yıl)	20-40	20-60
Cinsiyet	Kadınlarda daha sık	Kadınlarda daha sık
Klinik özellikler	Hafif ağrı, geçici	Ağrılı
Altta yatan sistemik hastalık	Nadiren	Sıklıkla
Komplikasyonlar	Nadir	Sık
Tedavi	Gerekli olmayabilir	Gerekli
Prognoz	Mükemmel	Değişken

Episkleritte Tedavi

- Hafif olgularda takip
- Suni gözyaşı damlaları
- Steroidli damlalar
- Sistemik NSAİİ



Skleritler



Sklerit Sınıflaması

I. Ön (%88-98)

Nekrotizan Olmayan
1. Diffüz
2. Nodüler

3. İnflamasyonun Eşlik Ettiği Nekrotizan
   Vazooklüziv
   Granülomatöz
   Cerrahi Kaynaklı

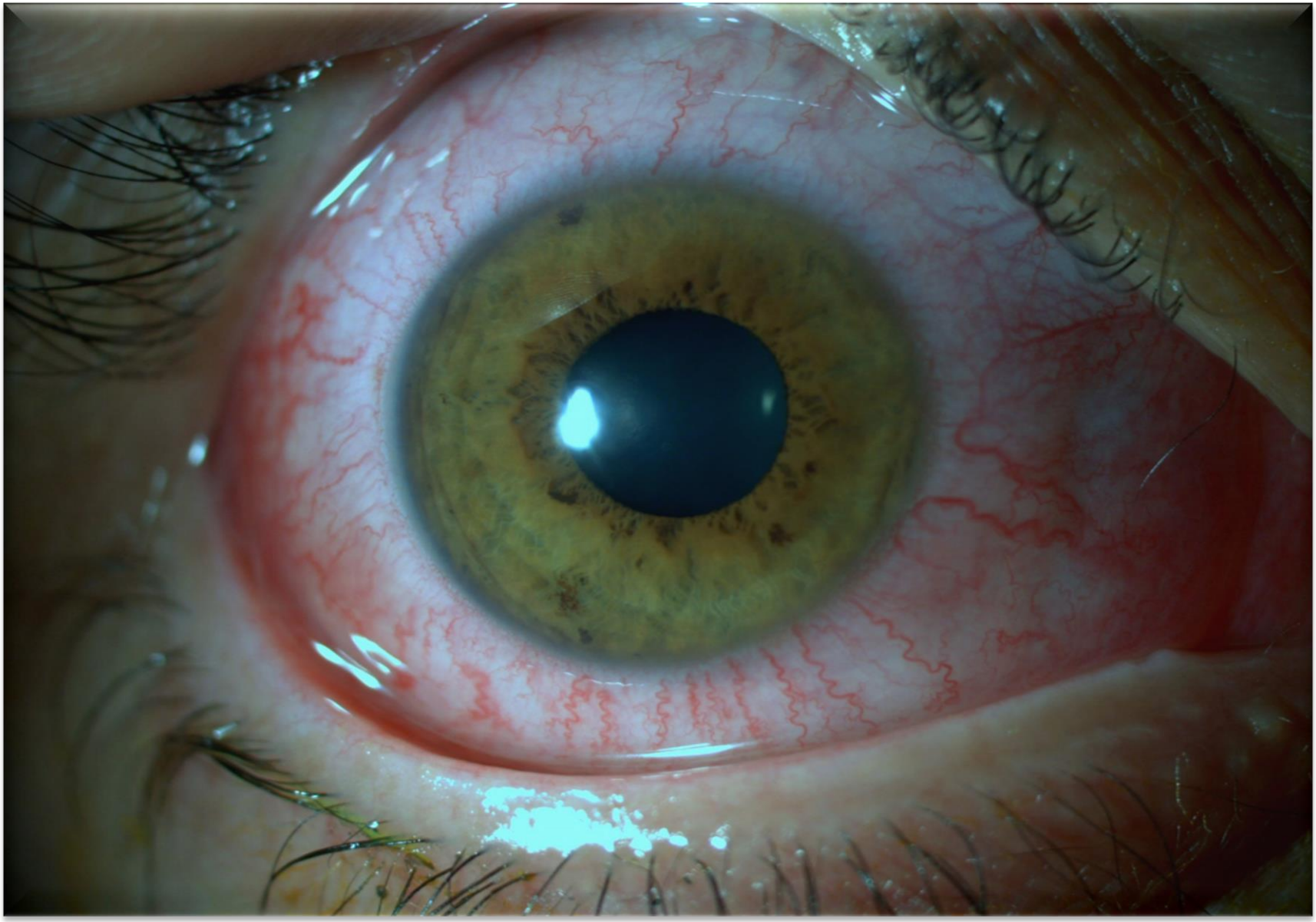
4. Skleromalazia Perforans

II. Arka (%2-12)

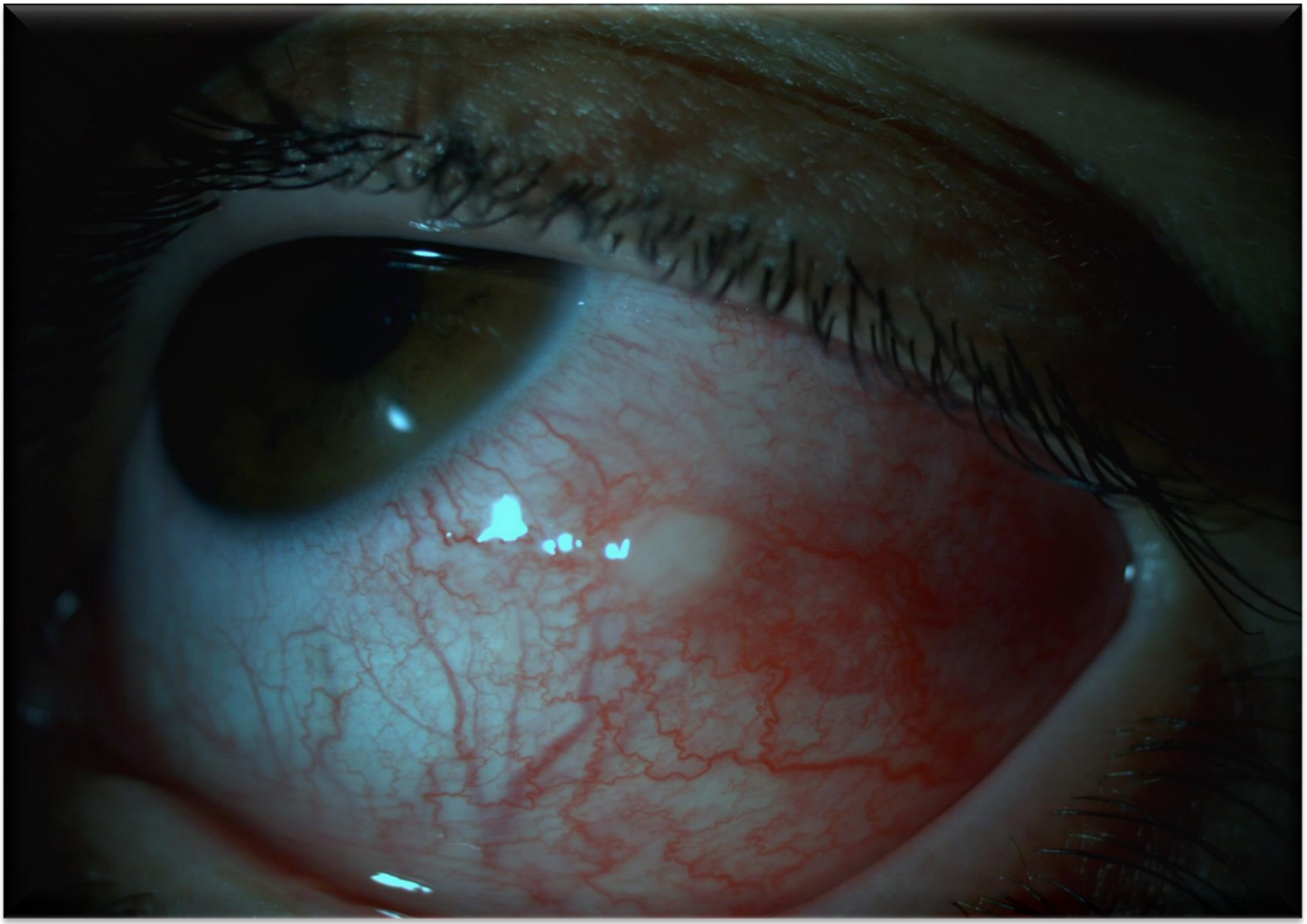
Klinik Bulgular

- Ağrı
- Hiperemi
- Skleral incelme
- Fotofobi ve lakrimasyon

Diffüz Ön Skleritler



Nodüler Ön Sklerit

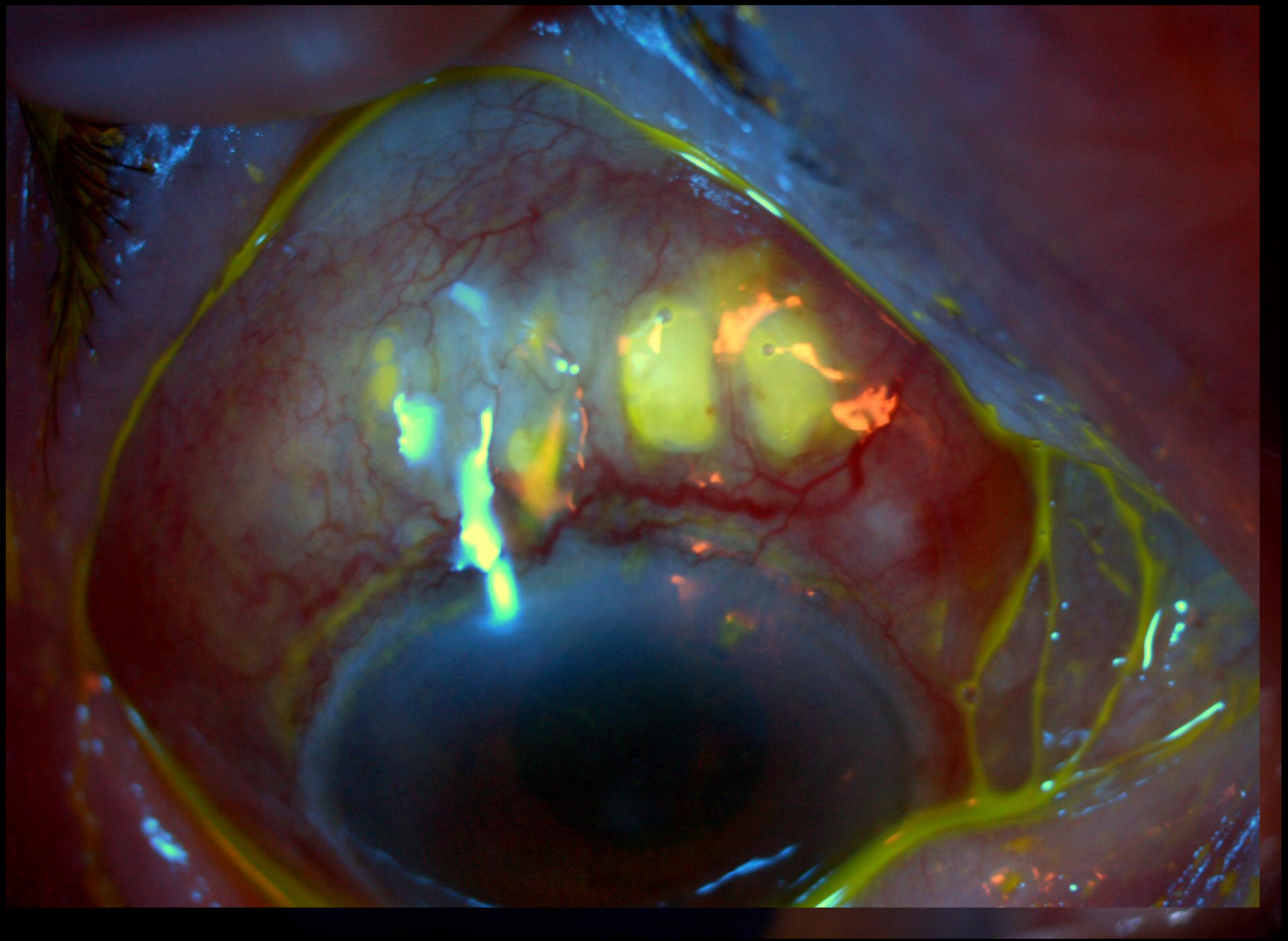


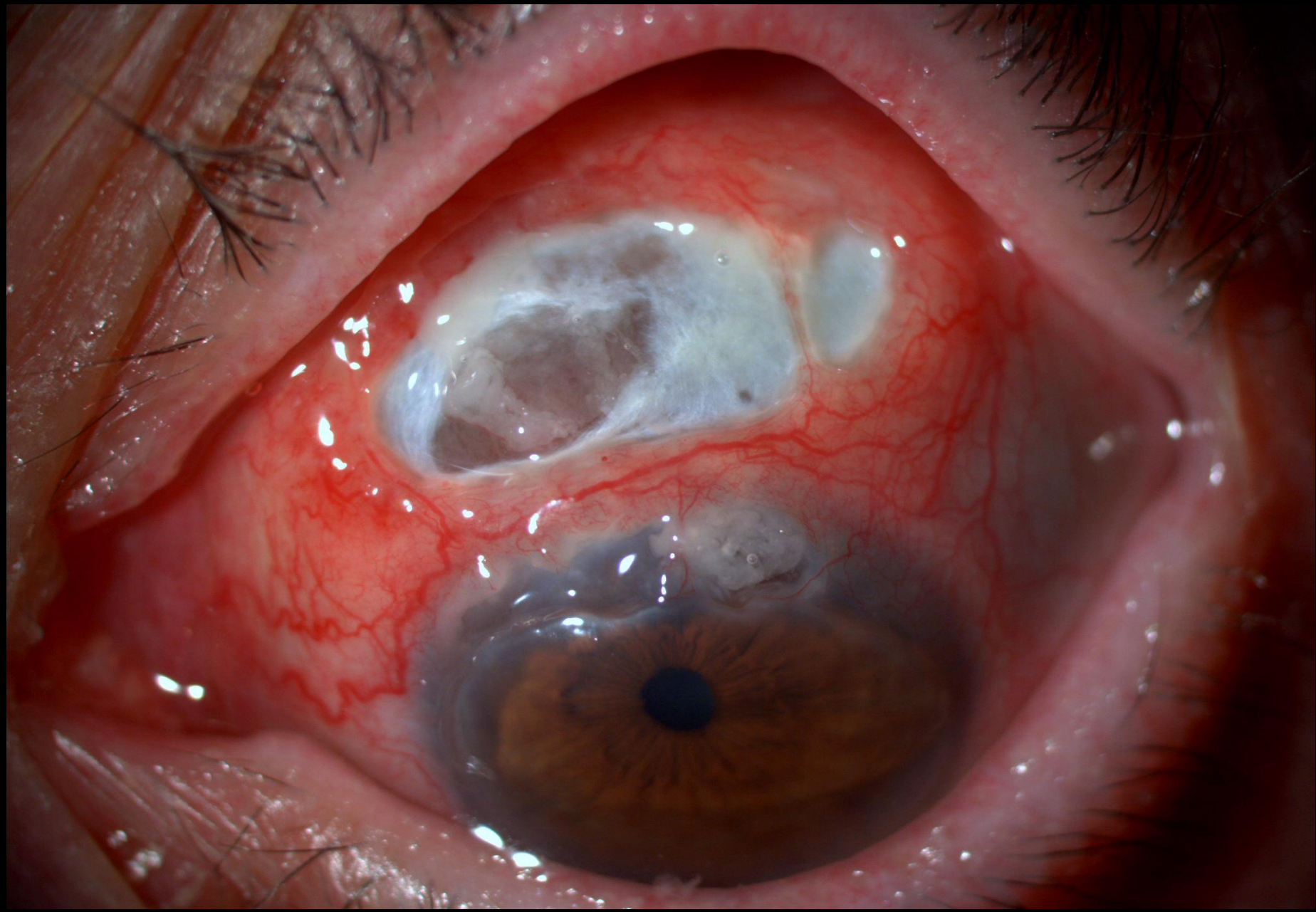
İnflamasyonlu Ön Nekrotizan Sklerit

- En agresif form
- Çoğunlukla bilateral (%60)
- Oküler ve sistemik komplikasyon gelişimi (%60)

