

Università degli Studi di Catania

Clinica Oculistica

Direttore: Prof. A. Reibaldi



**ANGIOMI RETINO-COROIDEALI
NOSTRA ESPERIENZA**

S. Faro, D. Malannino, L. Randone, A. Reibaldi.

XXXVI CONGRESSO SOSI
ACIREALE 14-16 APRILE 2011

TUMORI VASCOLARI DELLA COROIDE

Emangioma Circoscritto

Emangioma Diffuso

TUMORI VASCOLARI DELLA RETINA

Emangioma capillare esofitico

Emangioma capillare endofitico

Emangioma cavernoso

Emangioma racemoso

INCIDENZA

- 40 volte < quella del melanoma
- Lesioni per lo più unilaterali
- Età 40-60 aa
- Sesso M

Shields e Shields 1992

SINTOMATOLOGIA

- Spesso asintomatico
- < Acuità visiva (Localizzazione maculare, Emorragie vitreali, Glaucoma neovascolare, Alterazione dell'EP, Atrofia retinica, Occlusione venosa, Malformazioni papillari)
- Metamorfopsie
- Miodesopsie
- Fotopsie
- Ipermetropia, ambliopia (se in sede sottomaculare)

CARATTERISTICHE

- Sede più frequente:
coroide retroequatoriale
- - 80% polo posteriore
- - 20% sede parapapillare
- Dimensioni 6.8-9.5 mm
- Spessore 2.9-3.9 mm

DIAGNOSI

Oftalmoscopia

Ecografia B / A scan standardizzato

Angiografia a fluorescenza e ad indocianina

OCT

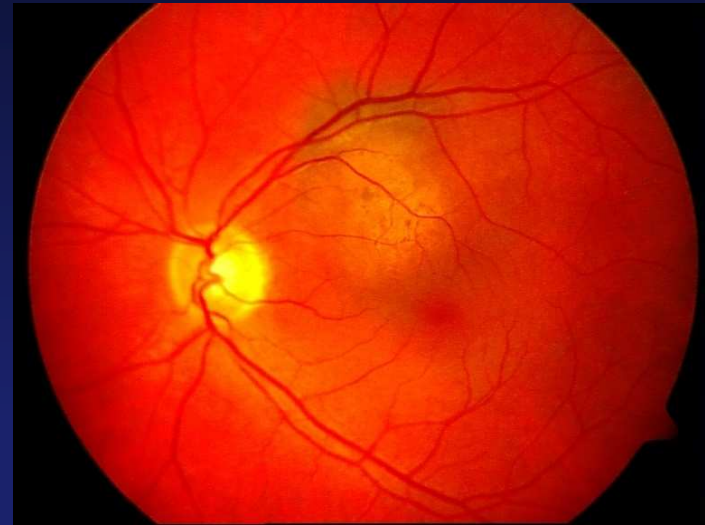
RMN e/o TAC

Esame sistemico: (lesioni viscerali: renali, pancreatiche, epatiche, polmonari...)

Esame neurologico: (lesioni neurologiche: cervelletto, ponte, midollo spinale)

DIAGNOSI: OFTALMOSCOPIA

- Massa rosso arancio
- Granuli bianco-giallastri in superficie, densi, rifrangenti
- Accumuli di pigmento EP
- Eventuale DR sieroso essudativo
- Alterazioni retina sovrastante il tumore: **Degen. Cistiche confluenti**
Zone ischemiche con neovasi
EMC
- Alterazioni EP: **Iperplasia, depigmentazione, metaplasia, atrofia**
(sindrome gravitazionale)
- Fibrosi sottoretinica, metaplasia ossea



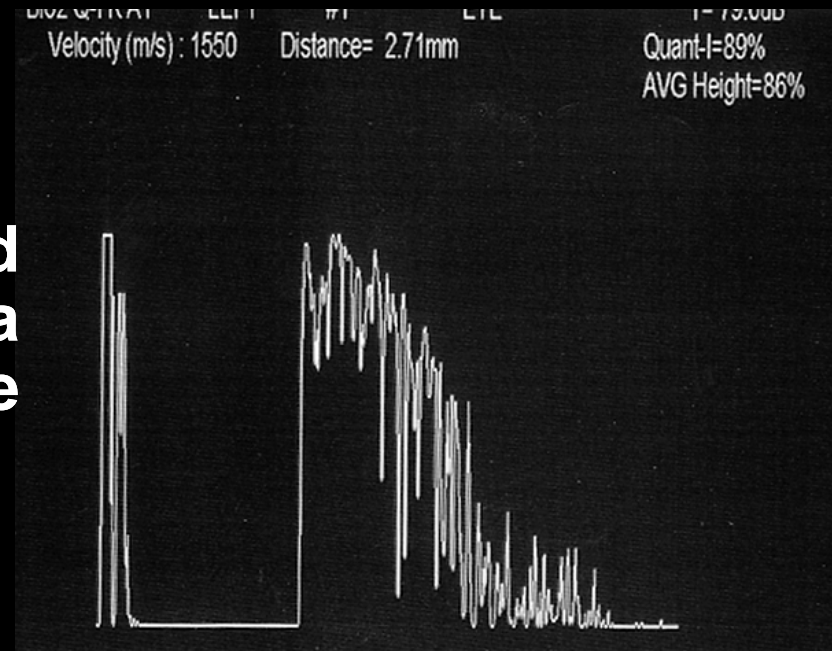
DIAGNOSI: ECOGRAFIA

A SCAN:

- Picchi acustici intralesionali ad alta riflettività (80-90%) dovuta alle interfacce acustiche che costituiscono le pareti dei vasi
- Scarsa attenuazione

B SCAN:

- Forma ovalare, a volte associata a distacco del NE sovrastante il tumore o ampio sollevamento sieroso perilesionale
- No invasione della membrana di Bruch
- Talvolta calcificazioni intralesionali



DIAGNOSI: FAG

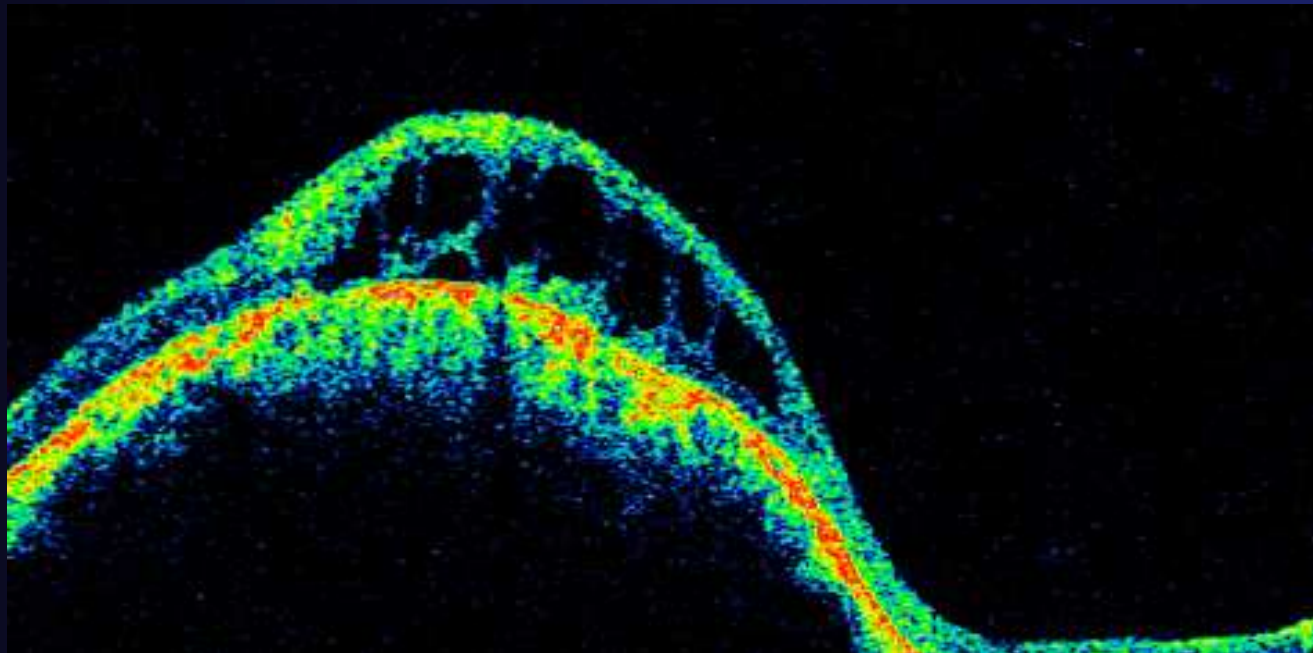
Visualizzazione distacco del neuroepitelio

Lesione coroideale adiacente o sottostante

Alterazioni atrofiche “ gravitazionali” dell’EP

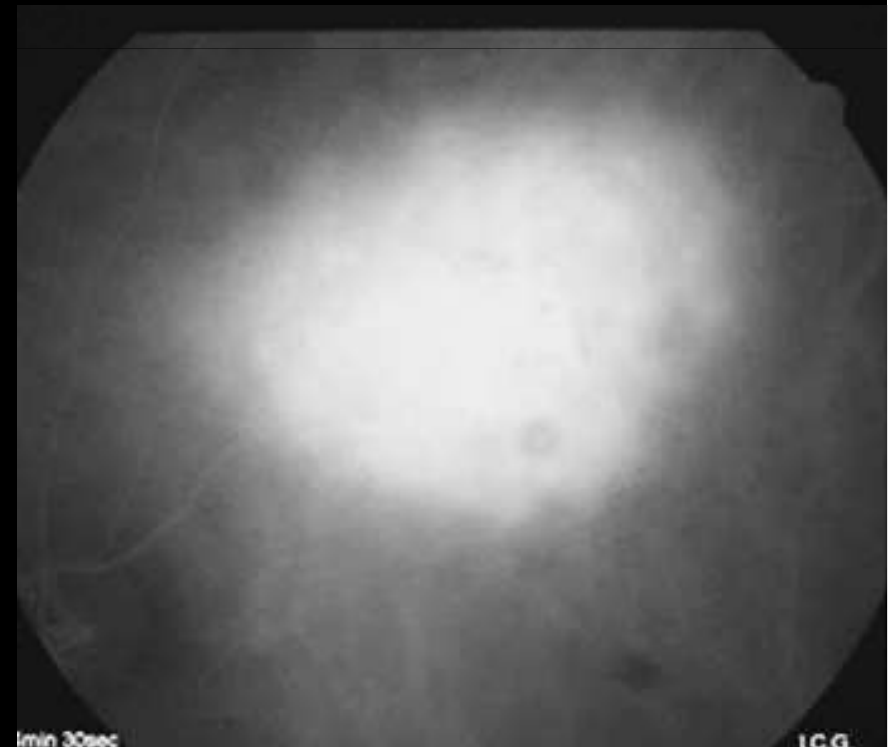
OCT

Sollevamento in toto dell’area



DIAGNOSI: ICG

- Iperfluorescenza diffusa e uniforme
- Circolazione coroideale peritumorale regolare
- Fasi tardive: foci iperfluorescenti a limiti netti = cavità aneurismatiche in seno al tumore e spicole di fibrosi sottoretinica



