Subretinal Neovasküler Membranlar

H.Haluk AKBATUR*

Koroidal neovaskülarizasyon pekçok kalıtsal ve edinsel durumun bir komplikasyonu olarak ortaya çıkabilen nonspesifik bir fenomendir. Retina pigment epiteli-Bruch membranı-koriokapillaris kompleksini etkileyen herhangi bir hastalık ve hasara ikincil cevap olarak, anjiogenezisi uyaran ve baskılayan faktörler arasındaki dengenin bozulması sonucu, subretinal neovasküler membranın ortaya çıktığı kabul edilmektedir.

Retina-vitreus dergisinin bu son sayılarında güncelleştirilen konu başlığı altında subretinal neovaskülarizasyonların tedavisi ele alınacaktır. Green ve Wilson tarafından 1986 yılında Oftalmoloji dergisinde 161 literatürle koroidal neovaskülarizasyon'a ait klinik ve histopatolojik çalışmalar Henkind'in tablosu modifiye edilerek verilmiştir (1). Bu derlemede ise o tarihten sonra, dikkatli bir araştırma yapmaksızın, koroid neovasküler membranların en sık nedeni olan yaşabağlı makula dejeneresansına ait çok sayıdaki yayınlar dışlanarak, ulaşabildiğimiz yeni literatürler ile tablo genişletilmiştir.

Subretinal neovasküler membranlı hastalar genellikle ani, ağrısız santral görme azalması ve metamorfopsi şikayetleri ile başvururlar. Metamorfopsinin olması oldukça önemlidir ve makula hastalığının varlığını gösterir. Santral skotom ise maküler, optik sinir veya kortikal patolojilere bağlı gelişebilir. Bu nedenle santral 20 derecelik alanın Amsler grid kartları ile değerlendirilerek metamorfopsinin ortaya konması ve risk altında olan diğer gözün takibinde son derece önemlidir.

Fundoskopik muayenede; subretinal veya intraretinal eksudaların, hemorajilerin, seröz veya hemorajik pigment epitel dekolmanın olması ile tanıya gidilir, ancak yerleşim ve ayırıcı tanının yapılması için anjiografik incelemelerin yapılması gereklidir. Fundoskopik muayene esnasında eşlik eden bazı anomaliler etyolojiyi tahminde yardımcı olur. Drusenin izlenmesi yaşabağlı maküler dejenerasans, zımba deliği benzeri yuvarlak atrofik lezyonlarla birlikte perpapiller atrofinin olması, POHS, düzensiz peripapiller lineer hatların olması, anjioid streaks, koroidal rüptürün izlenmesi, travma, peripapiller atrofi ve vernik çatlaklarının (lacquer cracks) olması myopi, hiçbir anomali olmaması idyopatik subretinal membranlar lehine iken, diğer gözün incelenmesinde karakteristik lezyonların görülmesi herediter bir distrofiye ikincil koroidal membranları düşündürür.

Tedavileri etyolojiye bakılmaksızın benzer, fakat tartışmalı olan bu hastalık gruplarında seçilecek ilk tedavi yöntemi ve sonuçları etyolojiye, yerleşimlerine bağımlı olarak farklılıklar gösterebilmektedir.

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Koroidal Neovaskülarizasyon yaptığı bildirilen durumlar

I. Dejeneratif durumlar	**Kaynaklar***
A. Noduler ve diffüz drusen	
• Makuler alan	
• Peripapiller alan	
• Periferal alan	
• Dominant drusen	2
B. Yaşa Bağlı Maküler Dejenerasyon	
C. Myopi	2-6
• Fuchs' lekesi	
• Lacquer cracks	
• Patolojik myopide makulada	5, 2,7-12
D. Anjiod streaks	
E. Osteogenesis imperfecta	
F. Optik sinir başı drusları	
G. Tilted disk	13-16
H. Optik sinir başı kolobomu	17-19
I. Optik sinir başı pitleri	20
J. Morning Glory sendromu	21
K. Retinokoroidal kolobom	22, 23
L. Best hastalığı	2
M. Renitis pigmentoza (belirgin eksudasyonla birlikte)	
N. Gyrate atrofi,	24
O. Primer herediter hiperoksalüri	25
P. Psödoenflamatuvar fundus distrofi, Sorsby	26
R. Fundus flavimaculatus	
II. Enflamatuvar veya enfeksiyöz durumlar	
A. Oküler histoplasmosis	2,27-30
B. Toksoplazma retinokoroiditi	2,31,32
C. Sarkoidoz	
D. Rubella	
E. Vogt-Koyanagi-Harada	33
F. Birdshot retinokoroidopati	
G. Serpijinöz veya geografik koroidit	34,35
H. Akut posteror multifokal plakoid pigment epiteliyopati	
I. MEWDS	36,37
J. Multifokal koroidit	38-40
K. Punktat iç korioretinopati	41

L. Behçet hastalığı	
M. Kronik üveit	
N. Fokal granülomatöz enflamasyon	42
O. Ön üveitle birlikte	43
Ö. Kronik papilödem	
P. Anterior iskemik optik nöropati	
R. Akut bakteriyel endokarditin koroidal septik metastazı	44

III. Tümörler

A. Koroidal nevi	45
B. Malign melanom	
C. Koroidal hemanjiom	46
D. RPE'nin ekstrapapiller hamartomu	
E. Koroidal osteom	47, 48

IV. Travma

A. Koroidal ruptür	2,49-51
B. Laser Fotokoagülasyon, iatrojenik	52-57
• Diabetik maküler ödem FK	58-61
• Sickle cell hastalığı	62,63
• Korioretinal venöz anostomoz	64
• Retinal astrositom	65
C. Subretinal sıvı drenaj komplikasyonu	
• Retinotomi ile endodrenaj	66
D. Retinal krioinjuri	
E. Radyoterapi travması	2

V. Diğerleri

A. İdyopatik	2,30,67-69
• Maküler alanda, santral seröz retinopati benzeri tablı ile idyopatik	
• Makülada İdyopatik	70
• Peripapiller idyopatik	15,28,71-74
• Periferal idyopatik	71-75
B. İdyopatik, edinsel parafoveolar telenjiektazi	
C. Kronik retina dekolmanı	
D. Koroid ve/veya pars planadan ora serrataya NV	
E. Psödotümör serebri	76-78
F. Pseudoxanthoma elasticum, Grönblad-Stranberg sendromu	10

*Kaynak belirtilmeyen durumlar için 1 numaralı kaynağa bakınız.

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