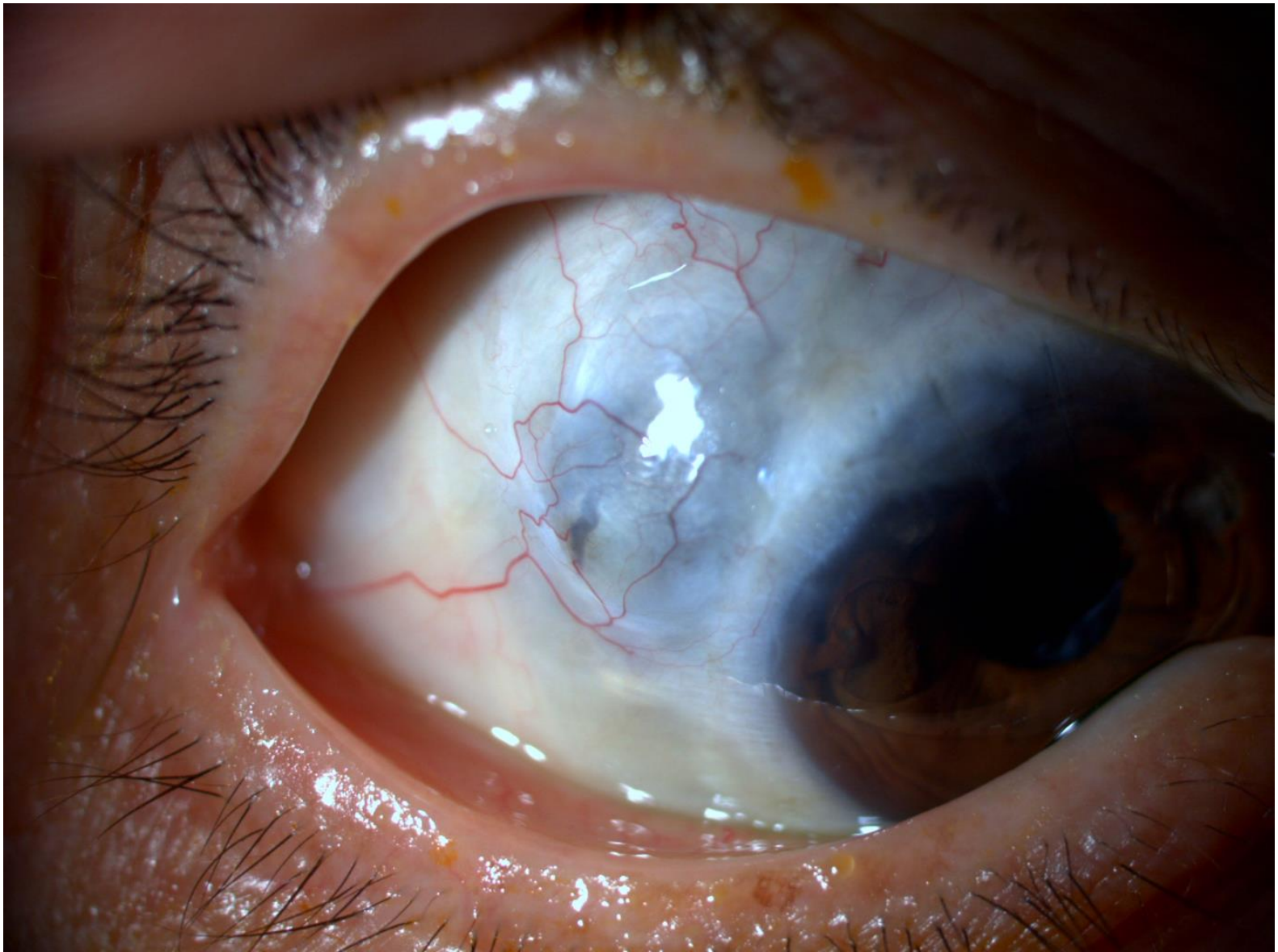
  %40 görme kaybı

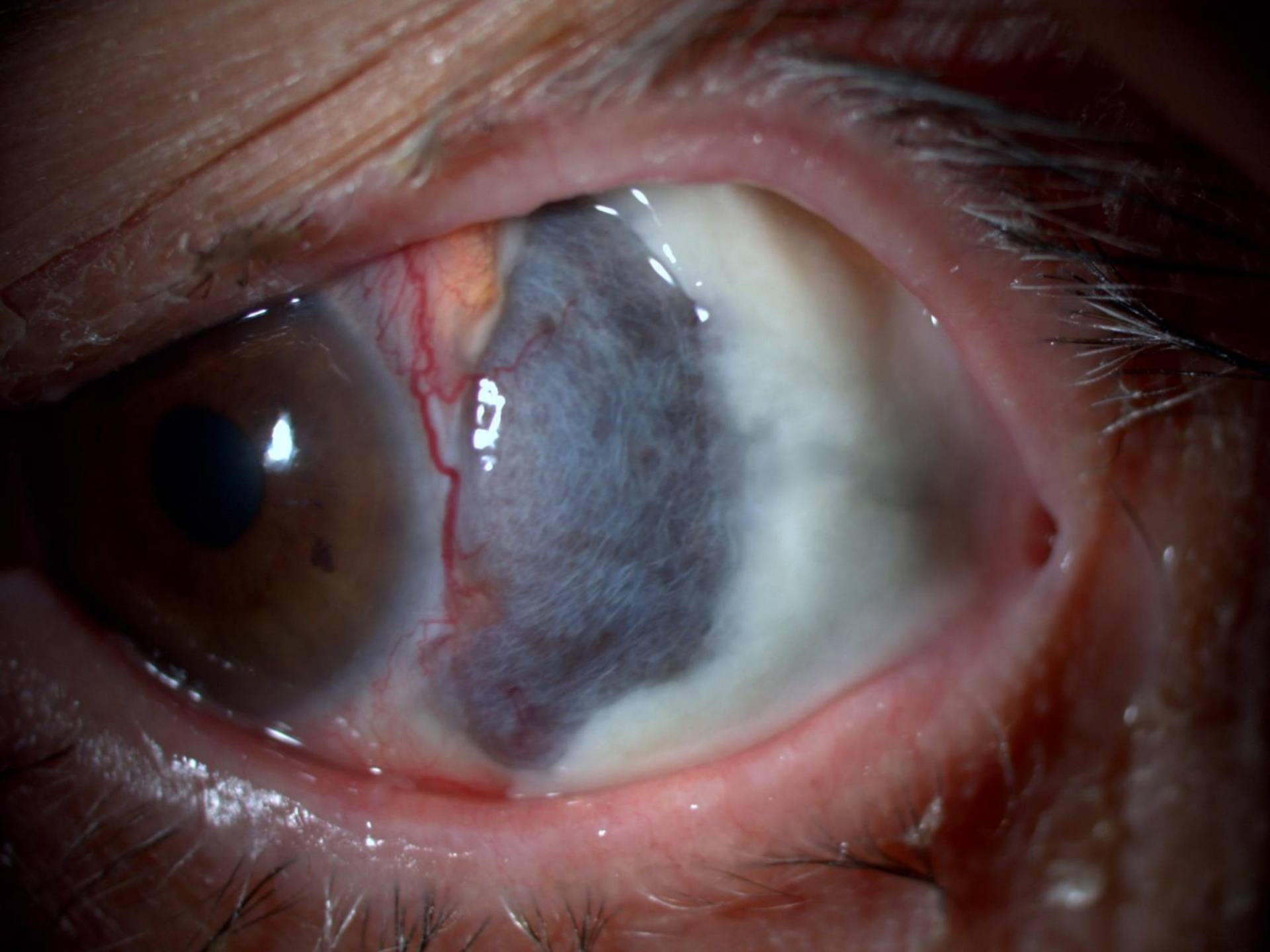
  %29 sistemik vaskülit nedeniyle 5 yıl içinde ölüm