PROGNOSI QUOAD VITAM

Eccellente in quanto tumore benigno

PROGNOSI VISIVA

Sede del tumore

Spessore

Diametro

Ampiezza sollevamento sieroso del NE

DIAGNOSI DIFFERENZIALE

Melanomi amelanotici

Metastasi coroideali

Sclerite posteriore nodulare

Schwannoma

Osteoma coroideale

Corioretinite sierosa centrale

DMLE

TRATTAMENTO

PDT

FC laser

Crioterapia

TTT

Anti-vegf

Brachiterapia Ru / Rh, Co (lesioni a più di 3 mm dal NO con DR essudativo)

Acceleratore di protoni (lesioni epipapillari o iuxtapapillari con DR essudativo)

NOSTRA CASISTICA

DA APRILE 2002- APRILE 2011

PAZIENTI (21♂, 12♀)

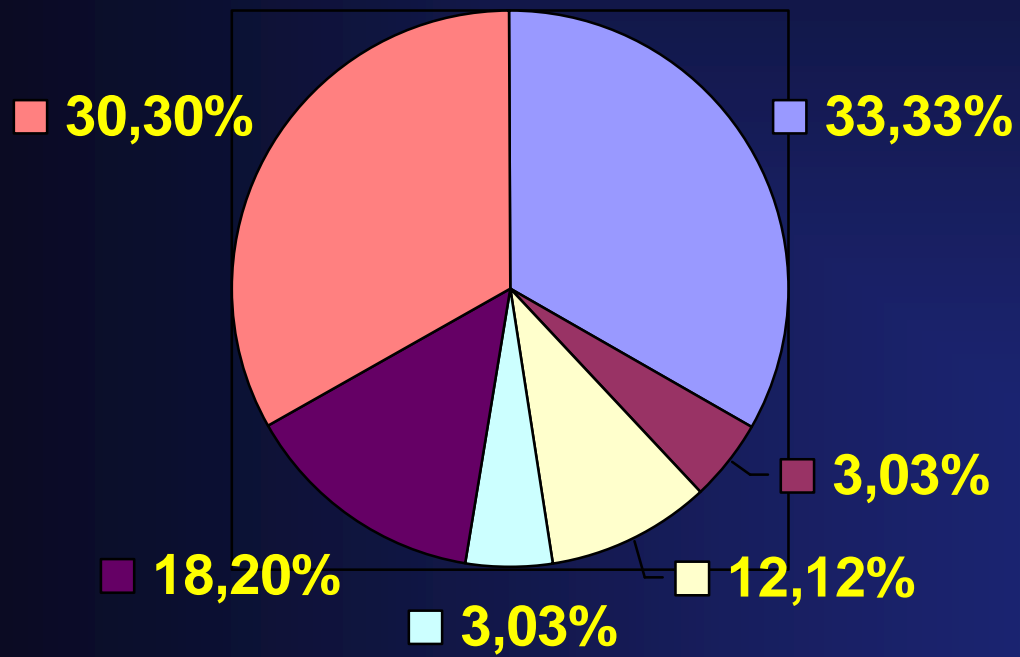
N° OCCHI TRATTATI = 23

N° OCCHI IN OSSERVAZIONE = 10

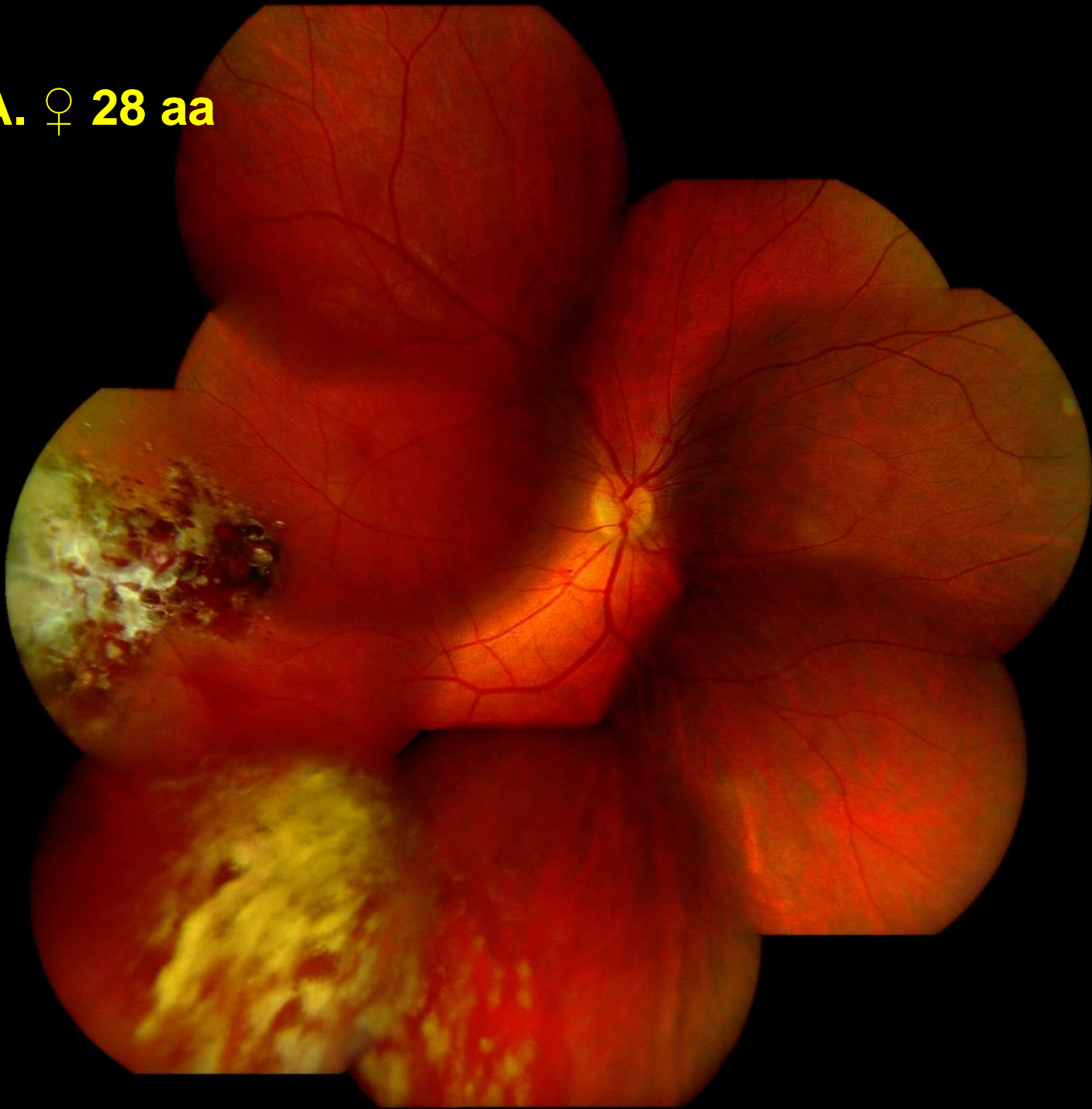
ETA' 28-87aa (media = 58 aa)

- 11 PDT (33,33%)
- 1 ANTI-VEGF (3,03%)
- 4 TTT (12,12%)
- 1 PROTONI * (3,03%)
- 6 FC LASER (18,20%)
- 10 IN OSSERVAZIONE (30,30%)

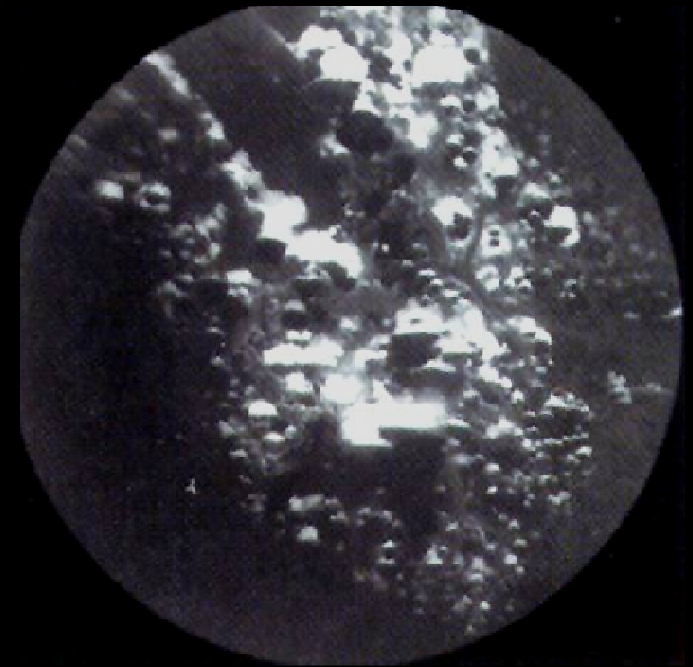
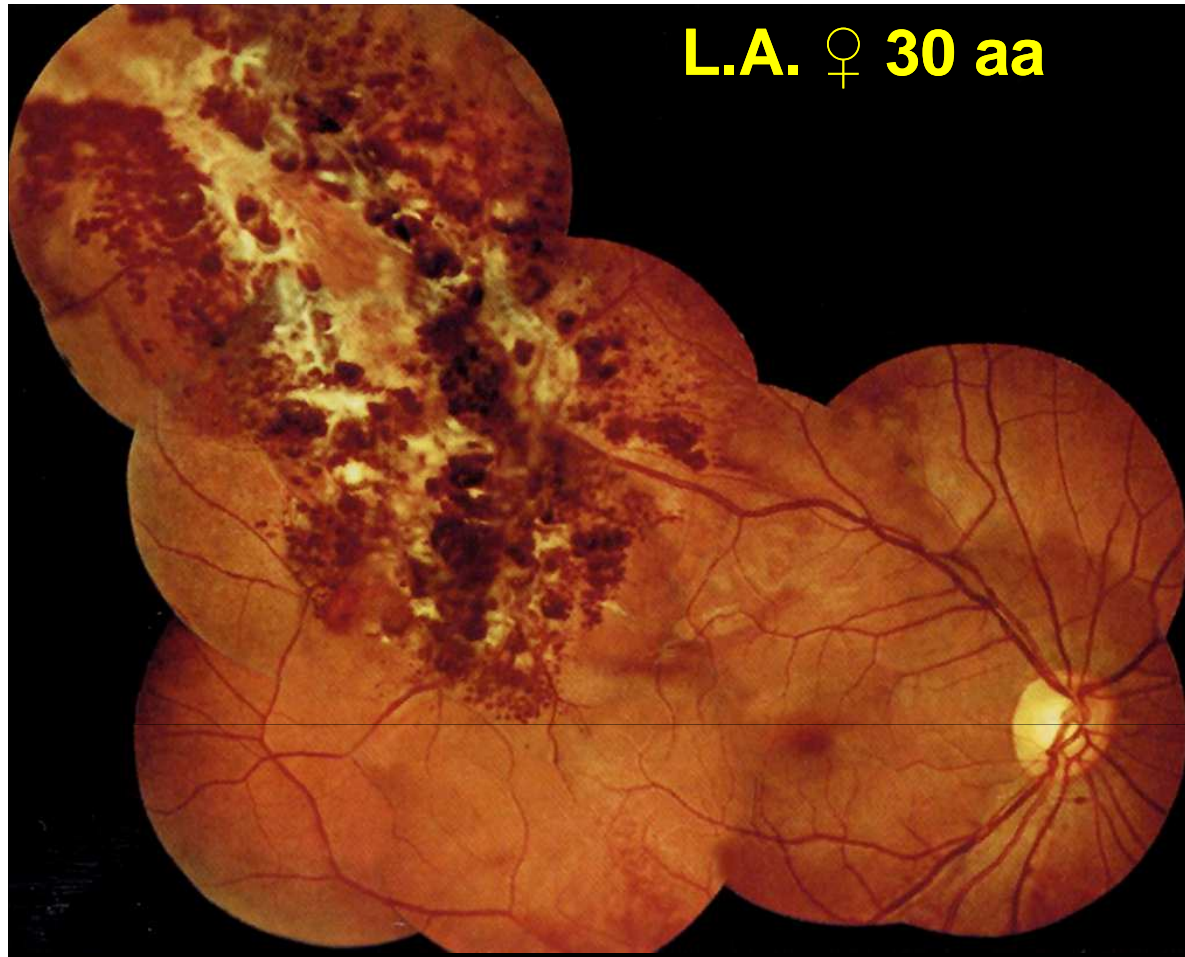
* Trattato a Losanna



