



Senilna degeneracija makule

Senile macular degeneration

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Apstrakt

Senilna degeneracija makule, bolest makularnog područja, najčešće je uočljiva posle 50. godine života. Predstavlja čest uzrok ireverzibilnog gubitka vida u zapadnom svetu posle 50. godine života. Može se javiti u dva oblika:

1. atrofična
2. eksudativna.

Atrofična ili geografska atrofijska makule je sporo progresivna i karakteriše se horioretinalnom neovaskularizacijom i subretinalnim oživljavanjem. Faktori rizika za njen nastanak su genetika, godine života, pušenje, BMI. Histopatološki prisutno je deponovanje patološkog materijala na Bruhovej membrani tj. druze, koje se, pored fragmenata ovog materijala, sastoje i od lipidne komponente. Druze su smeštene ispod RPE, mogu da variraju u obliku i veličini, retko su klinički vidljive pre 45. godine života. Razlikujemo tvrde i meke druze. Tvrde druze klinički izgledaju kao male okrugle žute tačke. Meke su veće i nejasnih granica. Mogu da se uvećavaju i spajaju. Na FA mogu da budu hiperfluorescentne i one su hidrofilne, imaju nizak sadržaj lipida i predisponiraju nastanak CNV. Hipofluorescentne su hidrofилne, imaju visok sadržaj lipida i predisponiraju nastanak ablacije RPE.

AMD je sporo progresivna bolest, javlja se na oba oka, a može i asimetrično. Prisutna je fokalna hiperpigmentacija, oštro ograničena područja atrofijske RPE, uvećavanje atrofičnih površina gde mogu postati vidljive kao horiokapilarisu, na FA uočljiva je hiperfluorescencija. Eksudativna forma senilne degeneracije je razorna forma i karakteriše se CNV koja potiče iz horiokapilarisa i urasta u defekte u Bruhovej membrani. Klinički se ispoljava zamućenjem centralnog vida, metamorfopsijom, usled isticanja tečnosti iz novoformiranih hiorioretinalnih krvnih sudova.

CNV klinički može da bude otkrivena kao sivozelena ili ružičasto žuta uzdignuta lezija koja se detektuje oftalmoskopom. Senilnu degeneraciju makule otkrivamo najčešće oftalmoskopom, pored toga radimo fluorescentsku angiografiju, indocianin grin angiografiju, optičku koherentnu tomografiju.

Prema vodiču Evropskog udruženja retinologa, danas se za lečenje subfovalnih CNV koriste isključivo i samo anti-VEGF lekovi koji su prošli ispitivanja, kao što su: avastin, ranibizumab, pegaptanib, direktno u staklasto telo obolelog oka.

Abstract

Senile macular degeneration, a disease of the macular area, is most often seen after the age of 50. It is a common cause of irreversible vision loss in the Western world after the age of 50. It may occur in two forms:

1. Atrophic
2. Exudative.

Atrophic or geographical macular atrophy is slowly progressive and is characterized by chorioretinal neovascularization and subretinal resuscitation. Risk factors for its occurrence are genetics, age, smoking, BMI. Histopathologically, the deposition of pathological material on the Bruch's membrane is present, i.e.- drusen which, in addition to fragments of this material, also consist of a lipid component. Druzen are located below the RPE, can vary in shape and size, are rarely clinically visible before the age of 45. There are hard and soft drusen. Hard drusen clinically look like small round yellow dots. The soft ones are larger and have blurred borders. They can be enlarged and merged. They can be hyperfluorescent on FA and they are hydrophilic, have a low lipid content, and predispose to CNV formation. Hypofluorescent is hydrophilic, has a high lipid content, and predispose to RPE ablation.

AMD is a slowly progressive disease, it occurs in both eyes, and it can also be asymmetric. There is focal hyperpigmentation, sharply limited areas of RPE atrophy, enlargement of arthritic surfaces where they can become visible towards the choriocapillaris, hyperfluorescence noticeable on FA. The exudative form of senile degeneration is a destructive form and is characterized by CNV that originates from the choriocapillaris and grows into defects in the abdominal membrane. It is clinically manifested by the blurring of the central vision, metamorphosis, due to the leakage of fluid from the newly formed blood vessels.

CNV can be clinically detected as a gray-green or pinkish-yellow raised lesion that is detected by an ophthalmoscope. Senile macular degeneration is most often detected with an ophthalmoscope, in addition, we perform fluorescein angiography, indocyanine green angiography, and optical coherence tomography. According to the guide of the European Association of Retina Specialists, today only anti-VEGF drugs that have passed the tests, such as Avastin, ranibizumab, pegaptanib, directly into the vitreous of the diseased eye, are used for the treatment of subfoveal CNV.