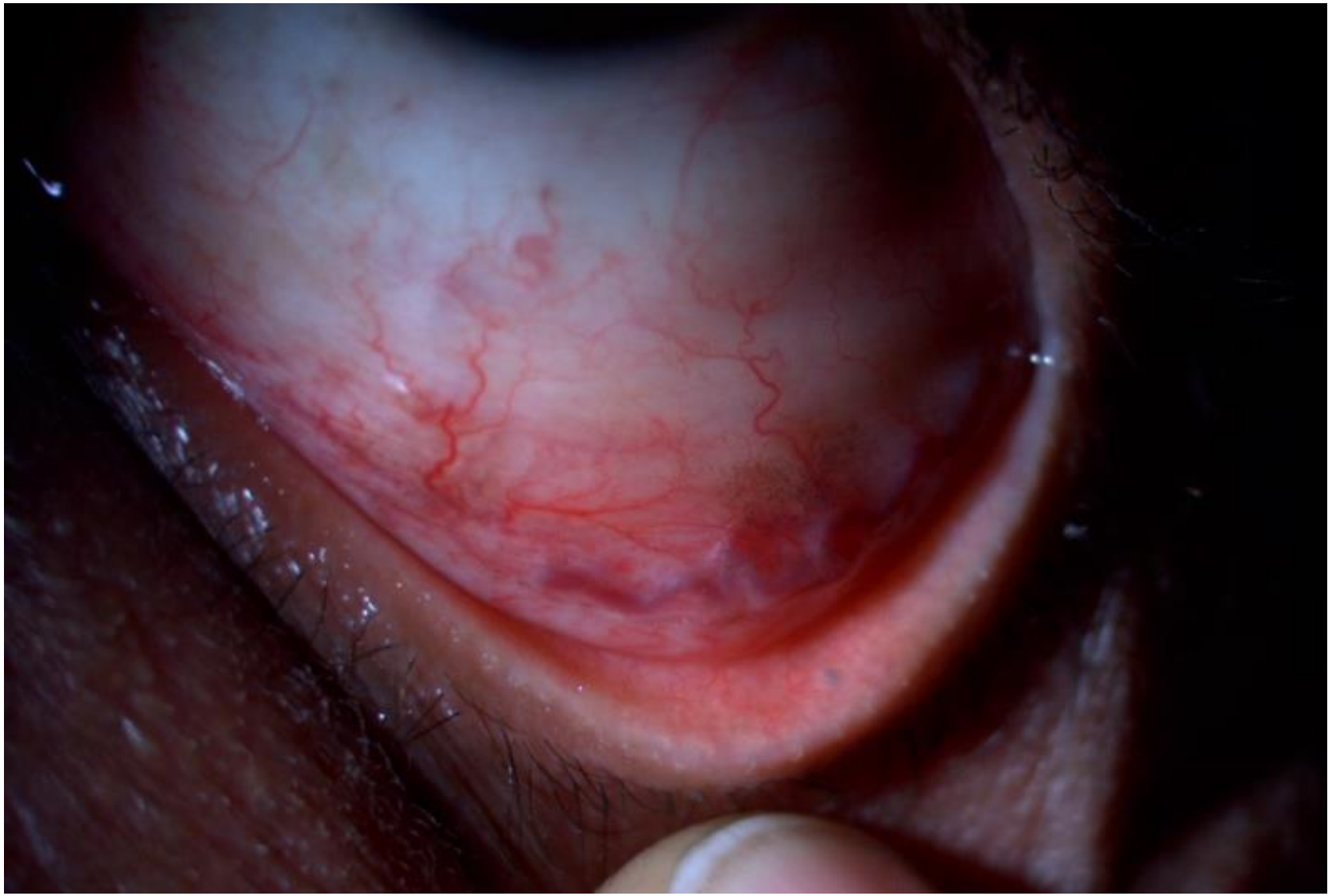


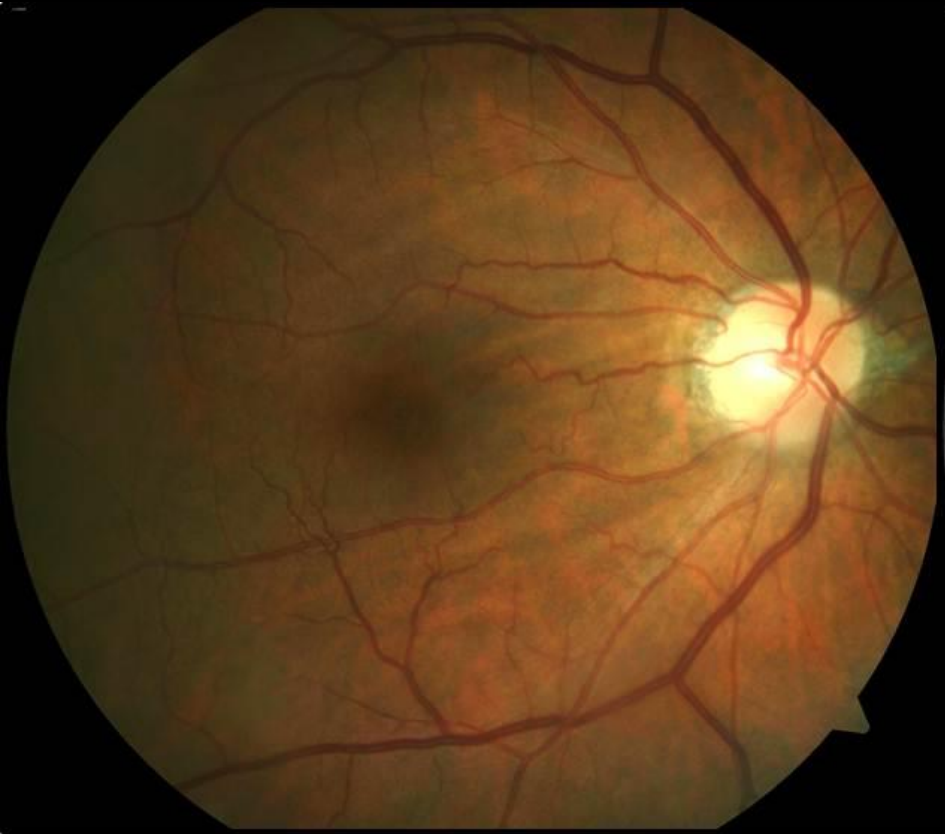
Skleromalazia Perforans

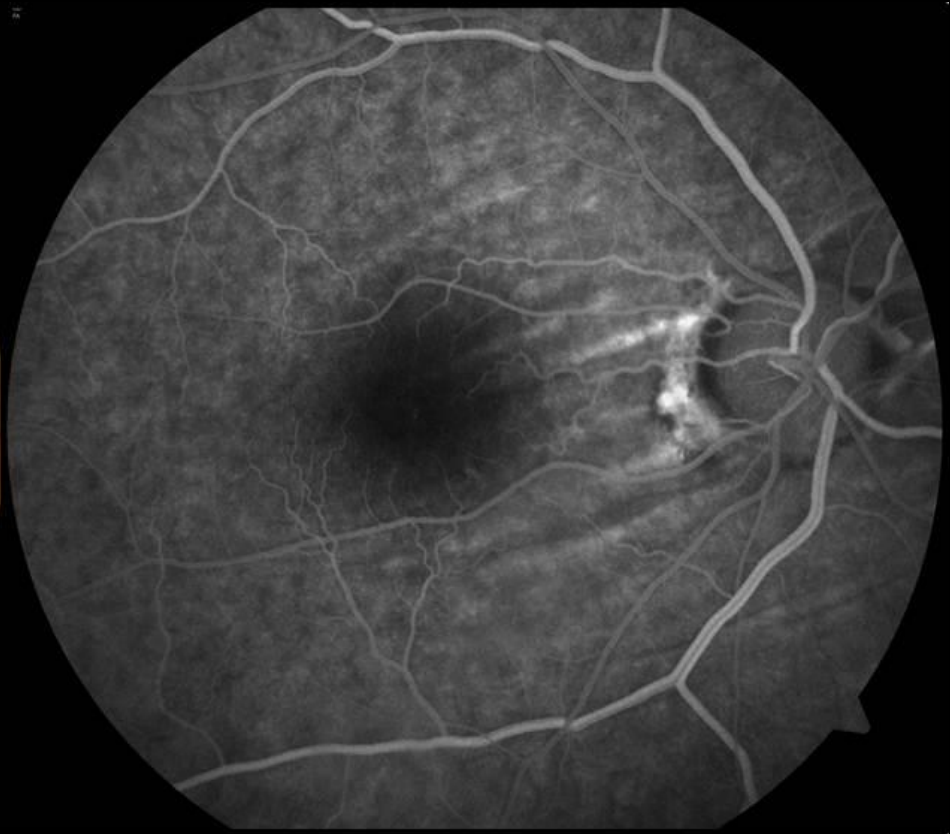


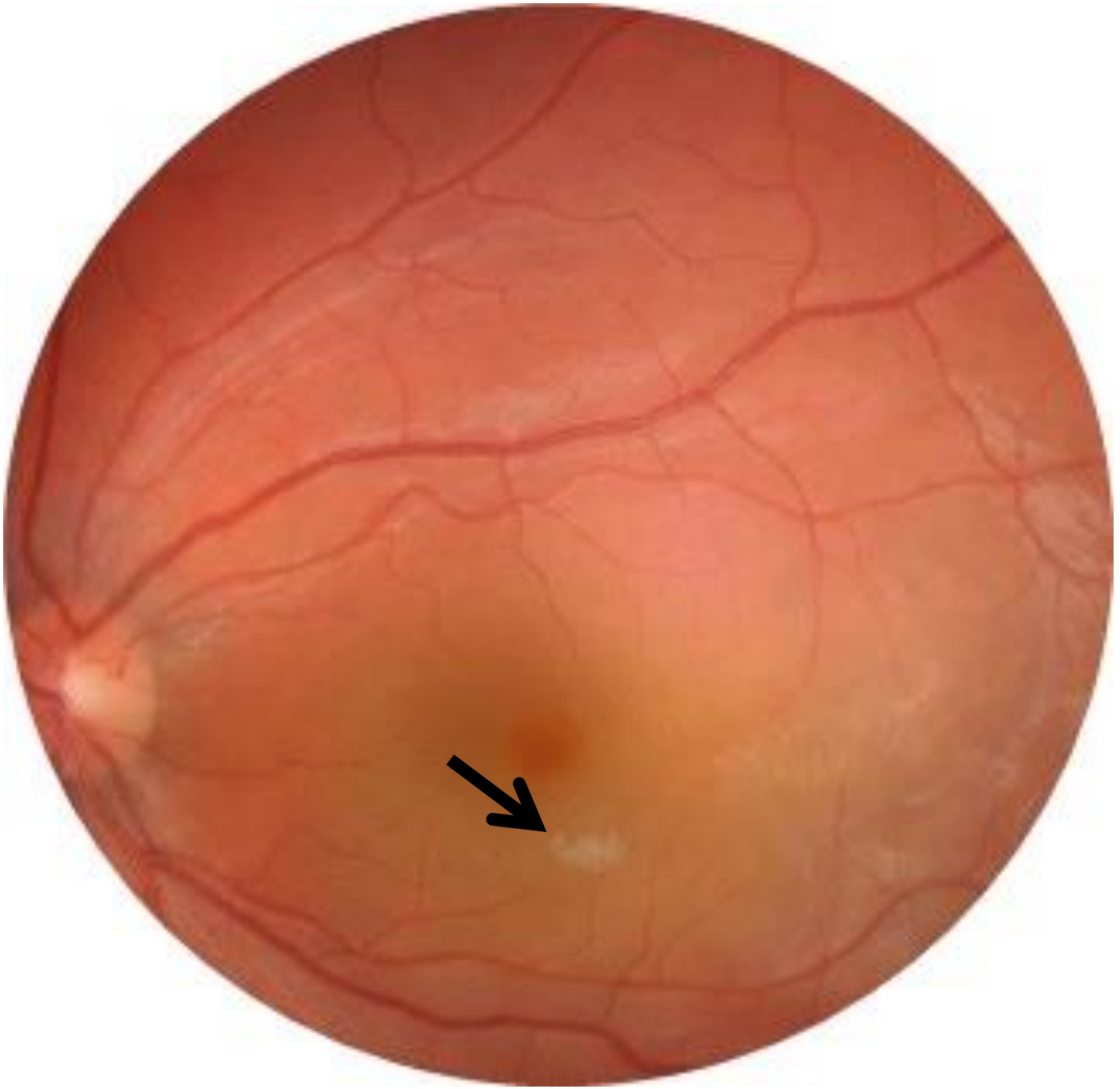


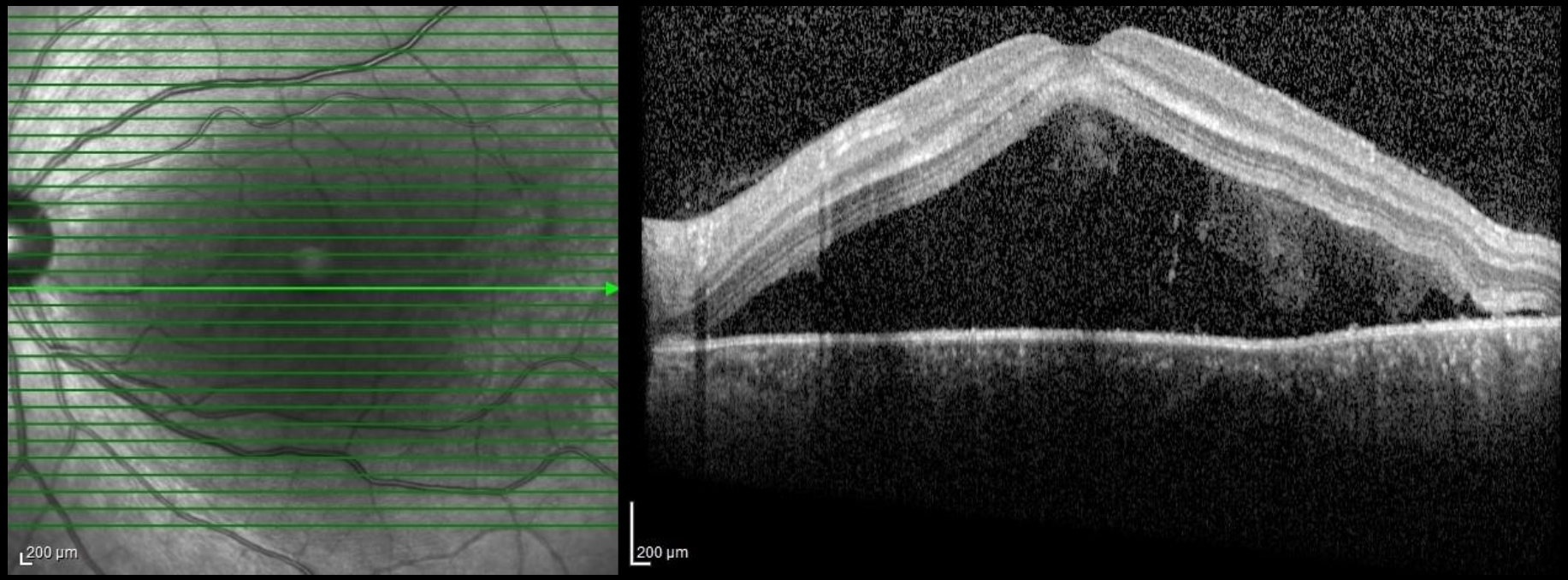
Arka Sklerit

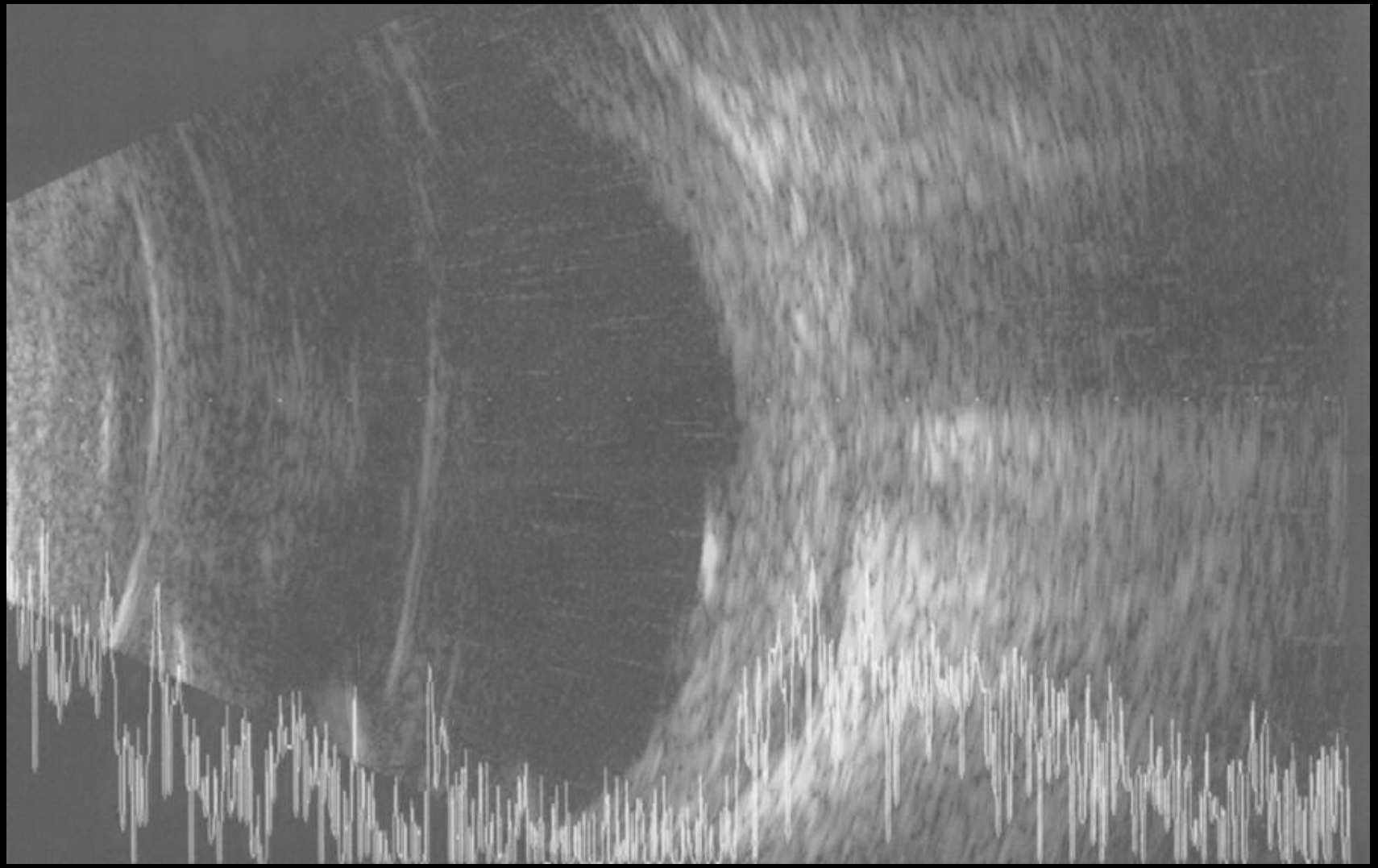









200 µm
200 µm



İlişkili Olduğu Hastalıklar

- RA
- JİA
- Tekrarlayan Polikondritler
- Granülomatozisli Polianjitiis
- PAN
- SLE
- AS
- UK, Chron Hastalığı
- Reiter Sendromu
- Sarkoidoz

Enfeksiyöz Nedenler

- Lyme hastalığı
- Bartonella
- Sifiliz
- Tüberkülöz
- Herpes Zoster
- Acantomoeba keratiti

Komplikasyonlar

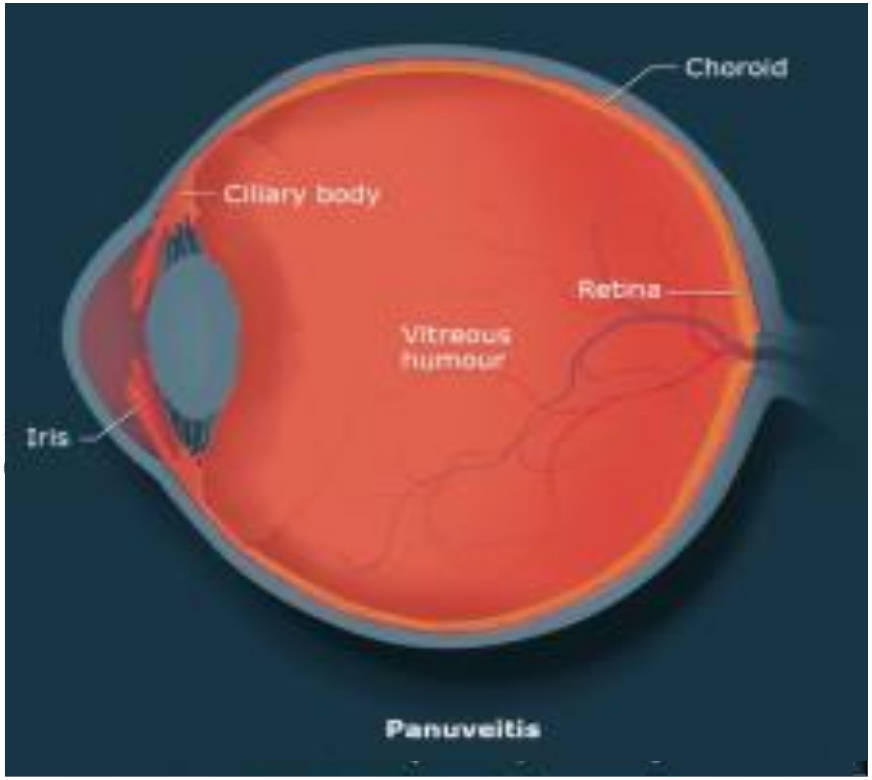
- Keratit
- Üveit
- Katarakt
- Eksudatif retina dekolmanı
- Makula ödemi
- Hipotoni
- Perforasyon

Tedavi

- Topikal ve sistemik steroidler
- İmmünsüpresif ilaçlar (MTX, mikofenolat mofetil, azatiopirin, sandimmun, siklofosfamid)
- Biyolojik ajanlar (Rituximab)