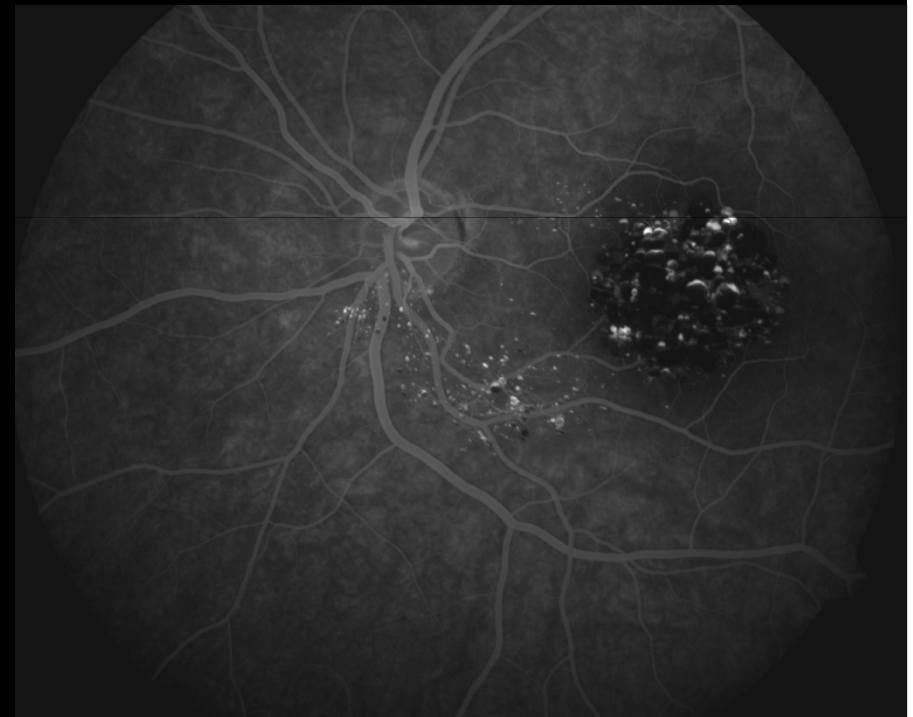
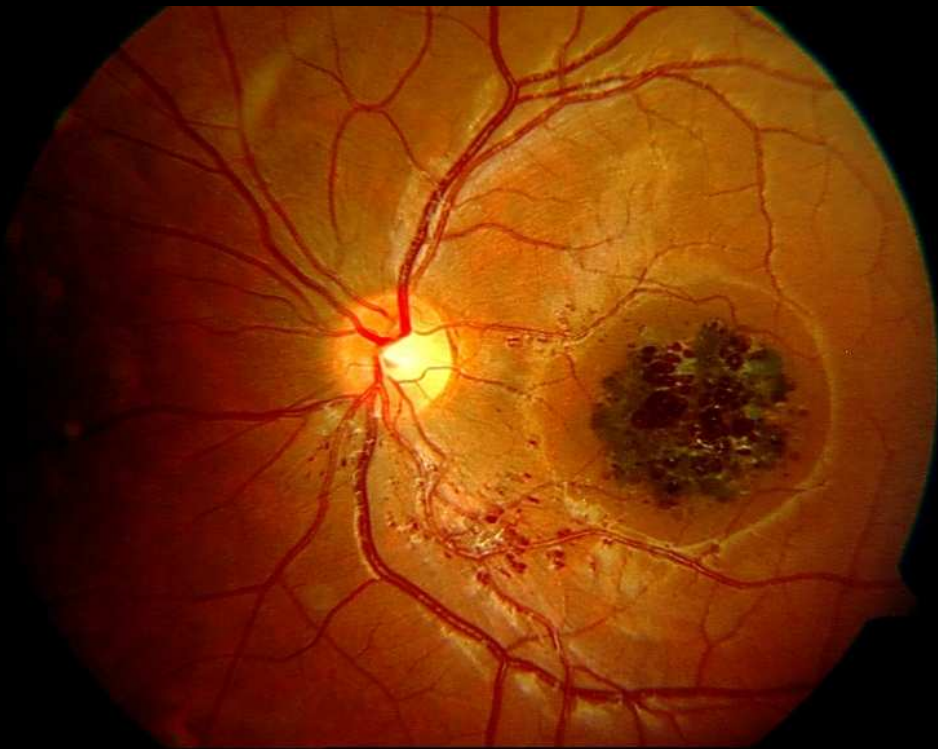
C.A. ♀ 28 aa



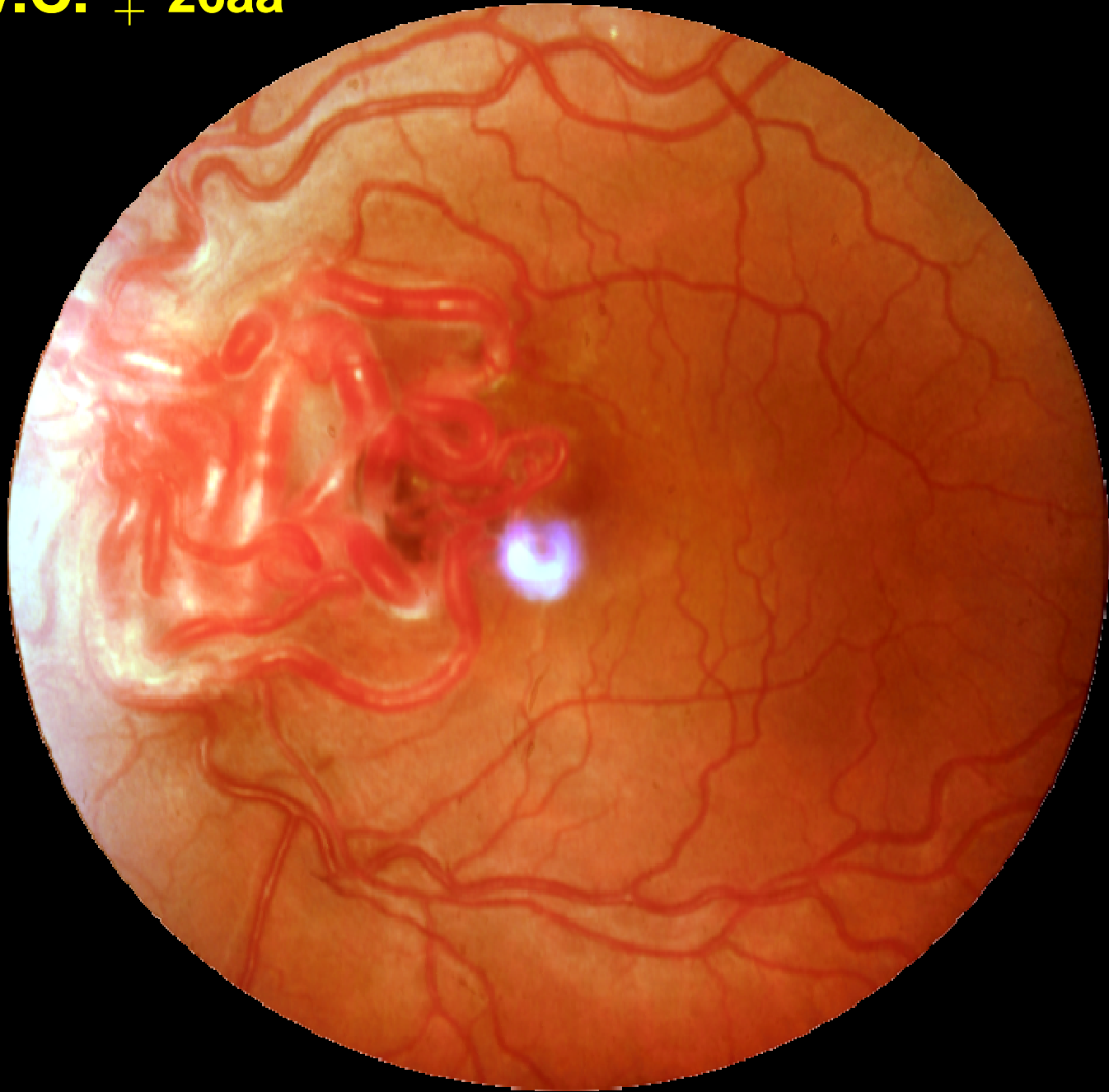
L.A. ♀ 30 aa



S.M. ♂ 16aa



V.C. ♀ 26aa

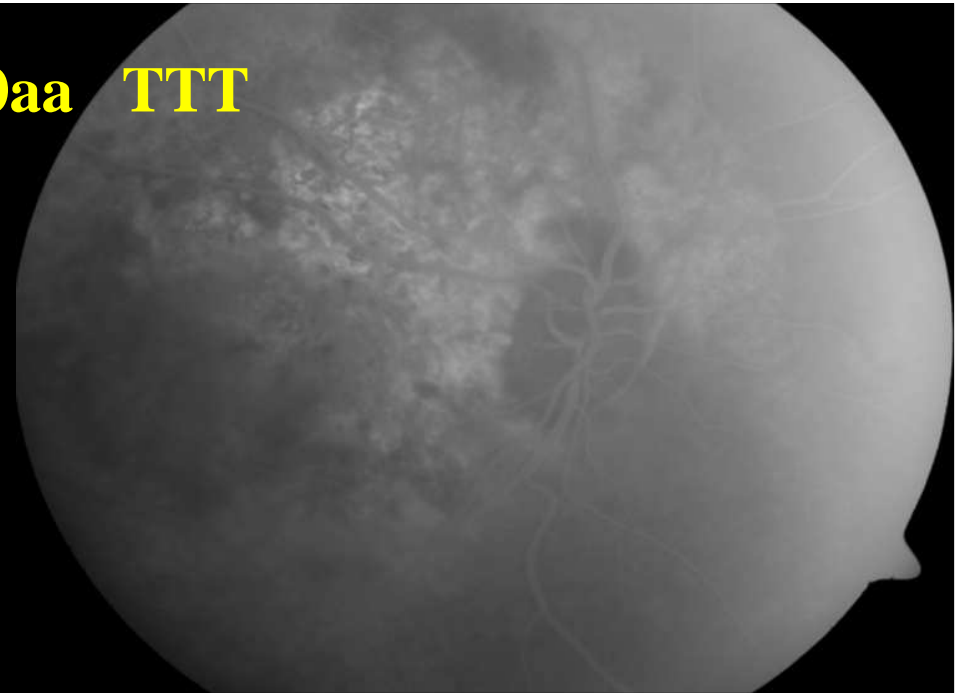
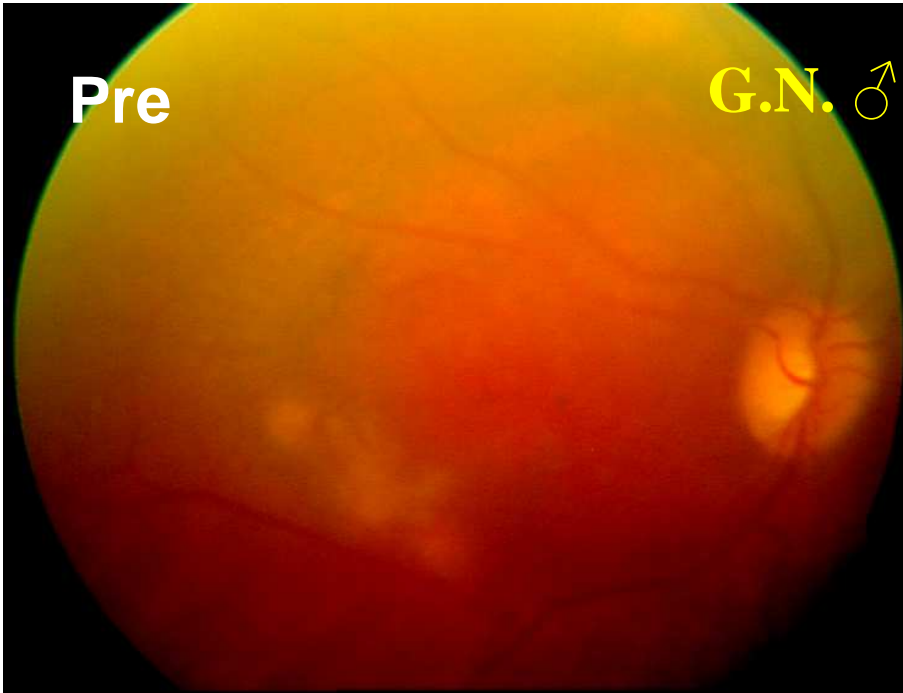


F.S. ♂ 32aa

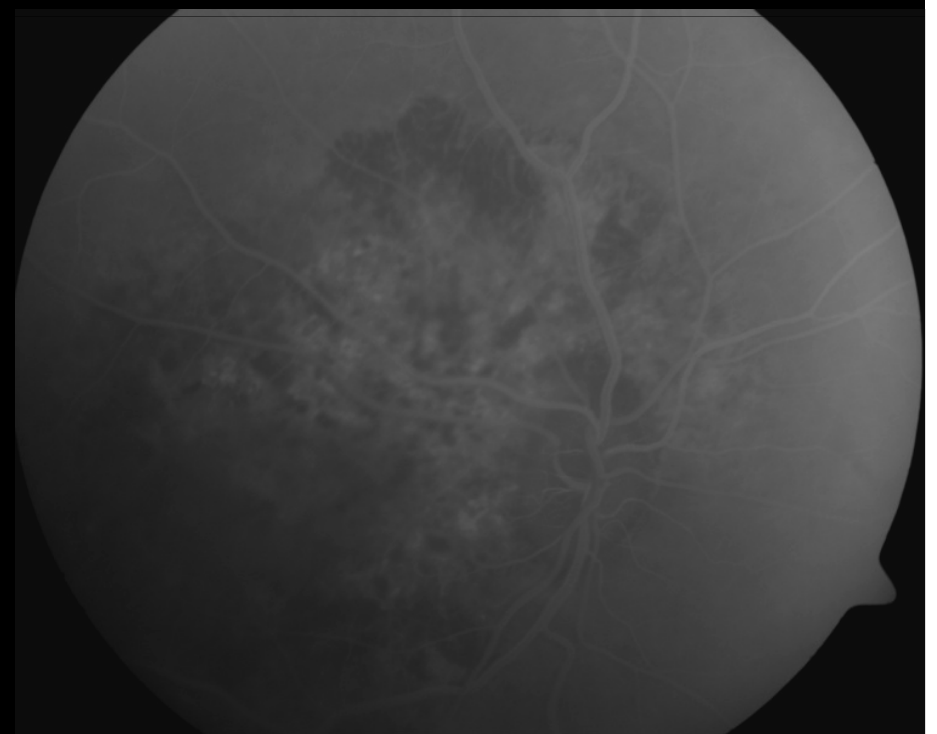
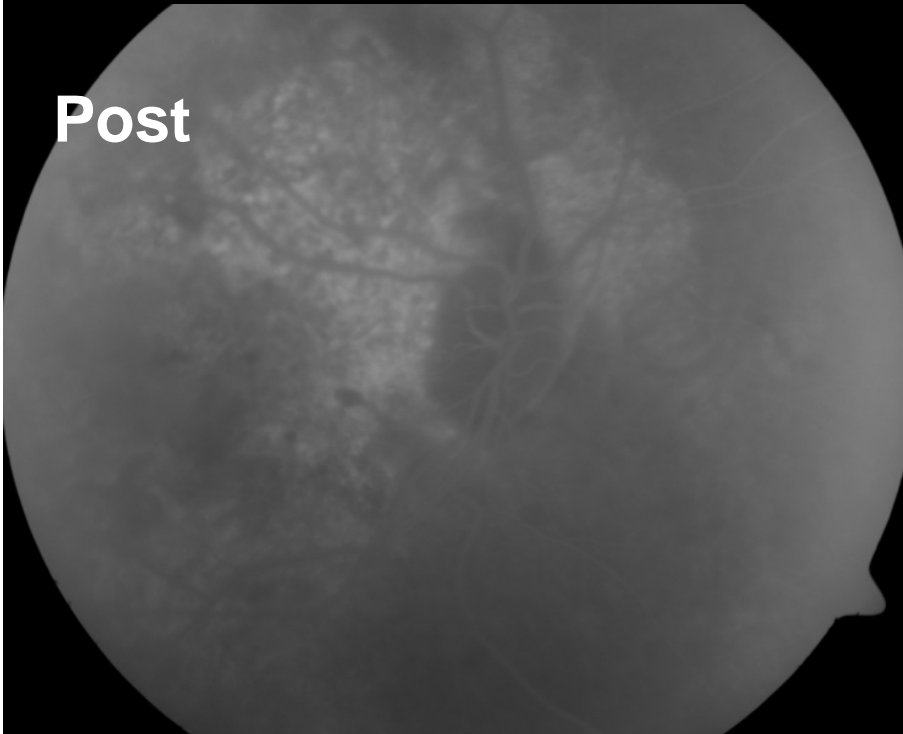


Pre

G.N. ♂ 70aa TTT



Post





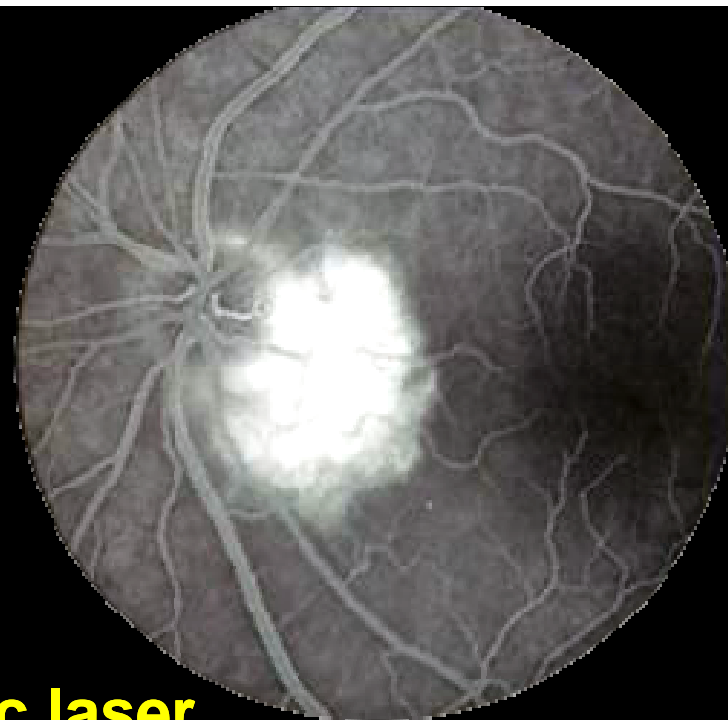
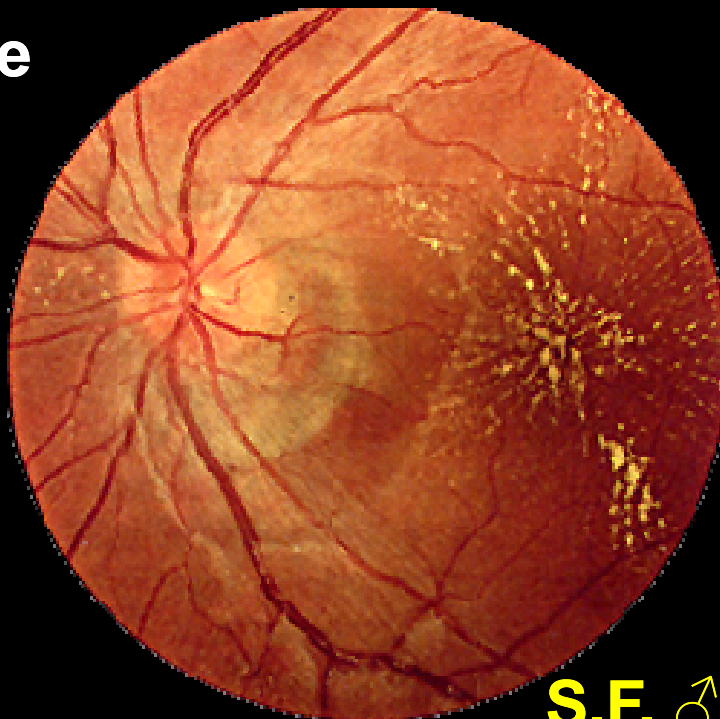
Pre