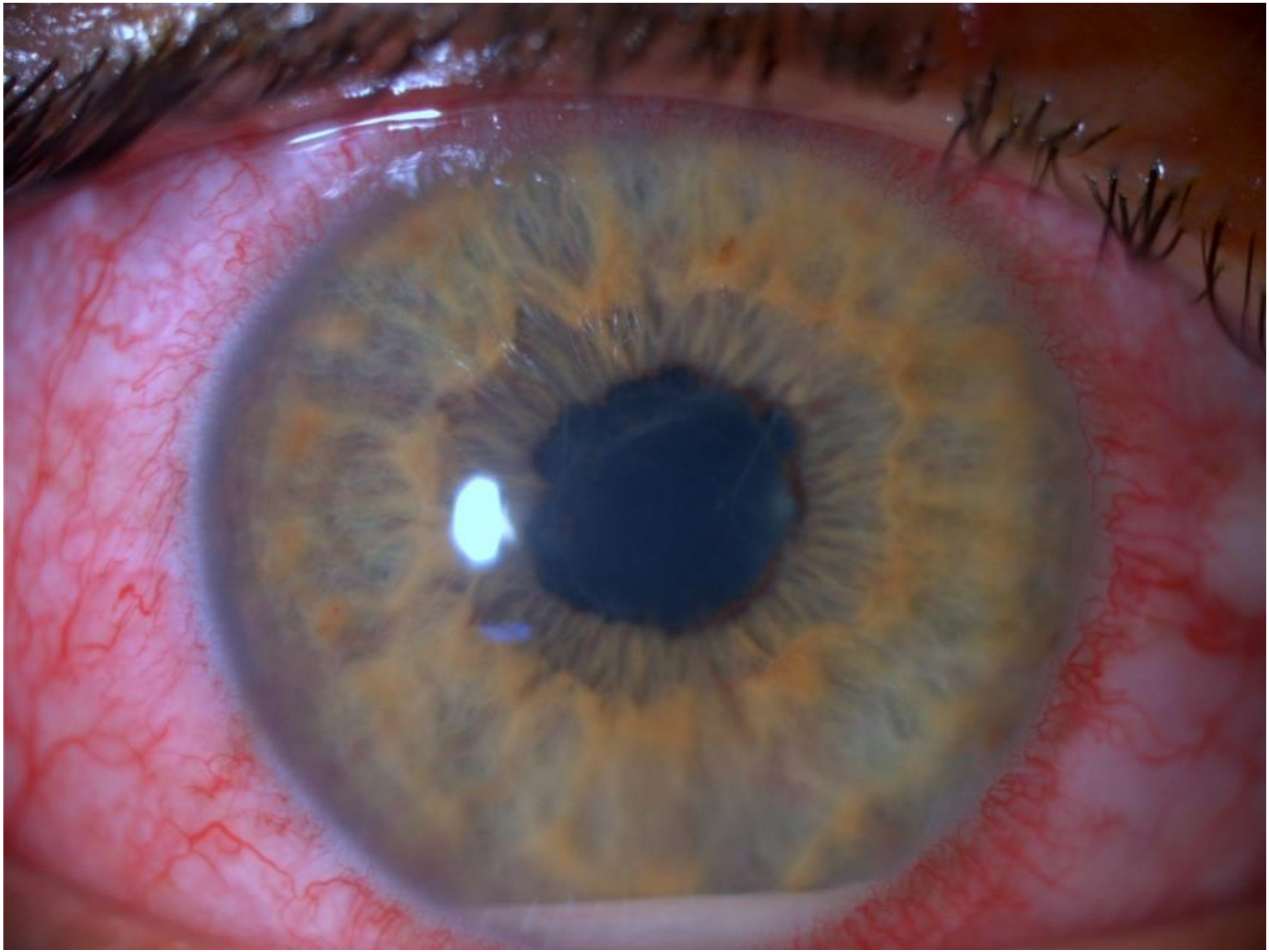
Üveit

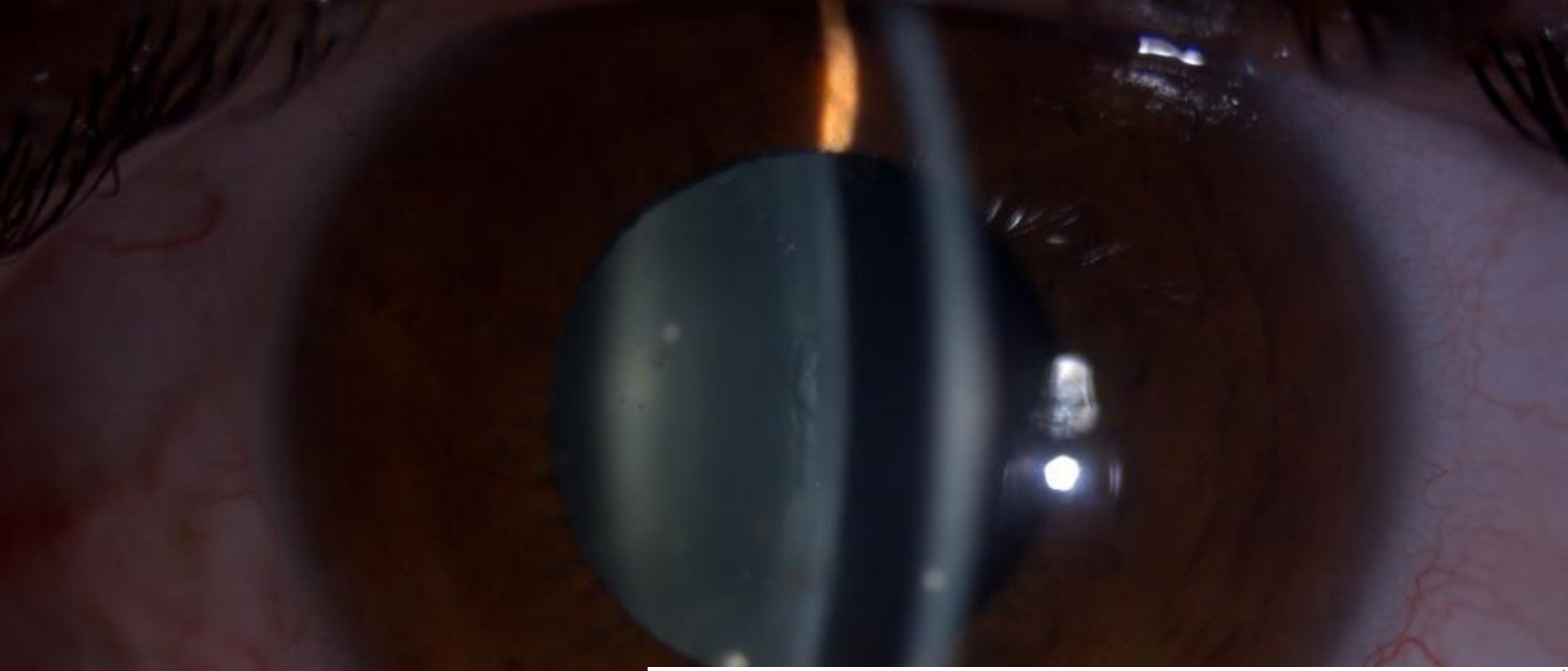
- Uveal sistemin inflamasyonu (iris, siliyer cisim ve koroid) ile karakterize görmeyi tehdit edici ciddi bir hastalık



Ön Üveit

- Kırmızı göz
- Ağrı
- Fotofobi
- Lakrimasyon
- Keratik presipitatlar
- Ön kamara bulanıklığı ve hücreler
- Arka ve ön sineşiler

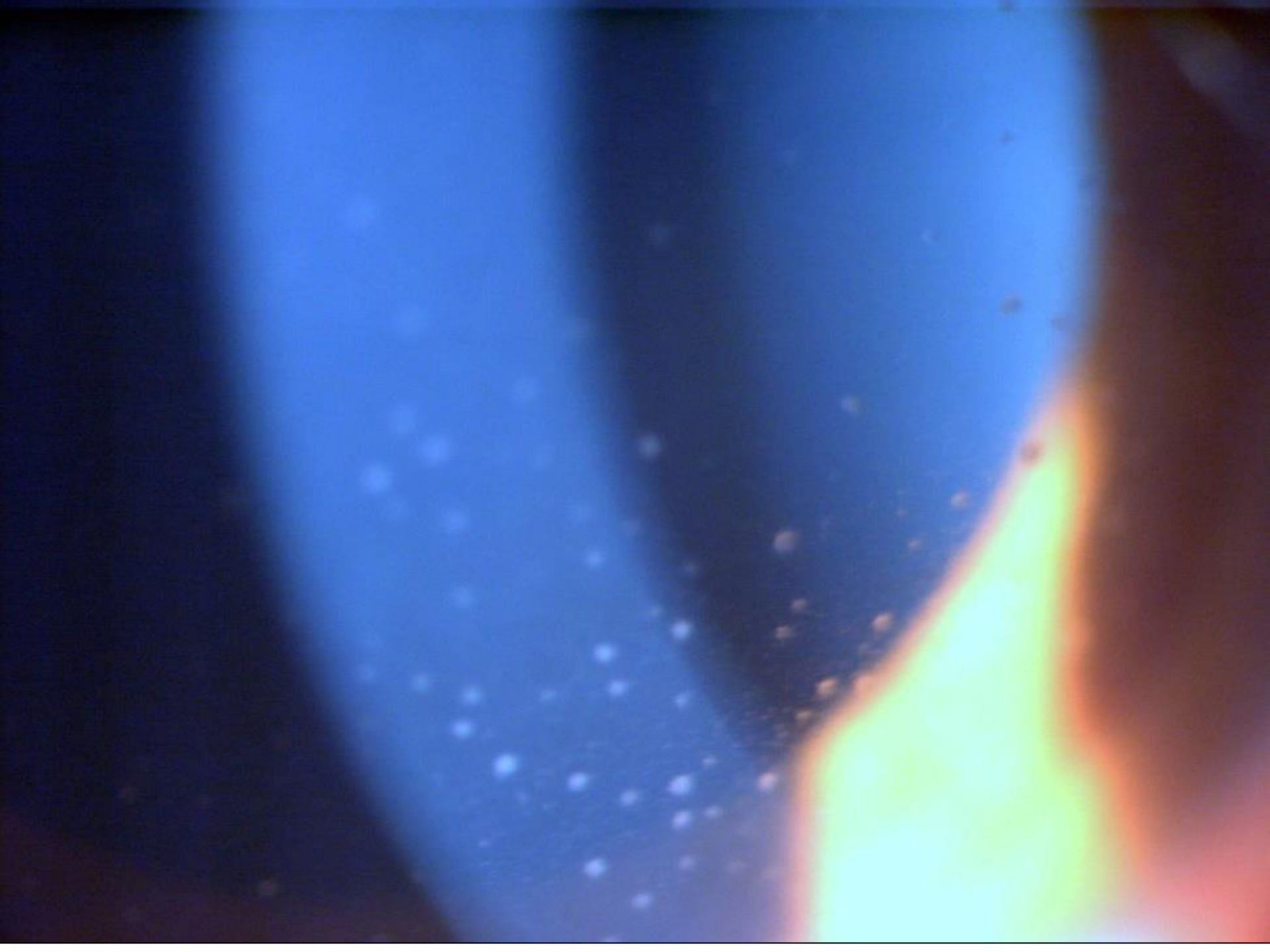


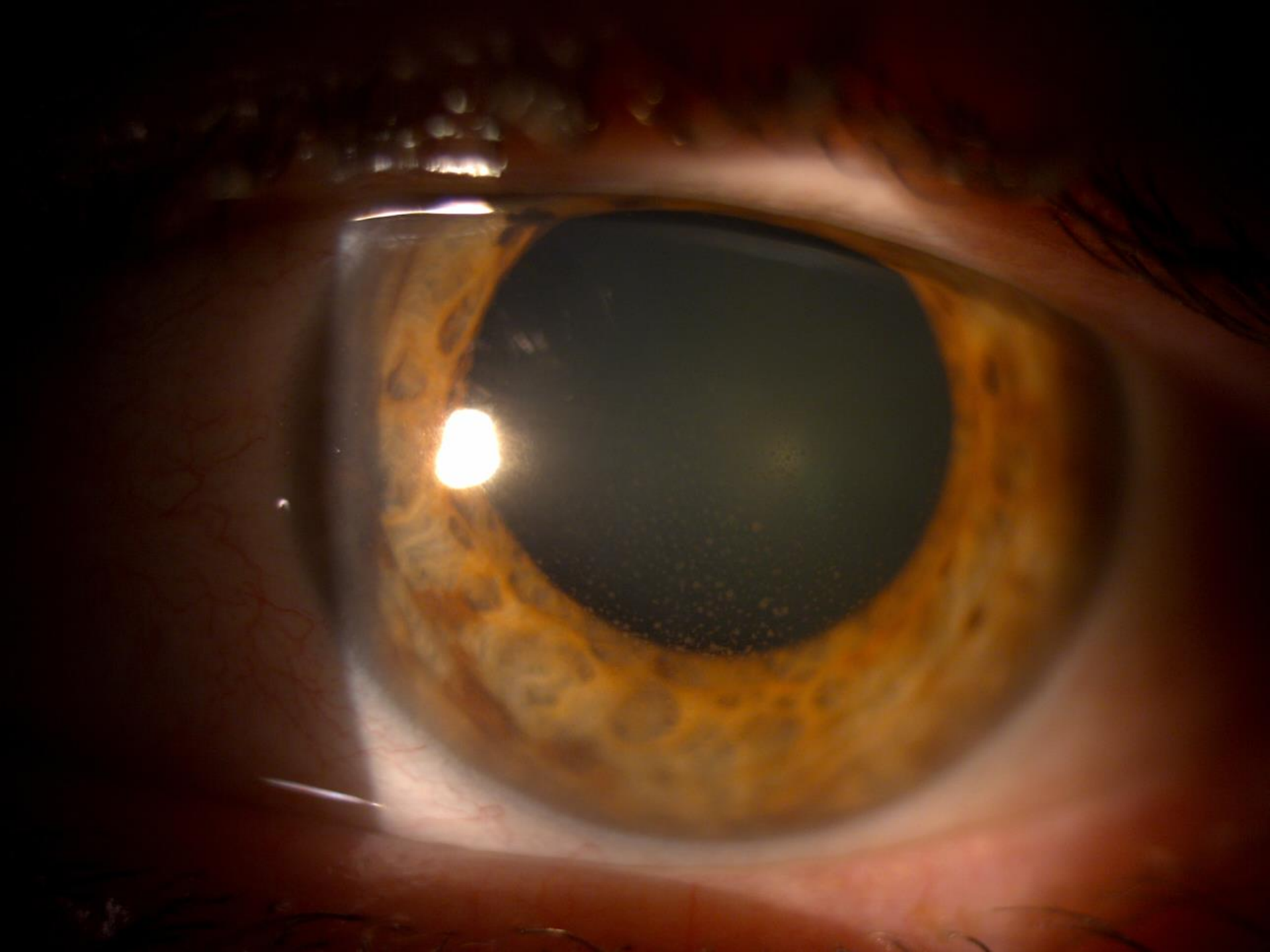


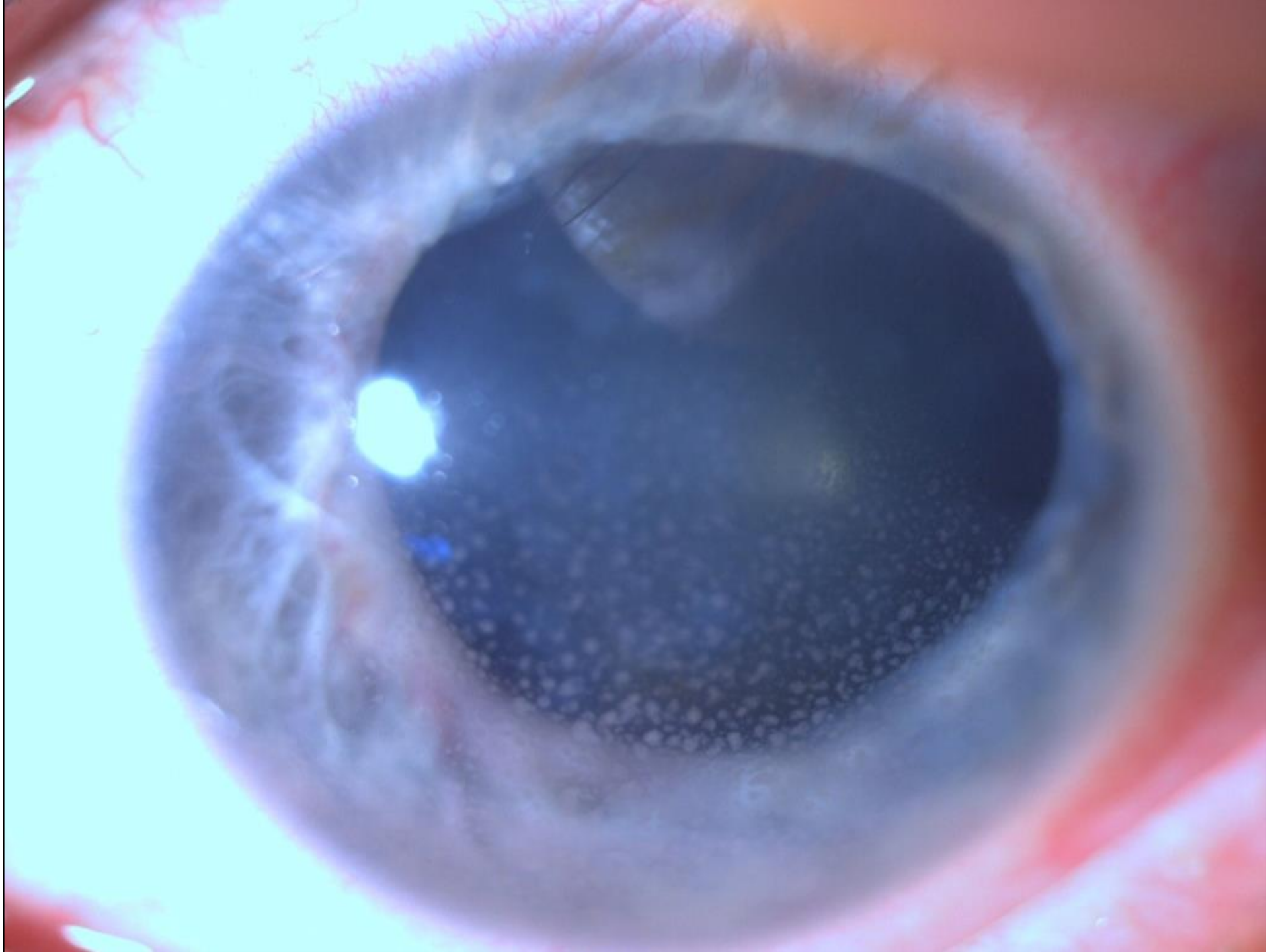
Grade	Cells in Field[†]
0	<1
0.5+	1–5
1+	6–15
2+	16–25
3+	26–50
4+	>50

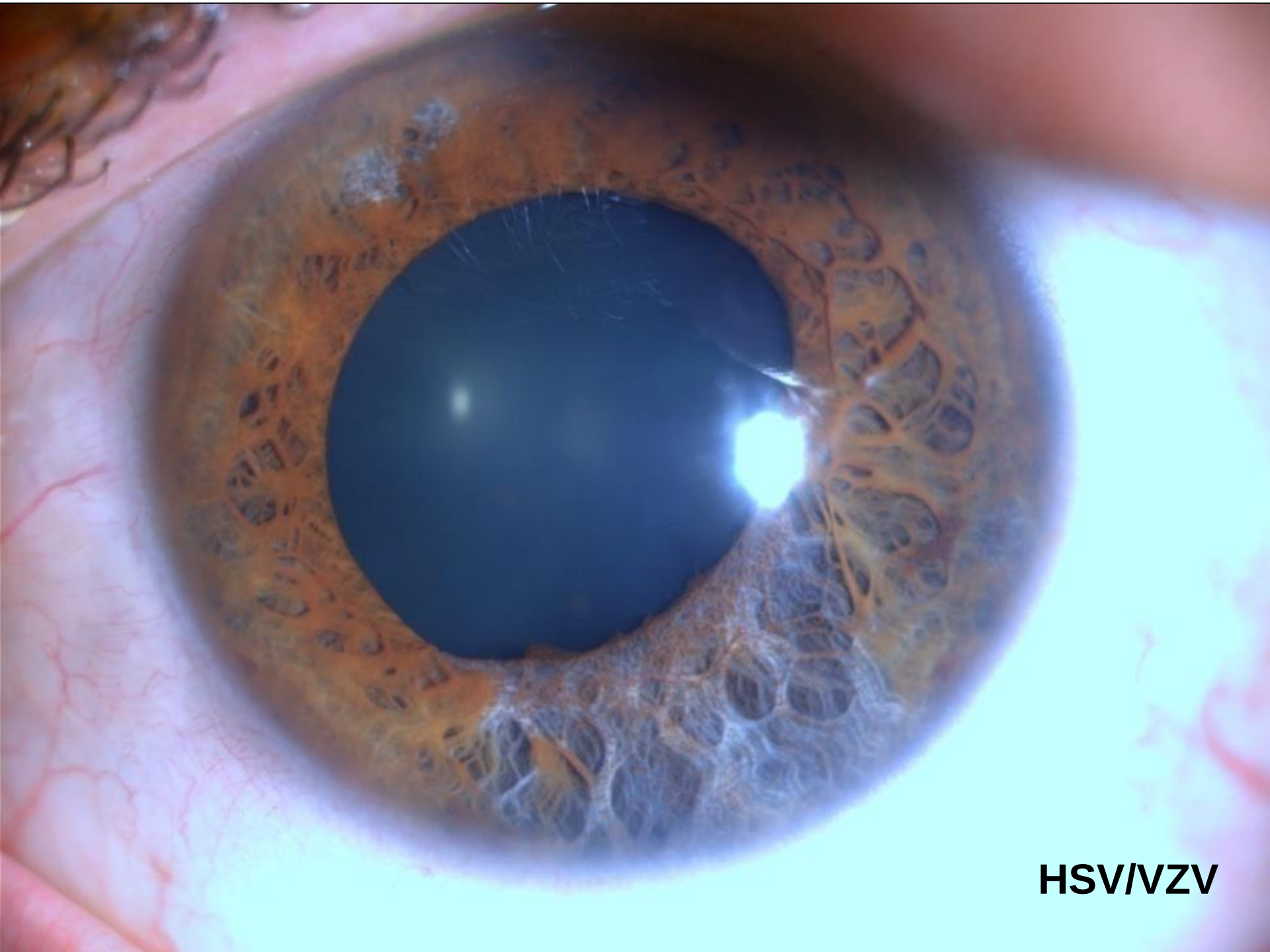
*SUN = Standardization of uveitis nomenclature.