V.C. ♂ 67 aa TTT



Post

Pre

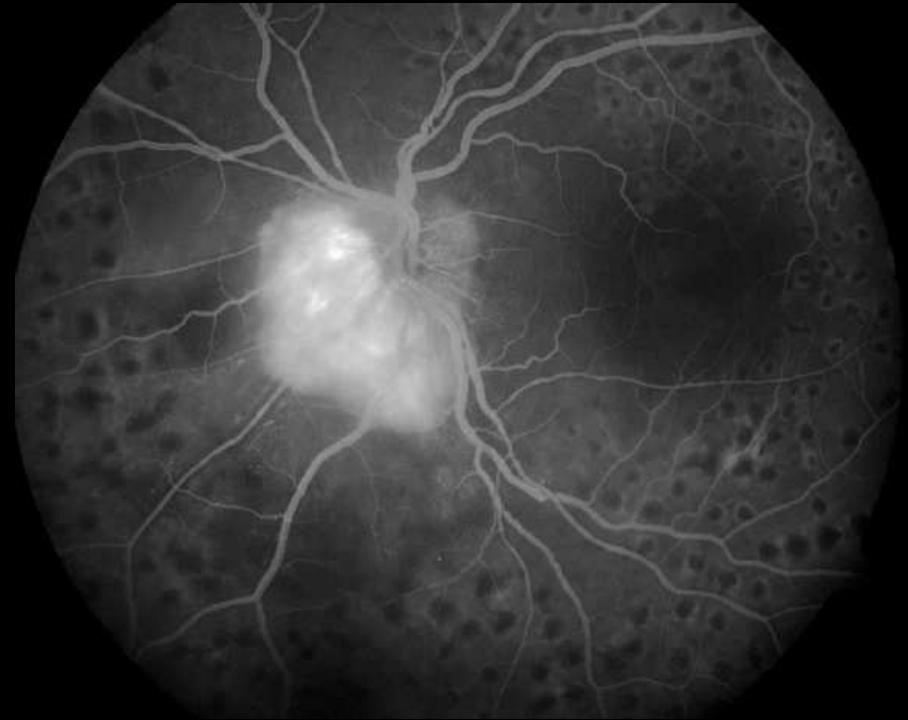


S.F. ♂ 64aa Fc laser

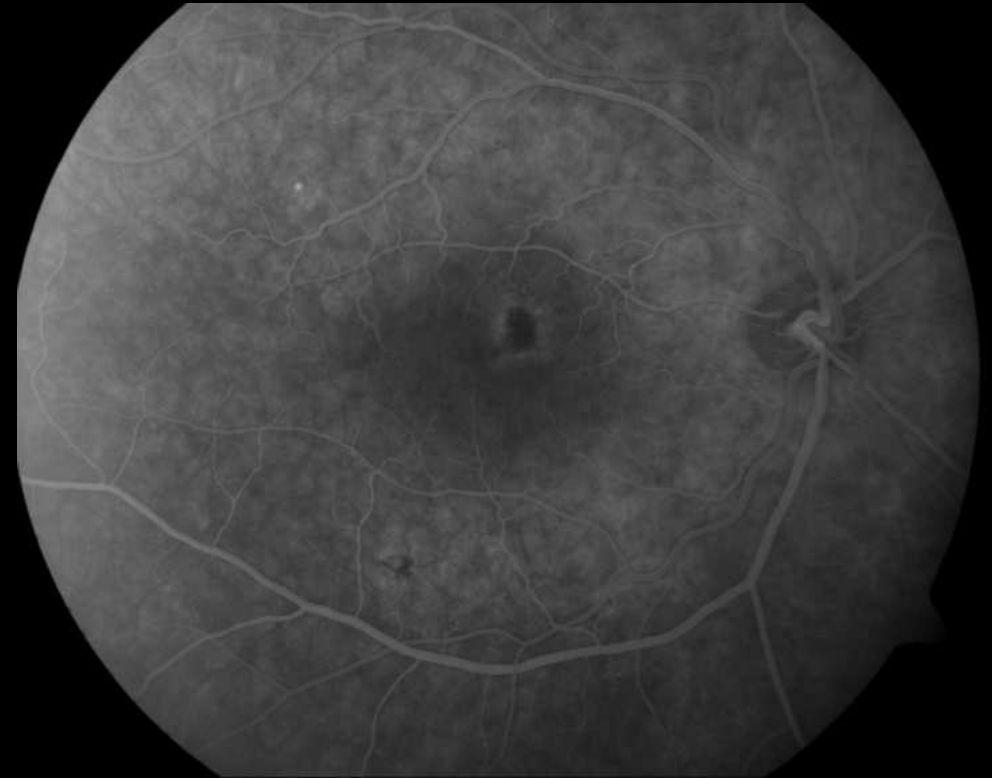
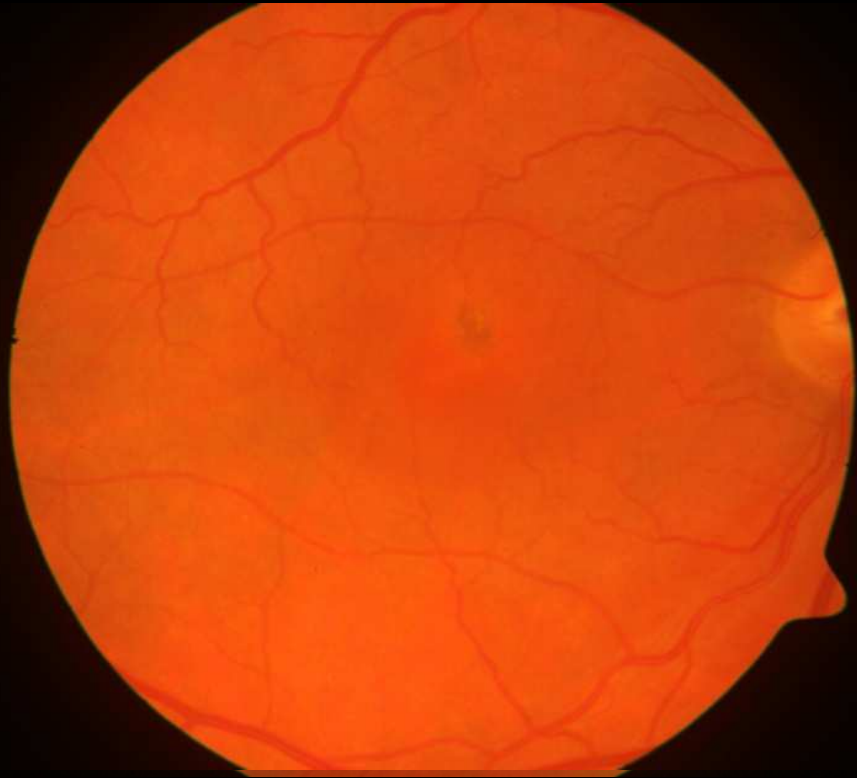
Post

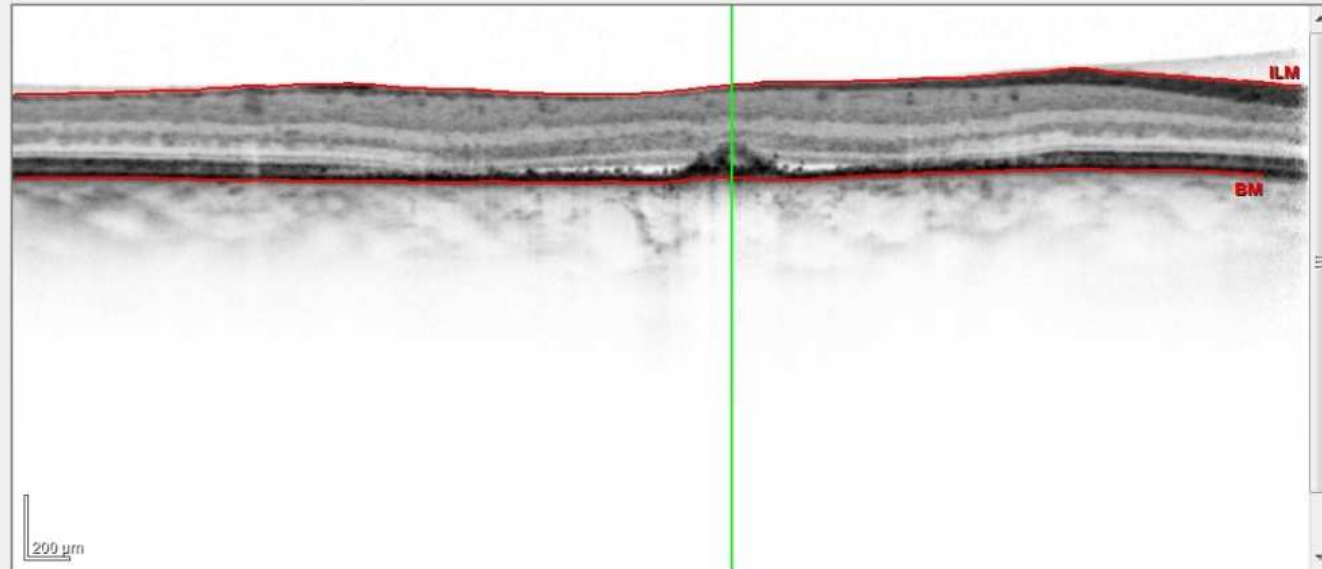
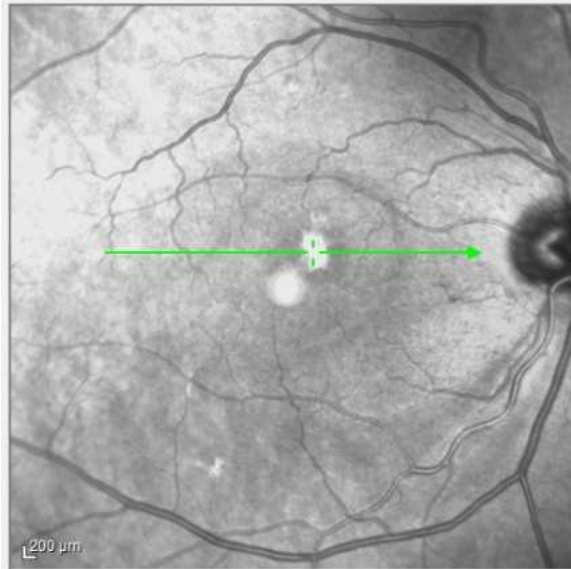


F.A. ♀ 60 aa Fc laser



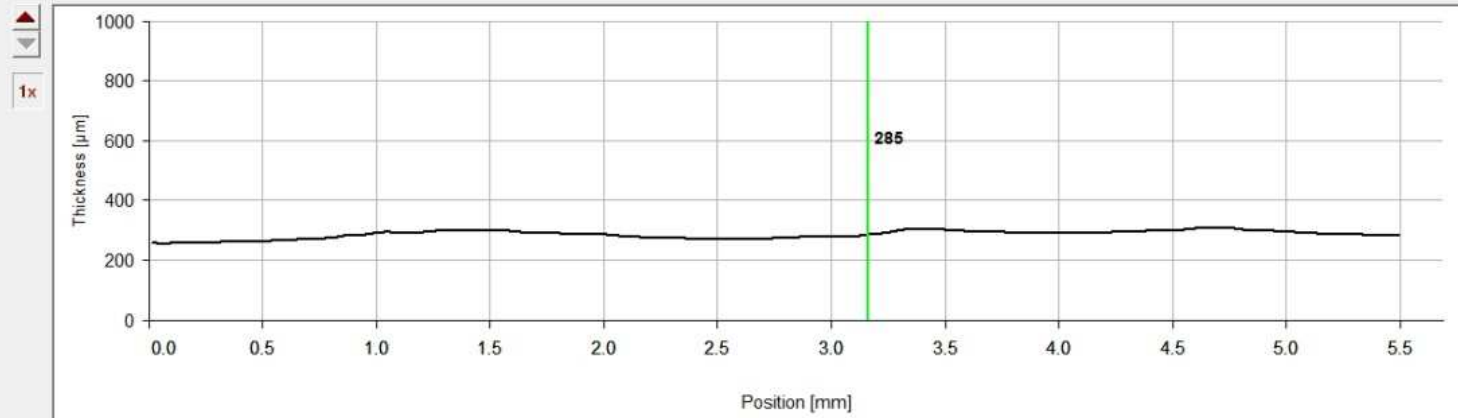
P.G. ♂ 57aa Fc laser focale





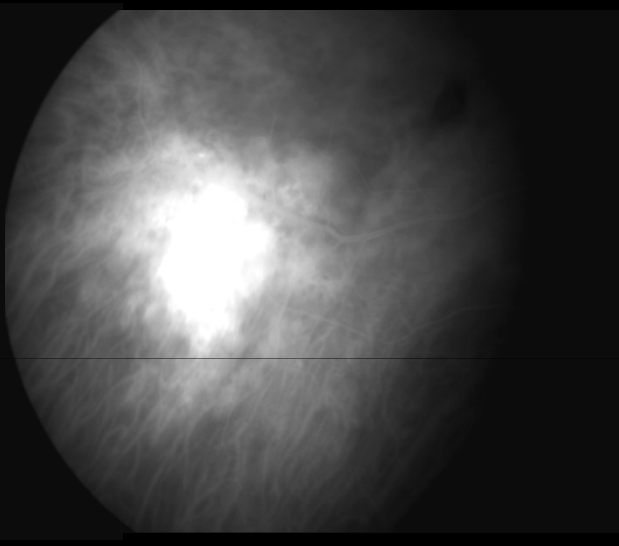
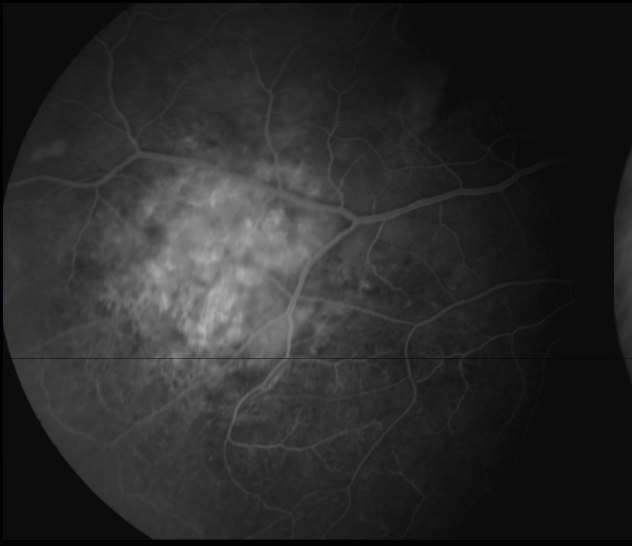
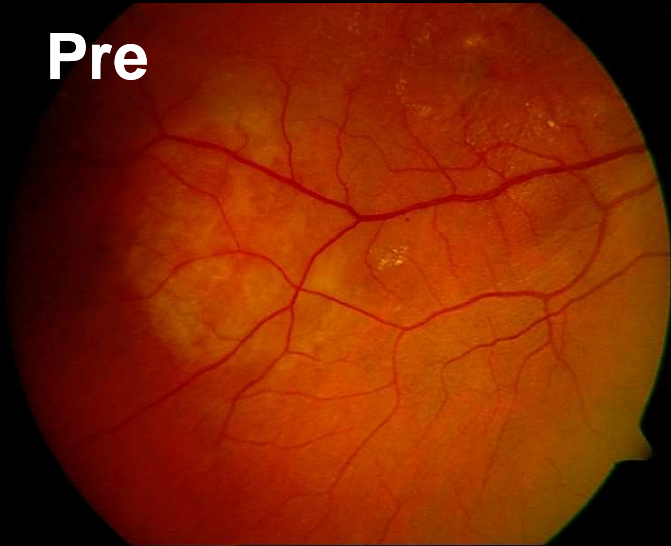
1:1 pixel 1:1 μm

Layer: Retina

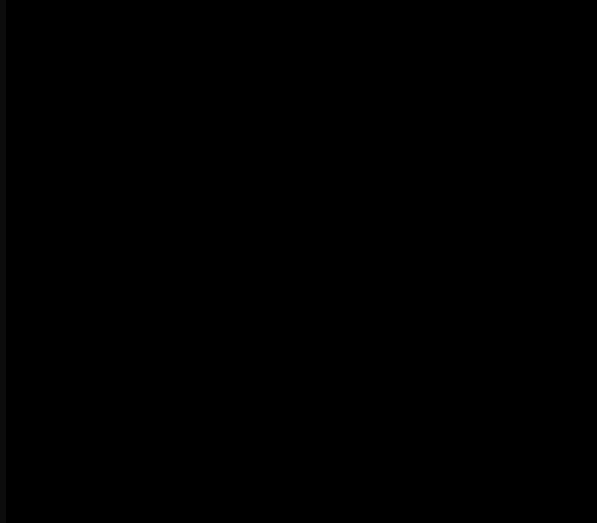
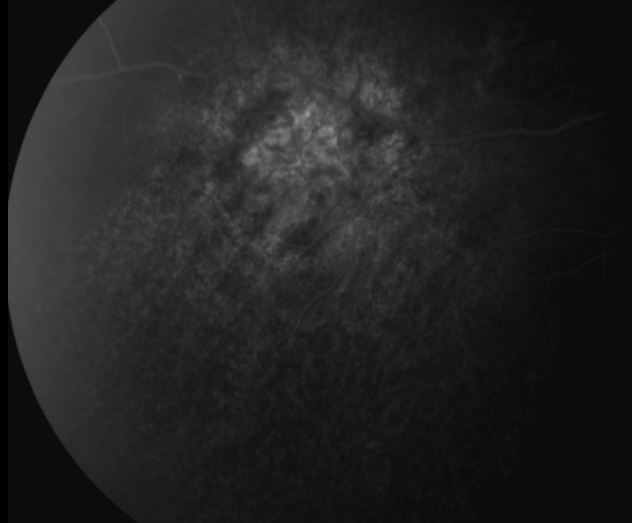


T.G. ♂ 56aa PDT

Pre

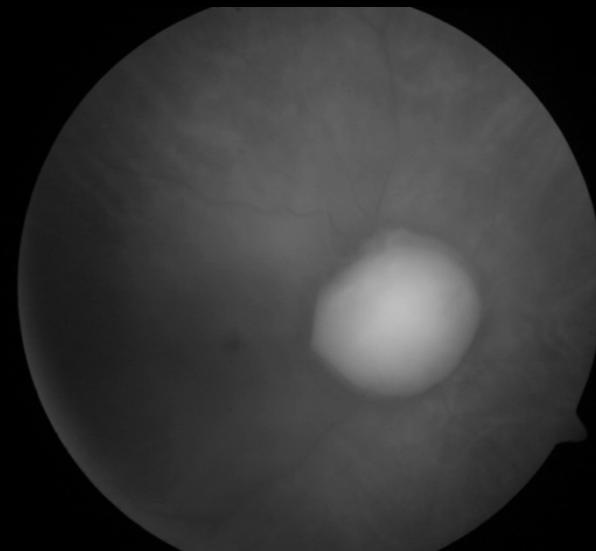
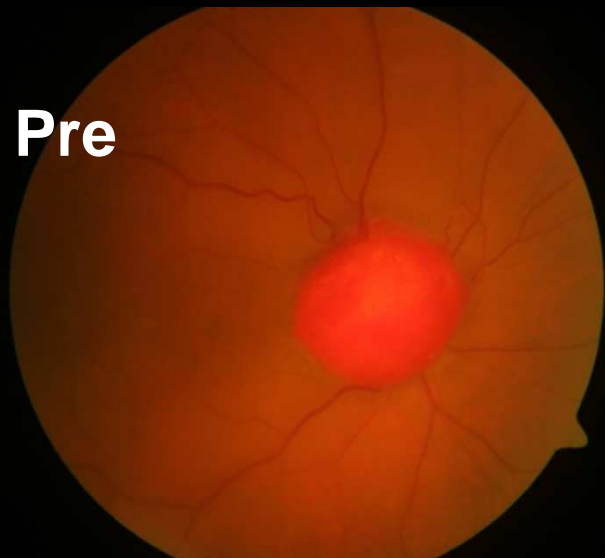