[†]Field size is a 1 mm by 1 mm slit beam.



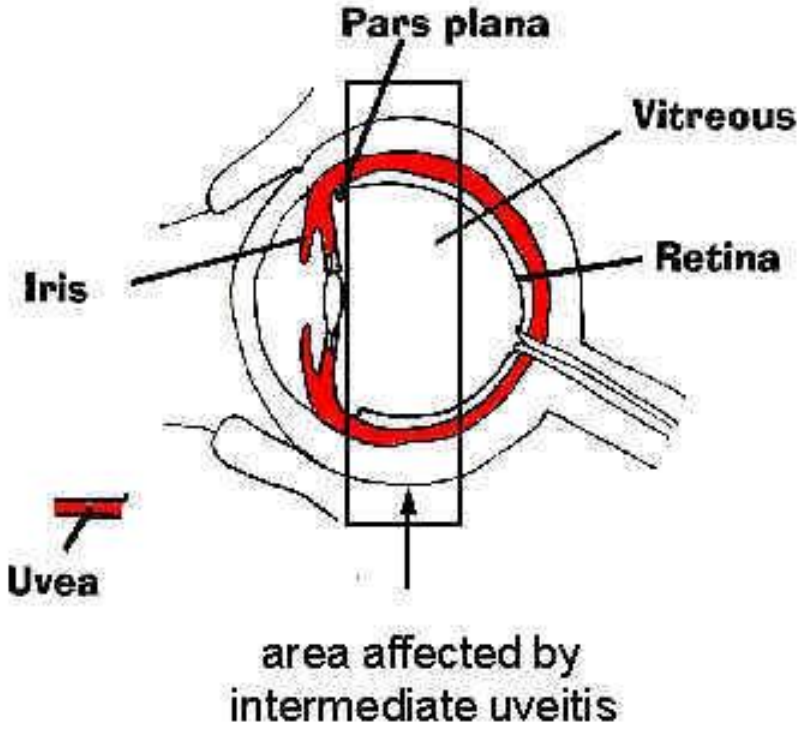


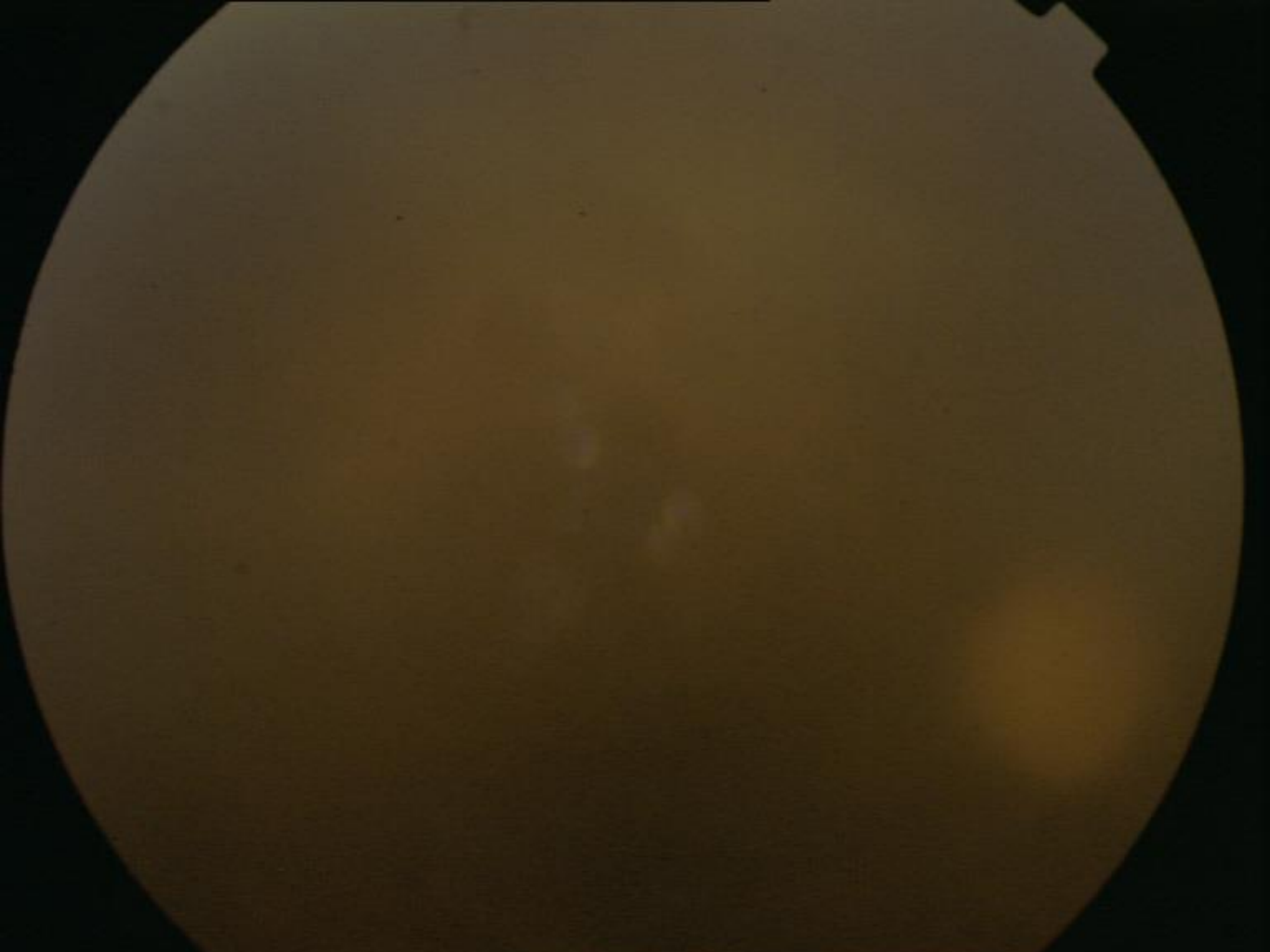


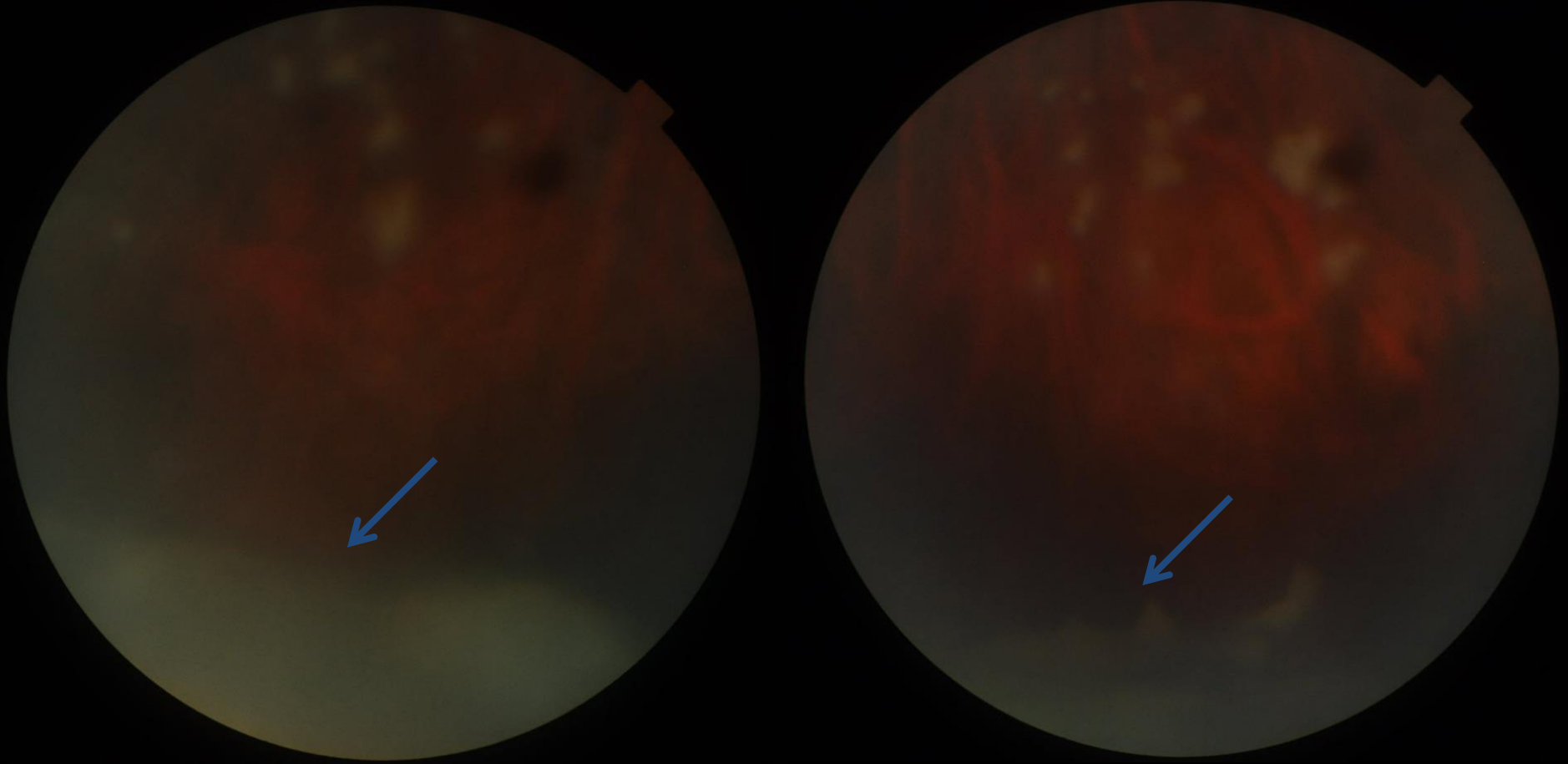

HSV/VZV

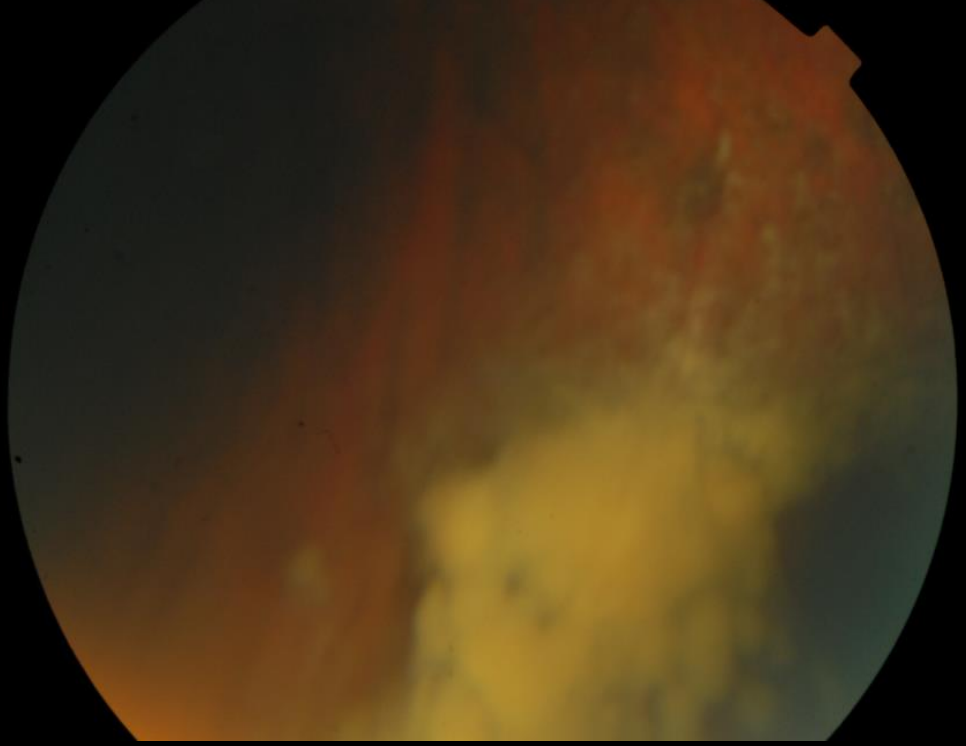
İntermediate üveit

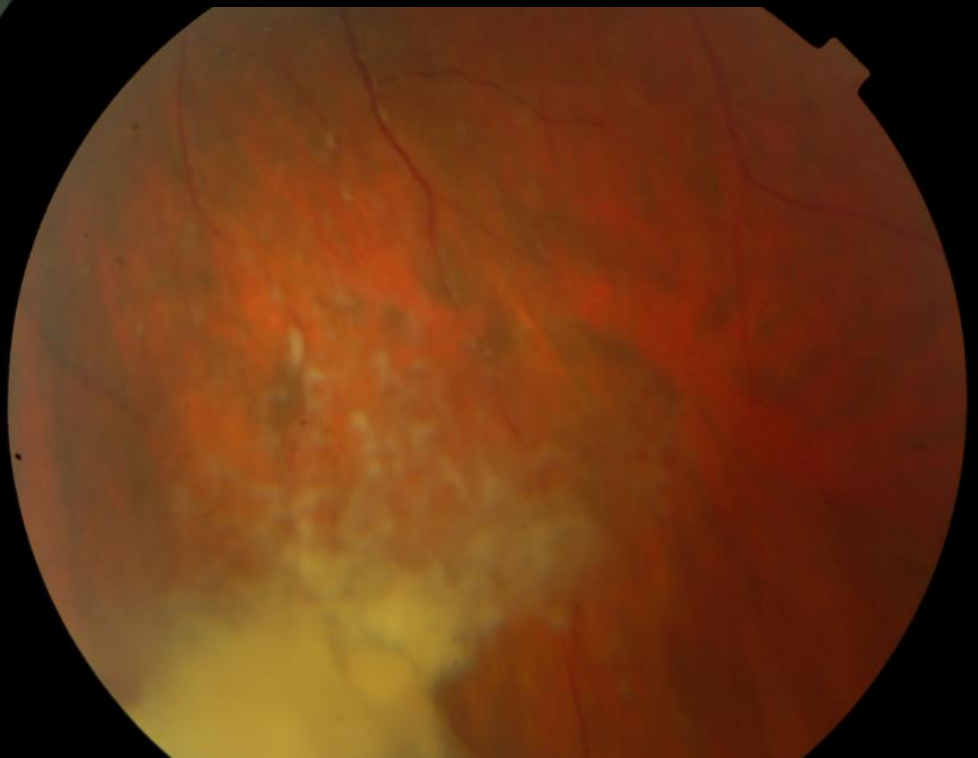
- Uçuşan cisimler
- Vitrit
- **Kar topu opasiteleri**