Post

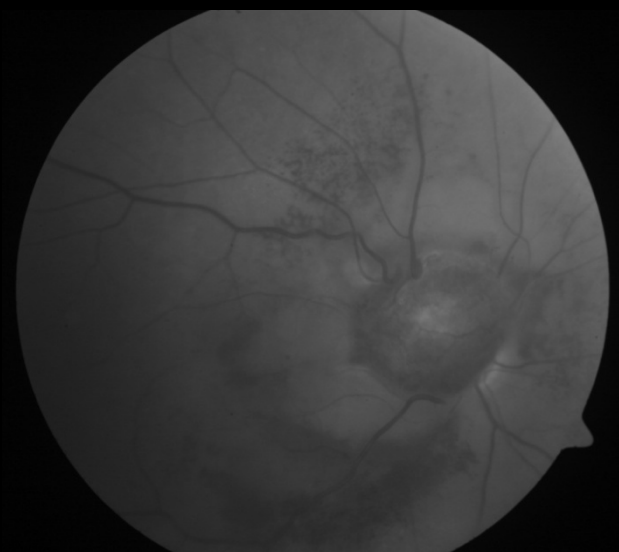
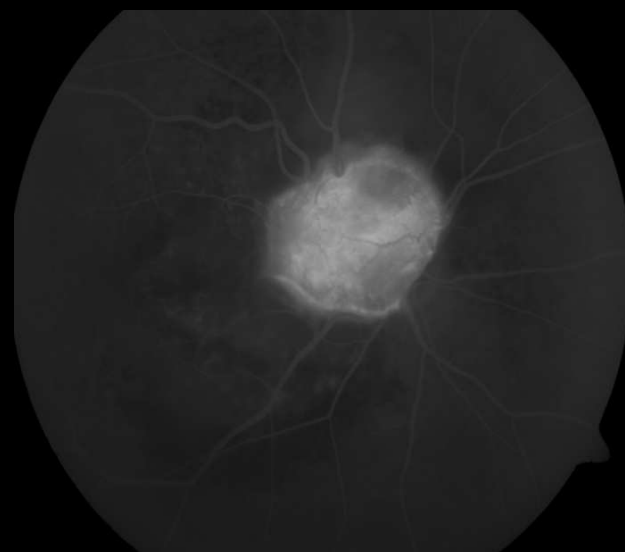
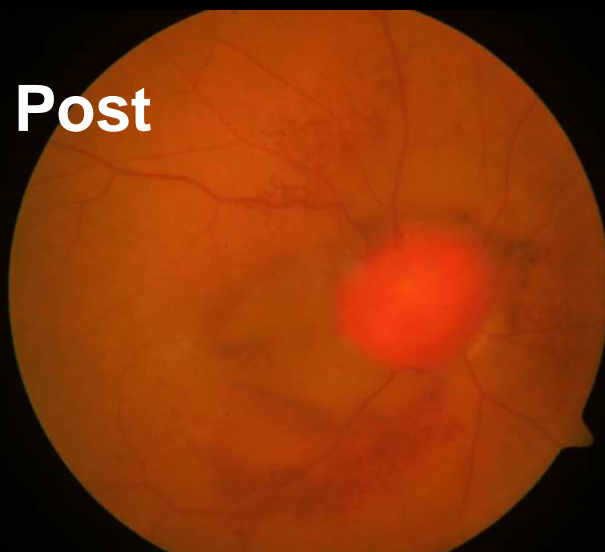


G.A. ♀ 78aa PDT

Pre



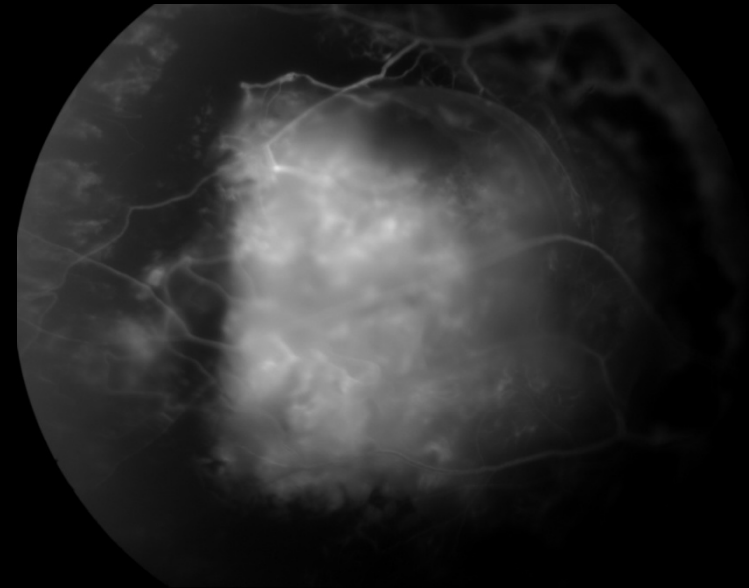
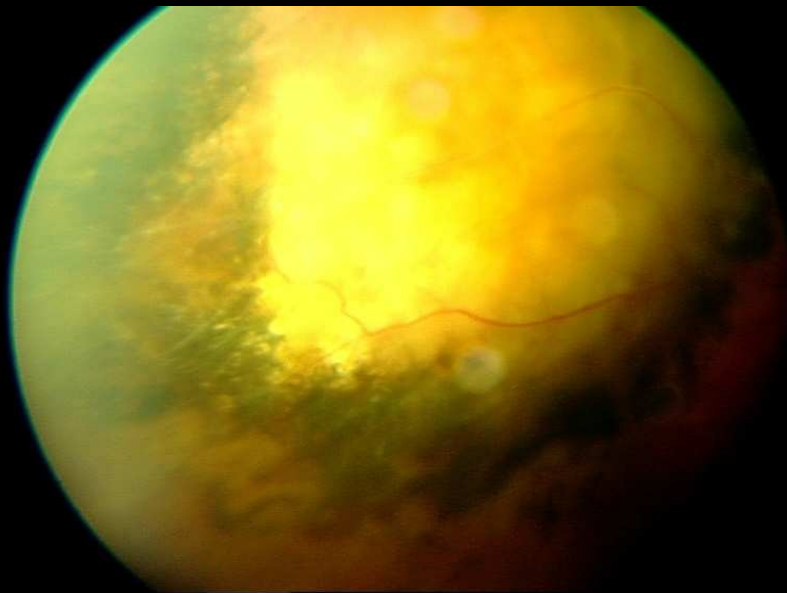
Post



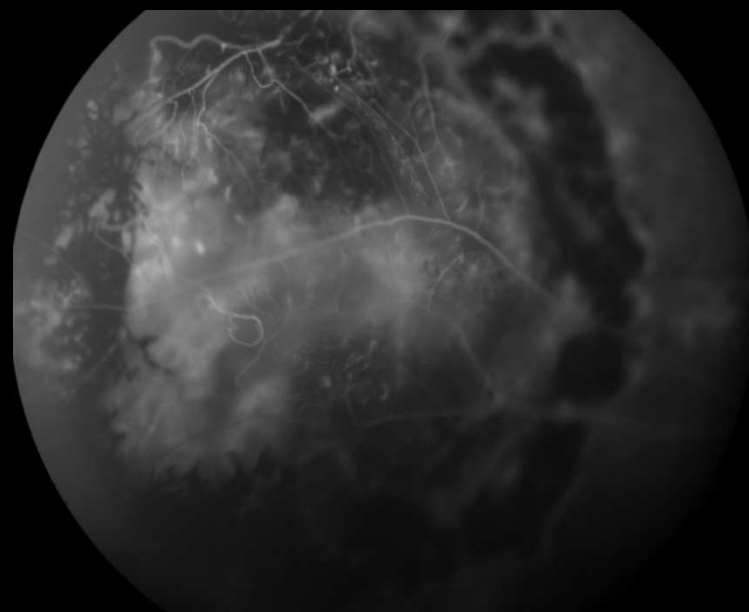
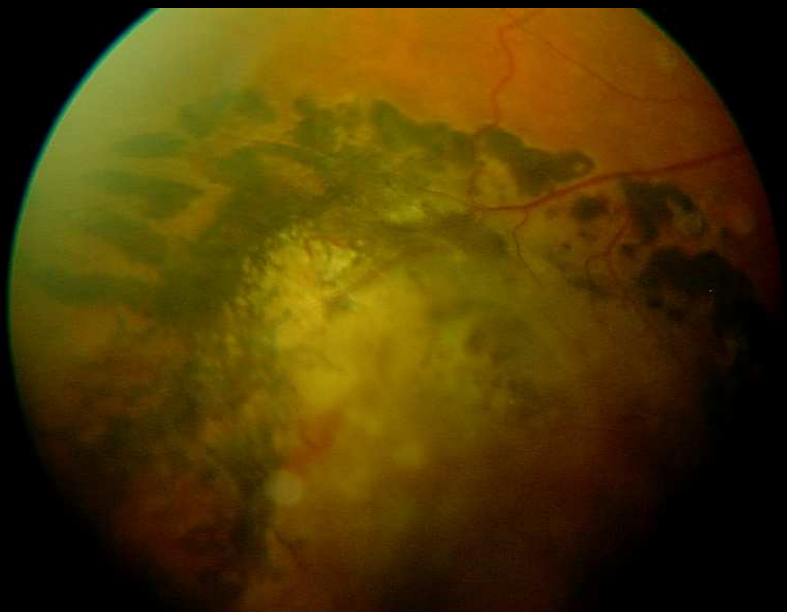
P.F. ♀ 56aa

Fc laser + PDT

Pre

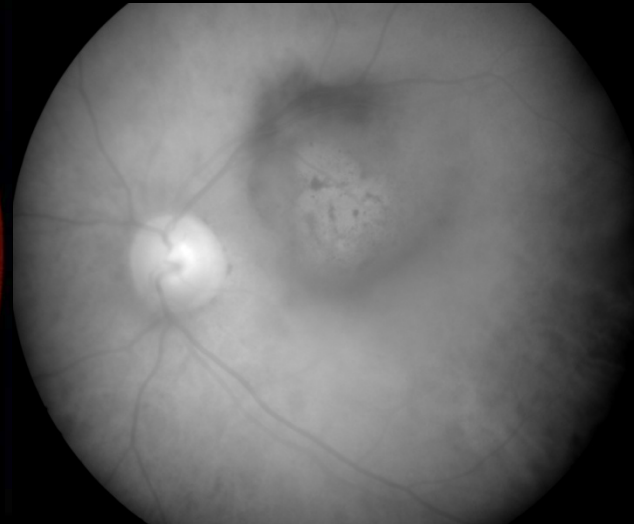
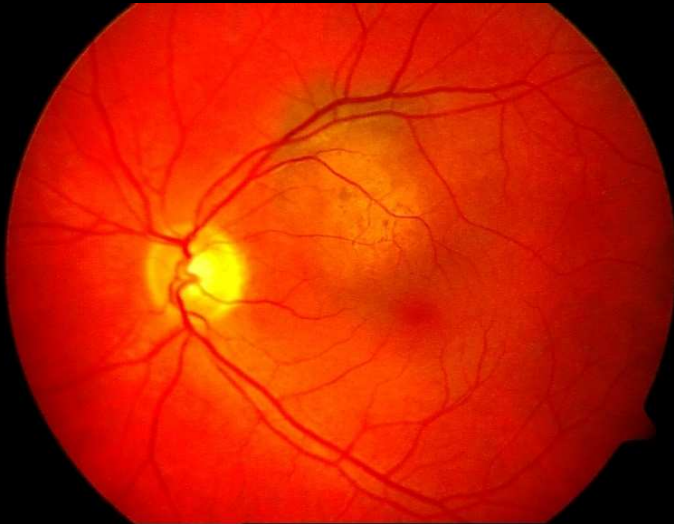