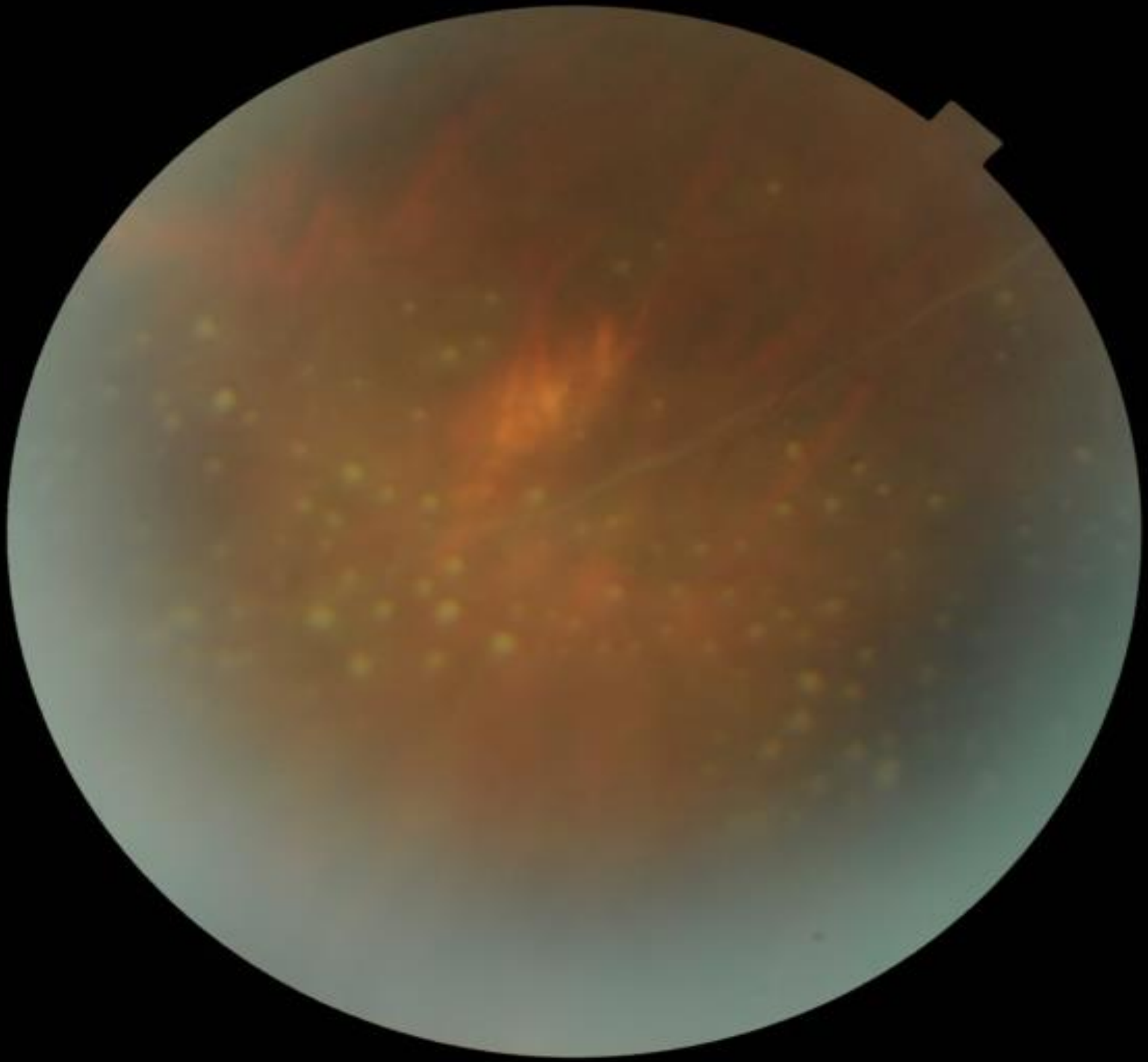




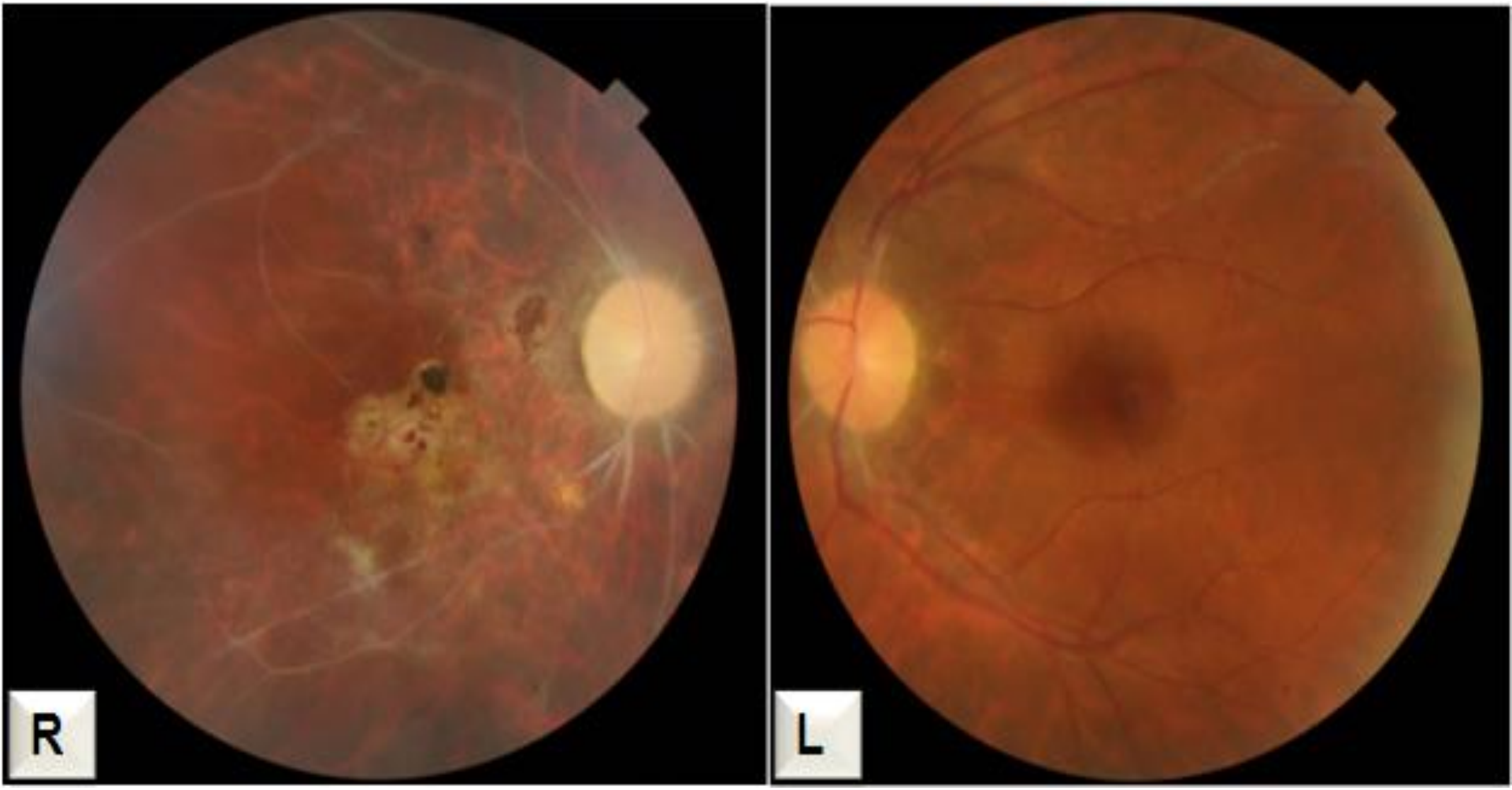






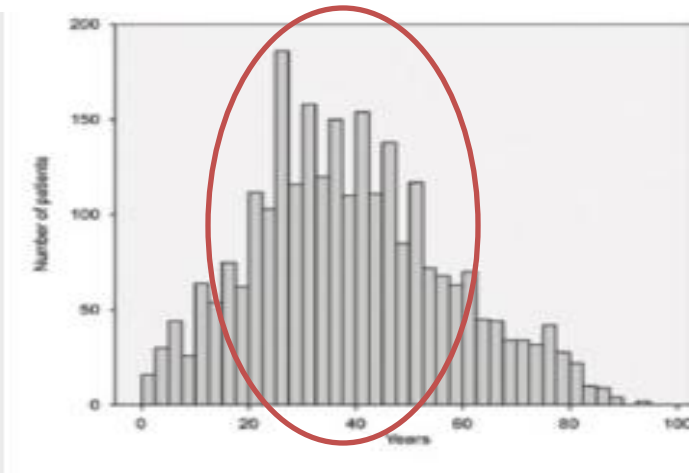


Arka Üveitte Semptom: Görme Azlığı



Epidemiyoloji

- Nadir görülmesine karşın, körlüklerin %10-20' sinden sorumlu
  - İnsidans 52/100.000
  - Prevalans 115/100.000



- En sık genç ve orta yaşta görülür
  - %70-90 oranında çalışan yaş aralığında (20-60 y)
- Vakaların %50' si arka segmenti ilgilendirir

  Arka segment tutulumlu vakaların %10'nu körlükle sonuçlanır
- %25-50'de altta yatan sistemik bir hastalık var

Suttorp-Schulten MS, Rothova A. Br J Ophthalmol. 1996 Sep; 80(9): 844–848.

Kasım 2008 –Ekim 2011

- **33 merkez**
- **4863 hasta**

  3702 **(%76.1) non-enfeksiyöz**

  761 (%15.6) enfeksiyöz

  400 (%8.2) idiyopatik

Ocul Immunol Inflamm. 2018;26(1):17-26. doi: 10.1080/09273948.2016.1196714. Epub 2016 Jul 28.

Demographic and Clinical Characteristics of Uveitis in Turkey: Report.

Yalçındağ FN[1], Özdal PC[2], Özyazgan Y[3], Batıoğlu F[1], Tugal-Tutkun I[4]; BUST Study Group.

Author information

Abstract

PURPOSE: To describe the demographic and clinical profiles of uveitis patients seen at secondary and tertiary care centers in Turkey.

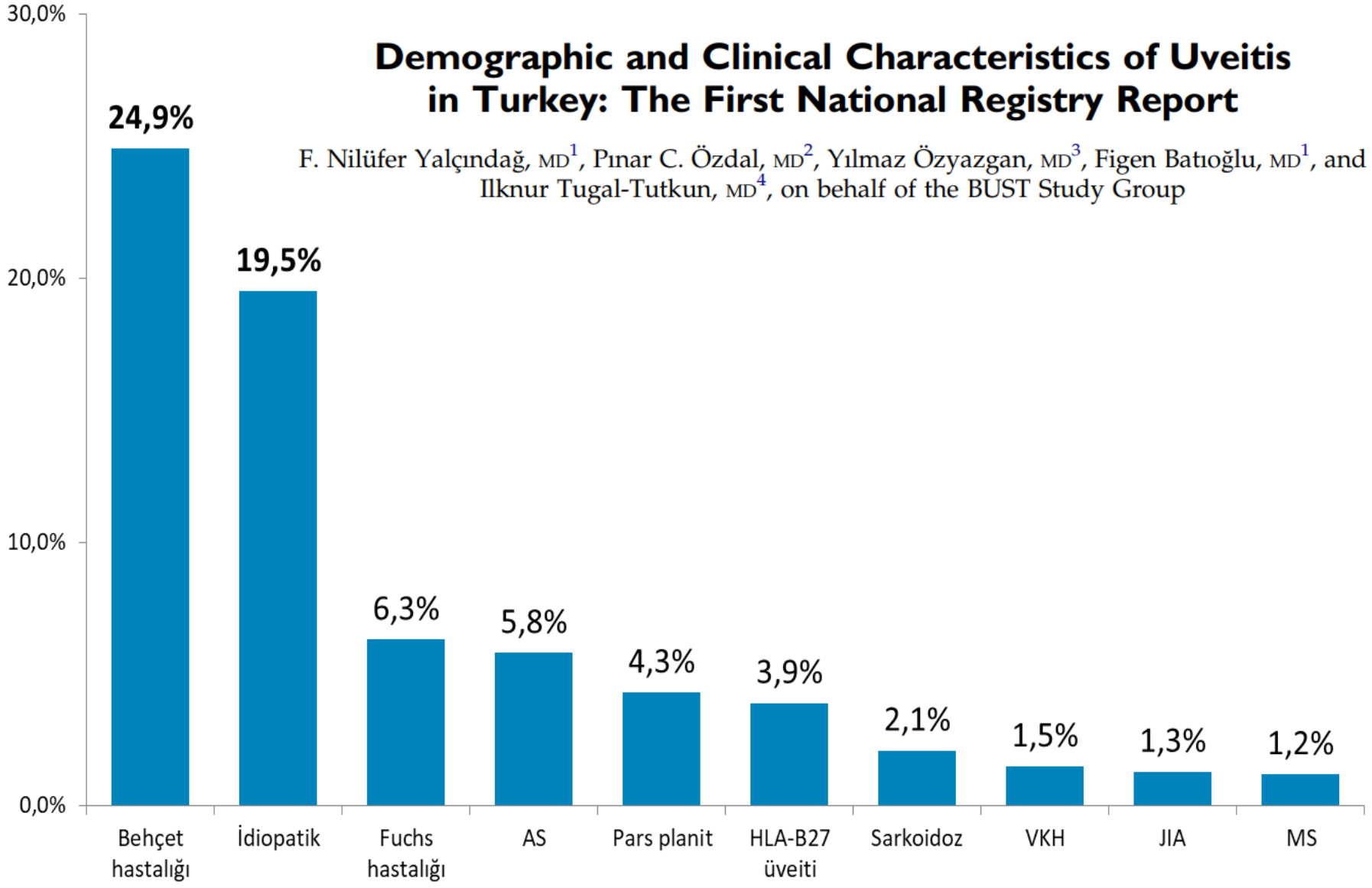
METHODS: A nationwide web-based registry of patients with uveitis was initiated in November 2008. We analyzed data from a single baseline registry-enrollment visit.

RESULTS: In 33 centers, 6967 eyes of 4863 consecutive patients were registered. The mean age at presentation was 36.6 ± 15.7 (1-92) years; 51.3% were male. Behcet disease was the leading diagnosis (24.9%), followed by ankylosing spondylitis and/or HLA-B27-associated anterior uveitis (9.7%), toxoplasmosis (7.1%), Fuchs uveitis (6.3%), and presumed herpetic anterior uveitis (6.0%). Visual acuity was 0.1 or worse in 22% of eyes. The most common ocular complications were posterior synechiae (16.2%) and cataract formation (16.2%).

CONCLUSIONS: Behçet disease is still the most common non-infectious etiology in Turkish uveitis patients, while ocular toxoplasmosis and herpetic anterior uveitis are the most common infectious uveitic entities.

PMID: 27467500 DOI: 10.1080/09273948.2016.1196714

Türkiye’de Non-İnfeksiyöz Üveit (NIU) Etiyolojisi



Behçet Hastalığı ve Oküler Tutulumu

Prevalans (n/100.000):

0.1-7.5[1] **13-20**[2] **80-420**[3]

Oküler tutulum:

- %50-70 (Santos-Gomez 2016)
- %60-80 (Ueda 2015)
- %50-70 (Calvo-Rio 2014)
- %30-70 (Interlandi 2014)
- >%50 (Tuğal Tutkun 2012)
- %27-70 (Özbalkan 2006)

(1889 - 1948)

Dermatolog
1937

Oral aft + Genital ülser +Hipopiyonlu iritis

1. Calamia KT et al. Arthritis Rheum. 2009 May 15;61(5):600-4
2. Sakane T et al. N Engl J Med 1999; 341:1284-91
3. Cakir N et al. Clin Exp Rheumatol 2004; 22 (Suppl. 34): S53-S55

Klinik Bulgular

HLA-B 51 + ⟹ risk 9.4 kat↑

Major Kriterler:

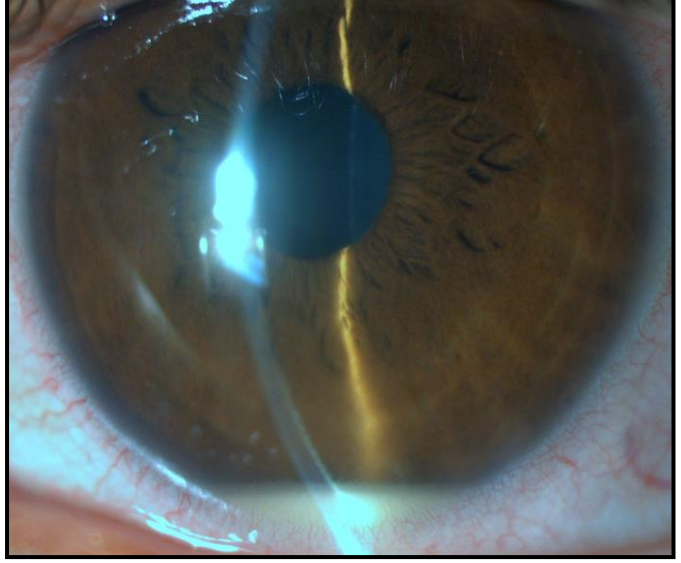
- Rekürren aftöz ülser(%98) -genellikle ilk bulgu
- Deri bulguları (%90)
- Genital ülserler (%80)
- Göz bulguları (%70)

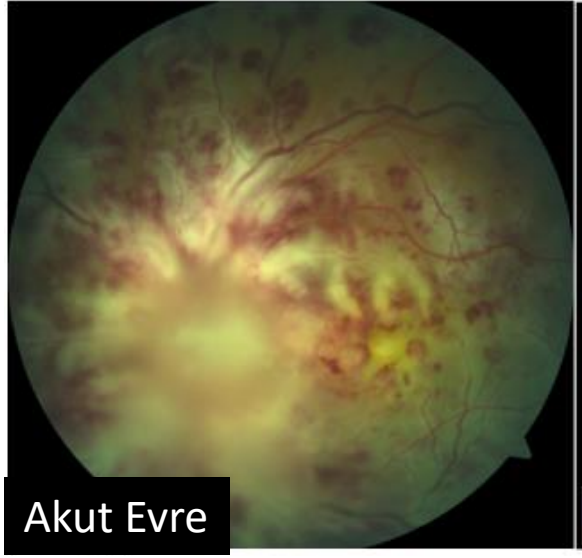
Minör Kriterler:

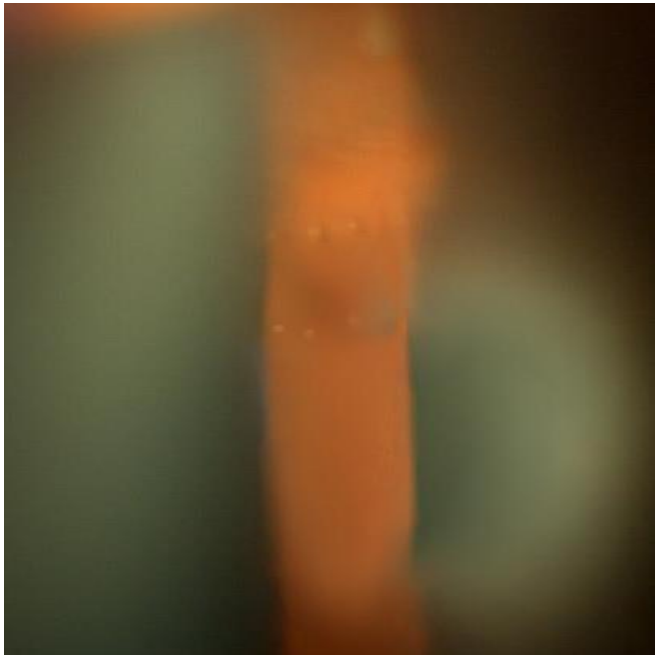
- Eklem bulguları
- Vasküler bulgular
- SSS bulguları
- GİS , GÜS tutulumu

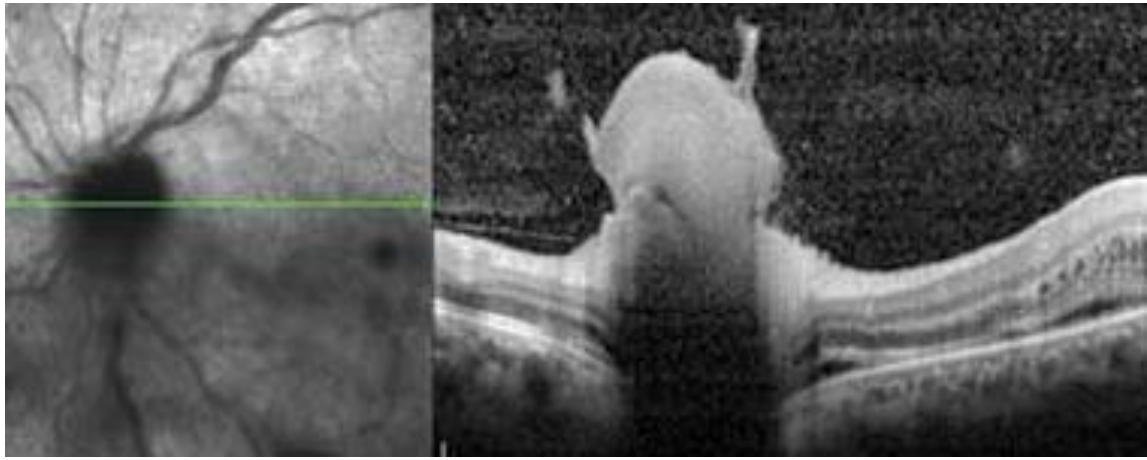
Tanı: 3 major
2 major+2 minör

"Uluslararası Behçet Çalışma Grubu Tanı Kriterleri"



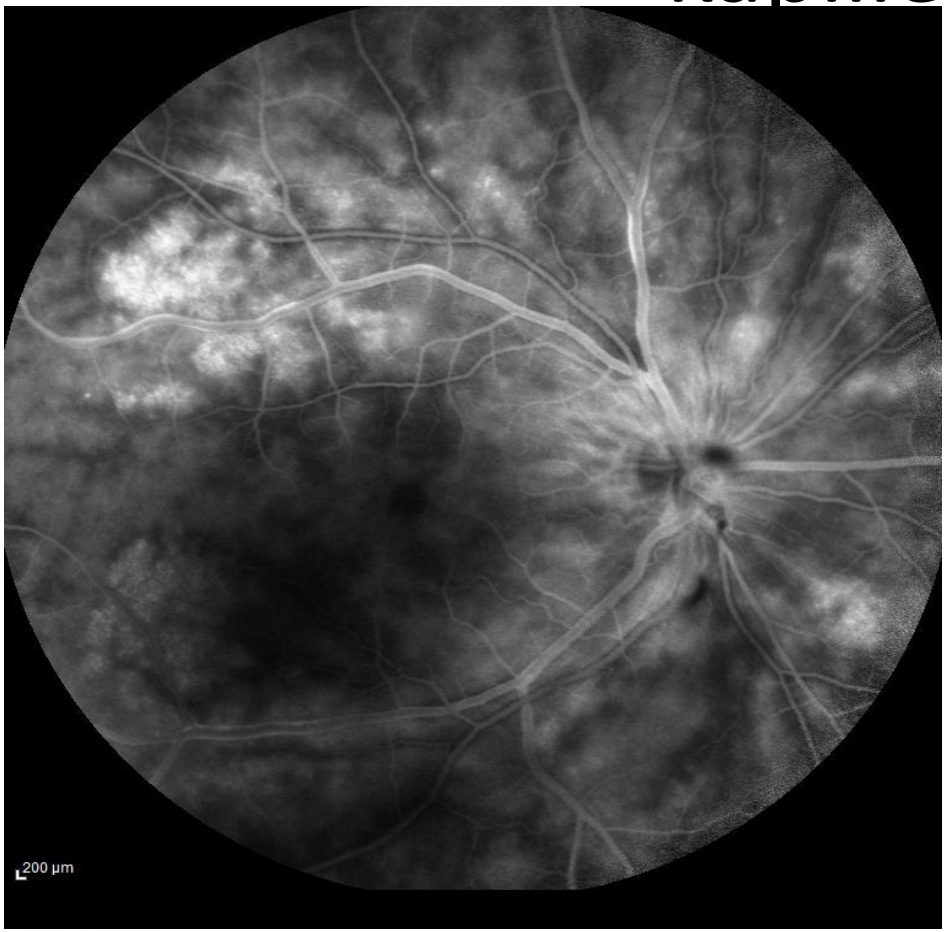


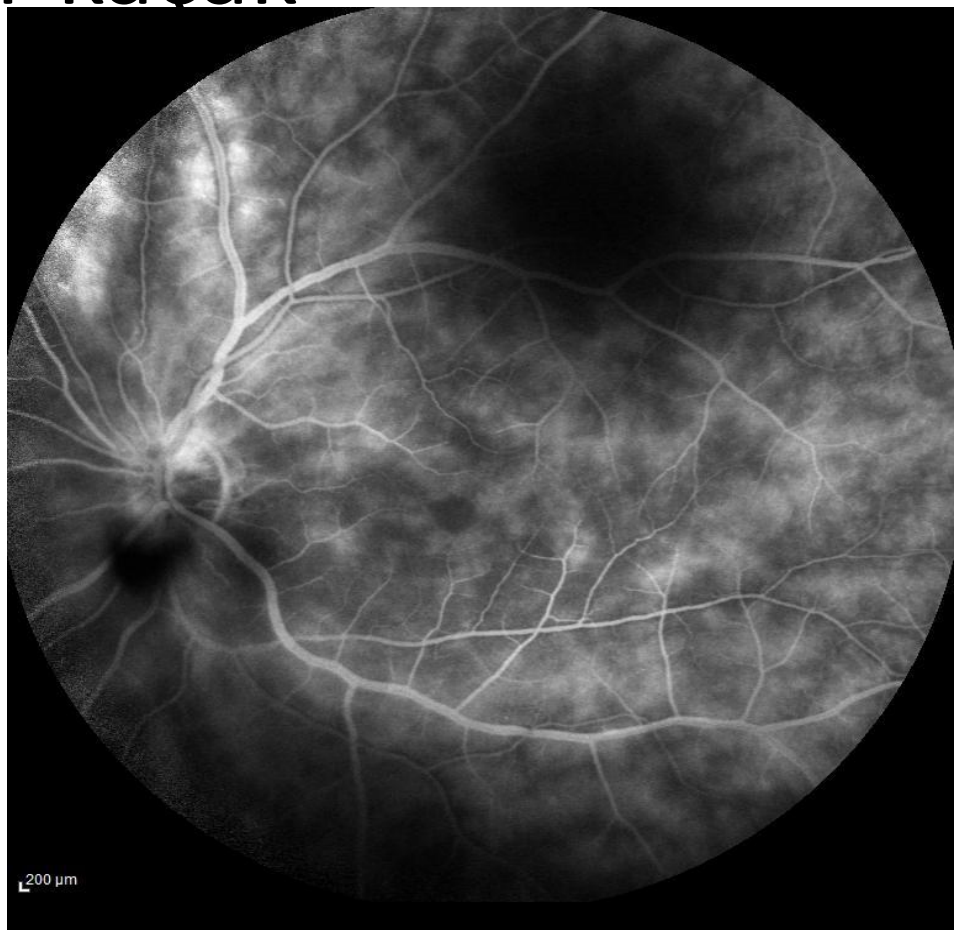




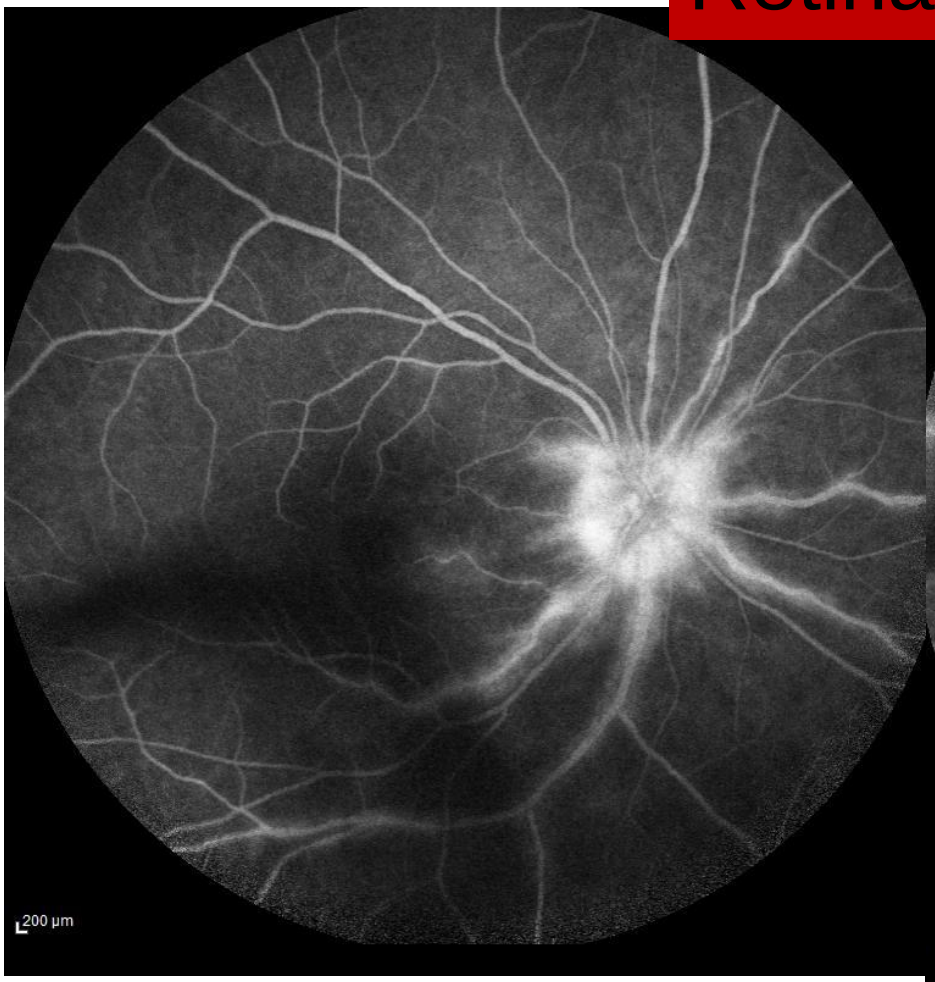
Panüveit ve Tıkayıcı Nekrotizan Retinal Vaskülit

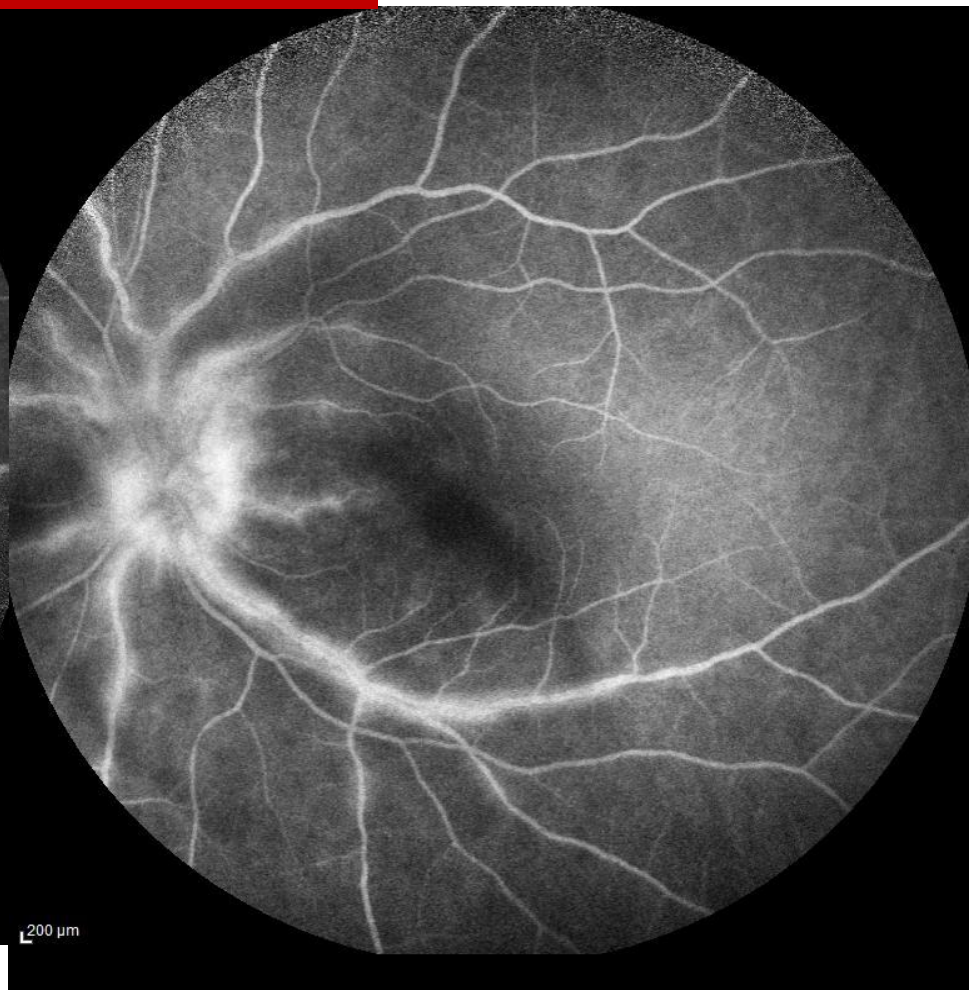
Eğrelti otu görünümünde - diffüz kapiller kaçak





Retinal Vaskülit





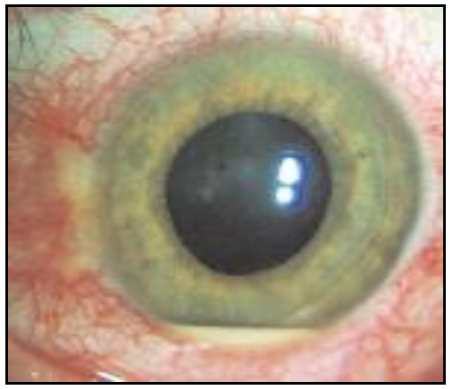
Retinal venlerin tutulumu

Behçet , Sarkoidoz,
MS, Pars planit, Eales Hast.

Retinal arterlerin tutulumu

İRVAN, Susac, SLE, Behçet
Sistemik vaskülitler

HLA B27 ile İlişkili Üveitler

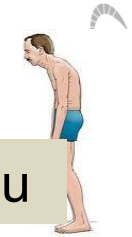


Etiyolojik tanı alan anterior üveit ⟶ en sık nedeni

- Unilateral, akut başlangıçlı
- Non-granülomatöz
- 20-40y, erkeklerde daha sık
- Posterior sineşi, hipopiyon (+)
- %50 'sinde alta yatan sistemik hastalık (+)

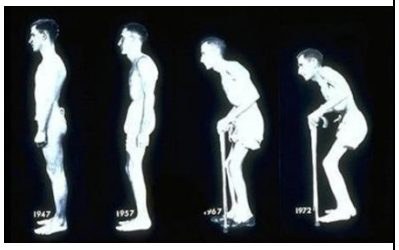
- %6.8 genel toplumda
- %50 akut ön üveitte

} HLA B27 (+)



SpA 'ler HLA B27 akut ön üveit ile en kuvvetli ilişkiye sahip hastalık grubu

Ankilozan Spondilit



- Bel ağrısı
- Sabah tutukluğu
- Hastalık seyrinde %50 vakada akut ön üveit
- Sakroileak grafi: sakroileak eklemde daralma ve skleroz
- Spondilit→ vertebralarda füzyon, lomber lordoz kaybı ve kifoz
- Hastaların %90'nında HLA B 27 (+)

Reaktif Artrit (Reiter Sendromu)

- Nongonoksik üretrit +konjonktivit+artrit
- Spondilartrit, entezopati, mukokütanöz lezyonlar
- Hastalık seyrinde %5-10 vakada akut ön üveit
- Hastaların %85'inde HLA B 27 (+)

Psöriatik Artrit

- >50 yaş
- Sakroileit, cilt lezyonları, tırnak distrofisi
- Hastalık seyrinde %7-25 vakada kronik ön üveit
- Hastaların %85'inde HLA B 27 (+)

İnflamatuar Barsak Hastalığı

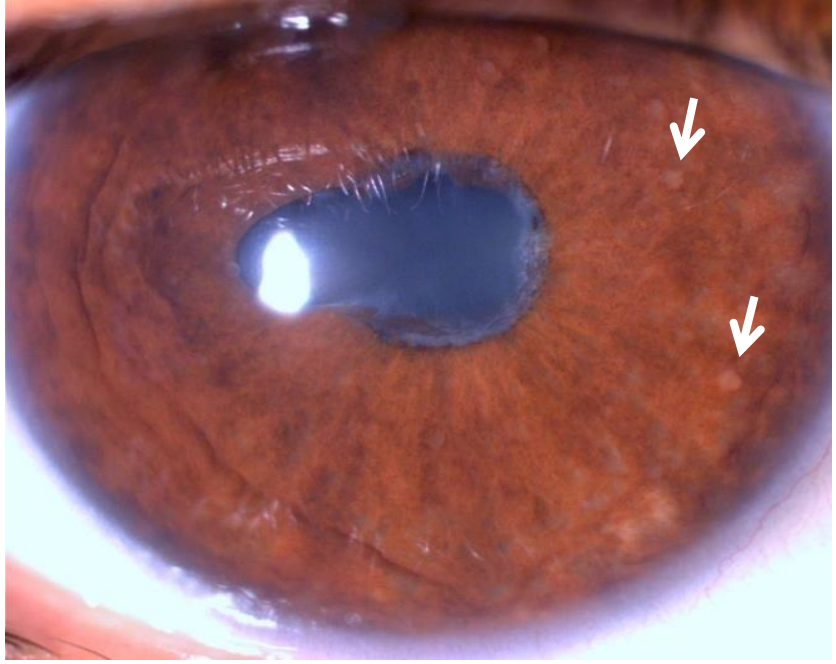
- Ülseratif Kolit: %5-12; Crohn : %2-4 ön, **arka üveit ve retinal vaskülit**
- Sakroileit
- Hastaların %20'inde HLA B 27 (+)

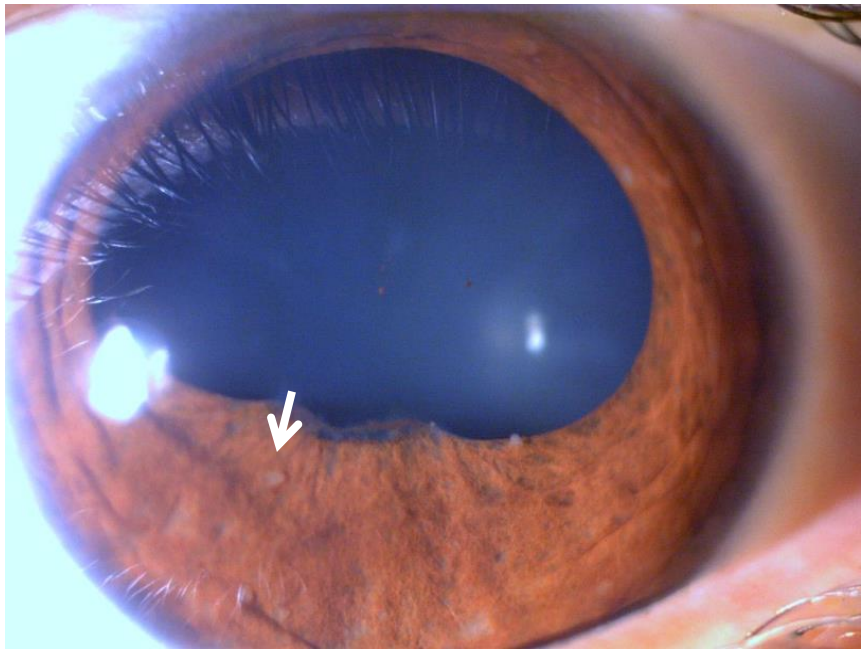
Sarkoidoz

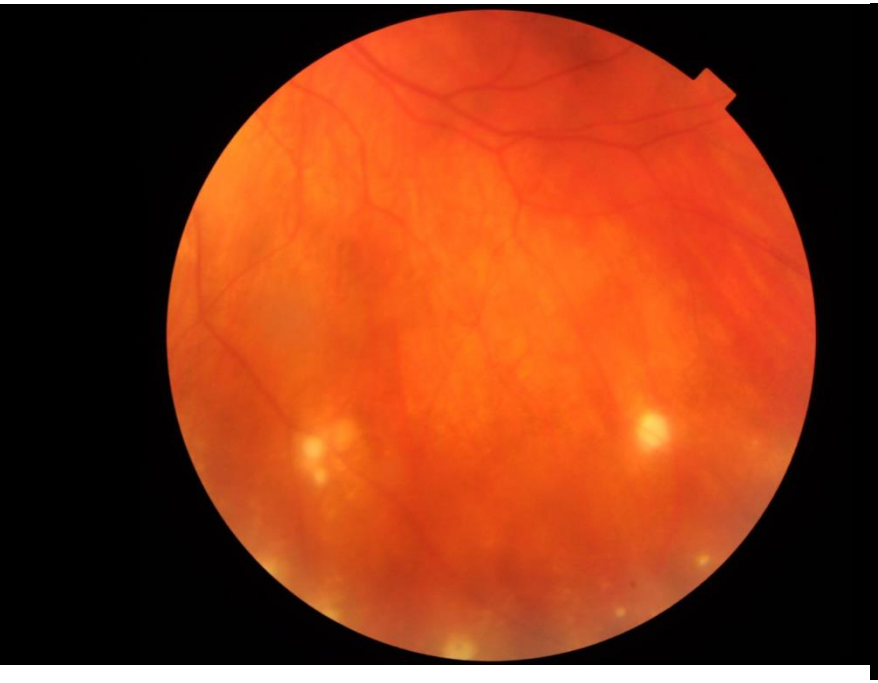
- Multisistemik granülomatöz hastalık
- 40-60 yaş
- En sık AC, torasik lenf nodları ve deri tutulumu görülür
- %25-50 oranında göz tutulumu +
- 2/3 vakada kr.granülomatöz ön üveit

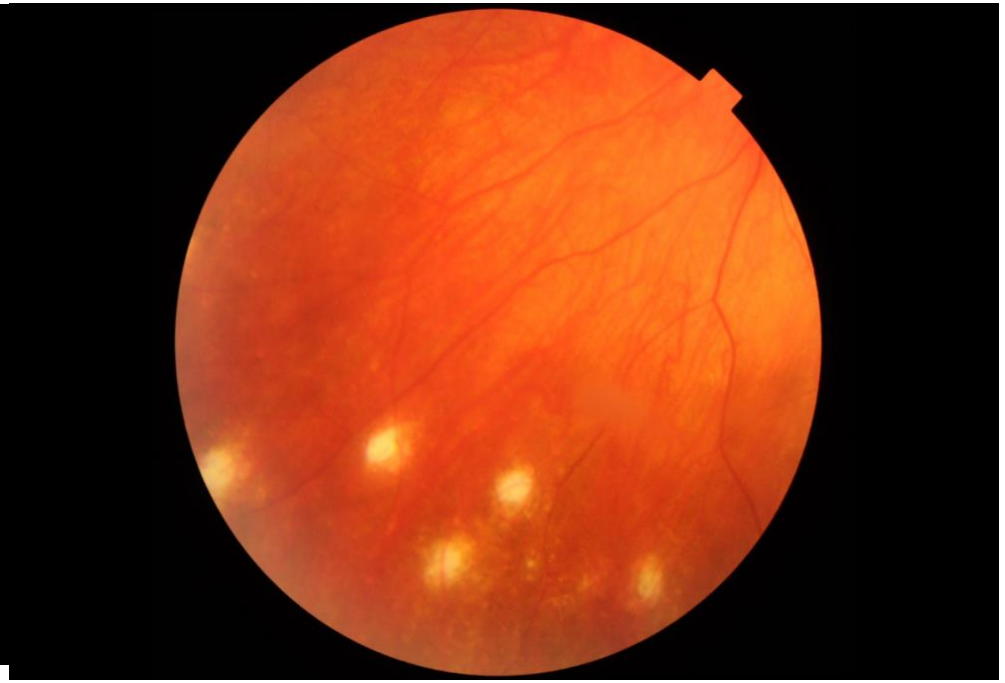
  (koyun yağ keratik presipitatlar, iris nodülleri)
- %6-33 sıklıkta arka segment tutulumu

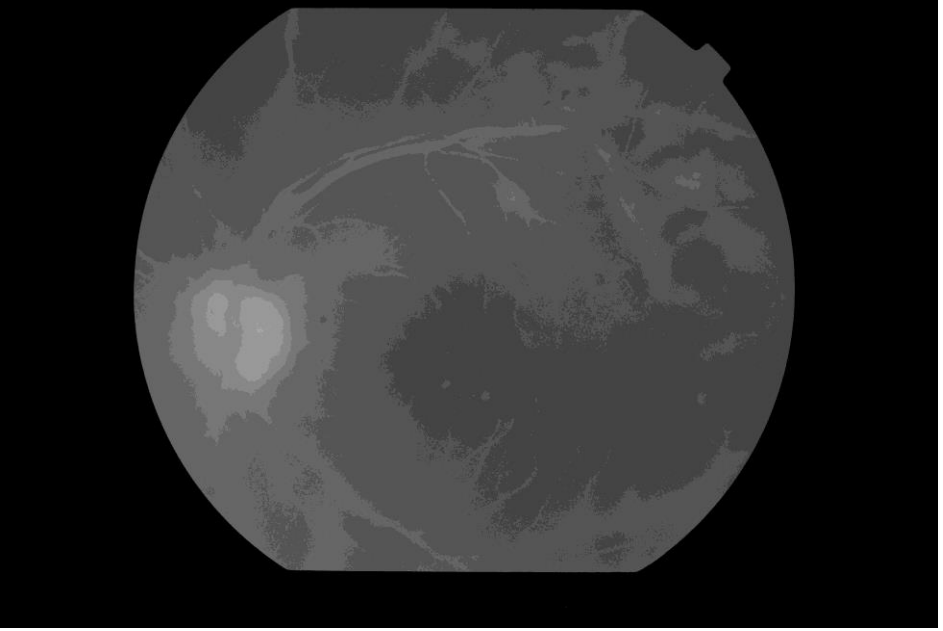
  (klasik mum damlacıkları, perivenöz kılıflanma, Dalen-Fuchs nodülleri)

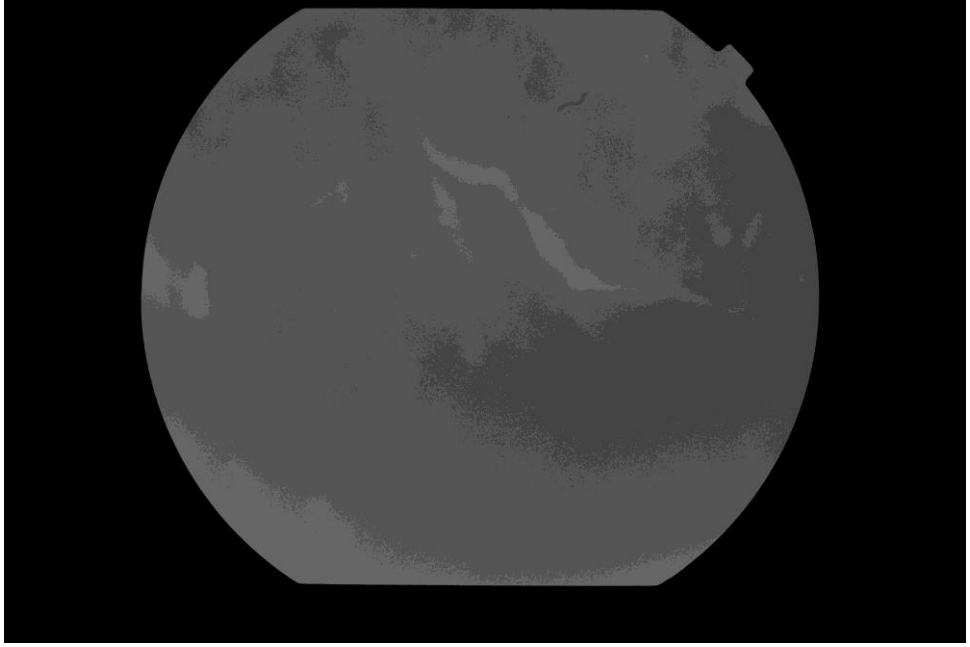


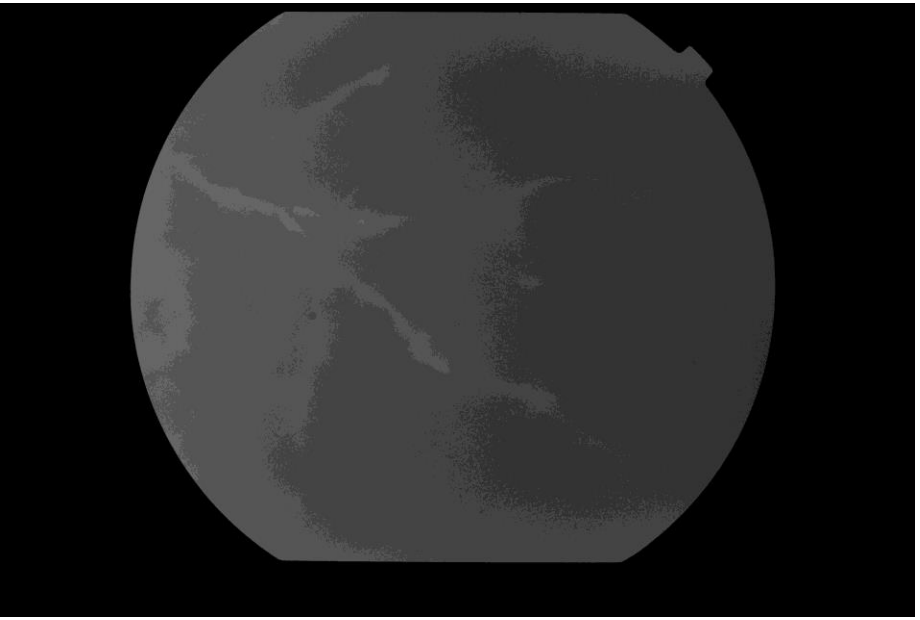


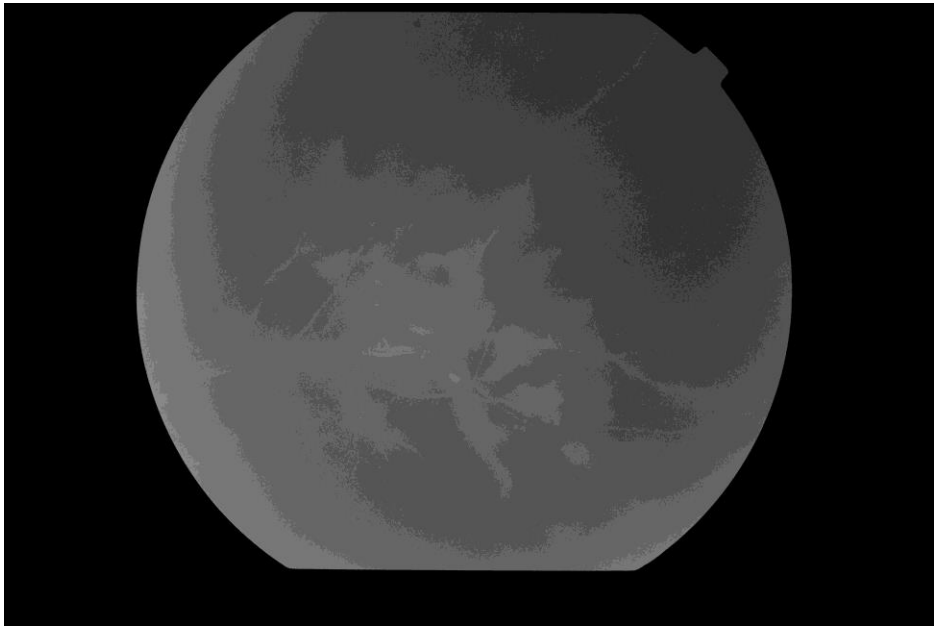












Üveit & Sklerit