Post

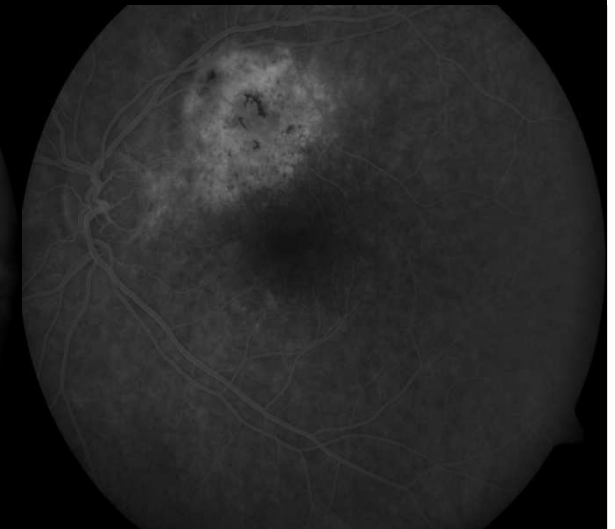
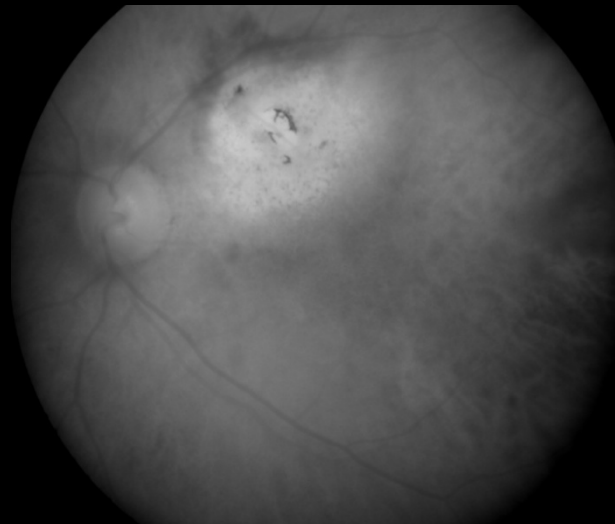


L.G. ♂ 60aa PDT

Pre



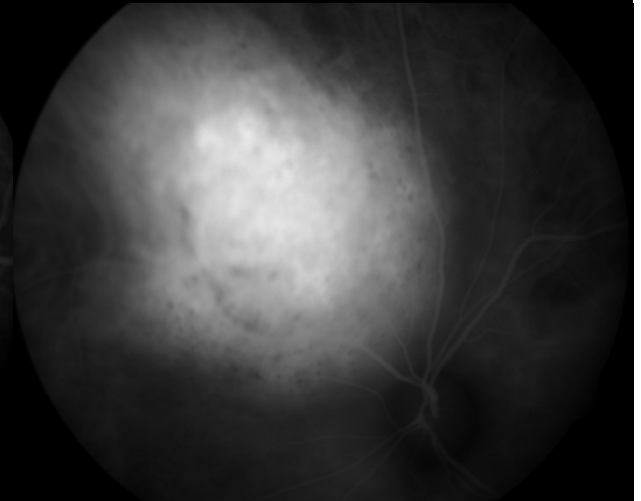
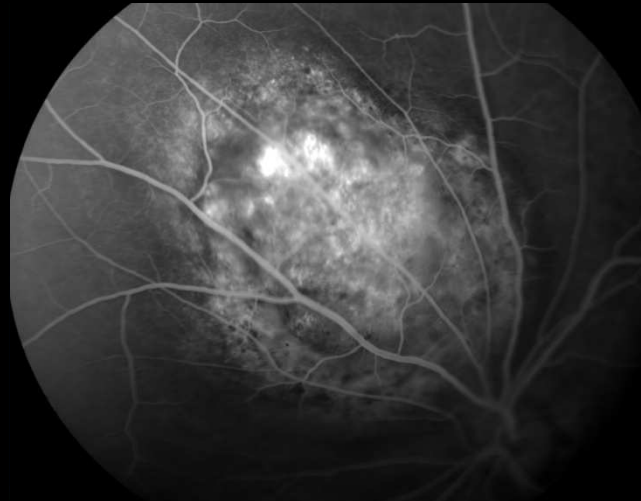
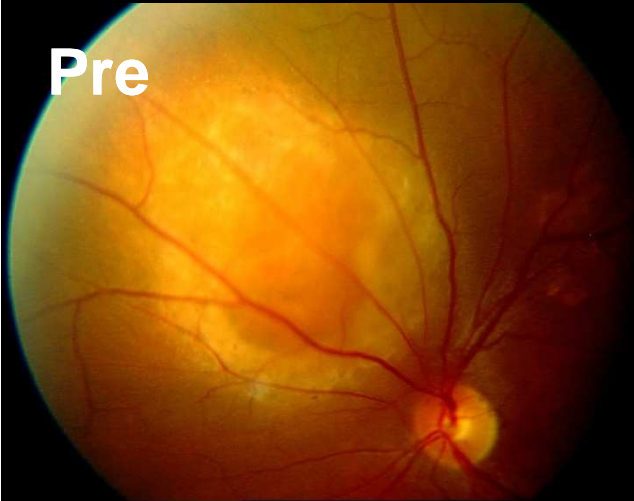
Post



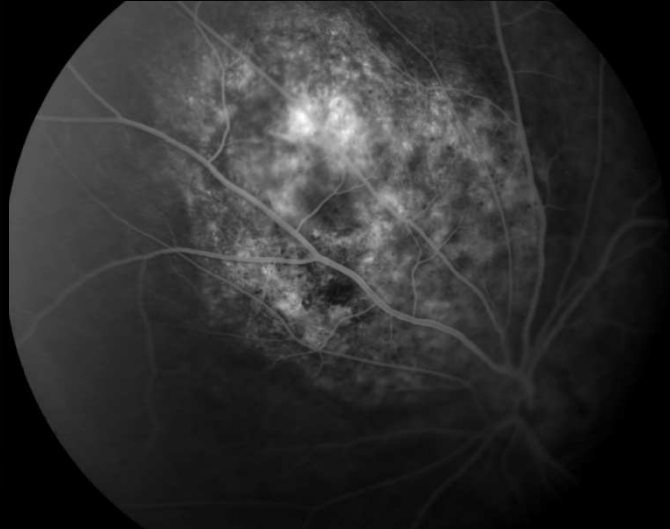
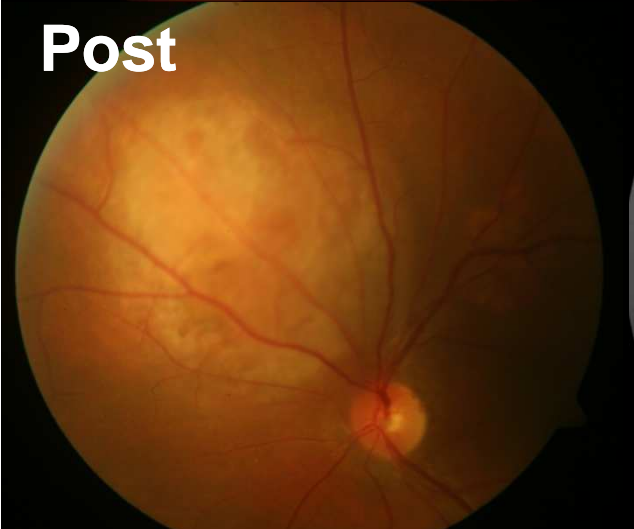
B.M. ♂ 43aa

PDT

Pre

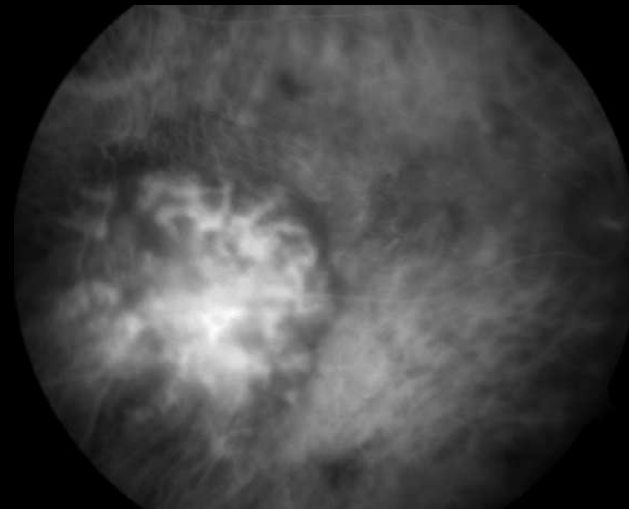
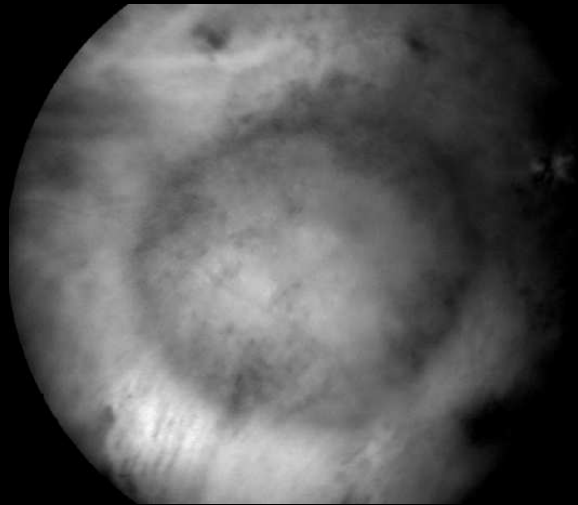


Post

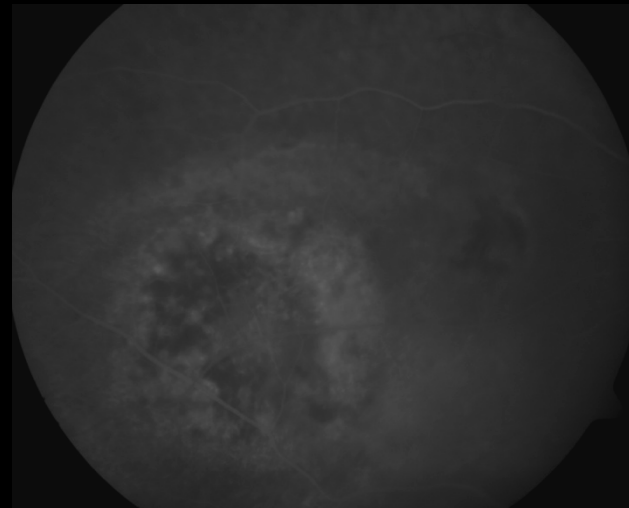
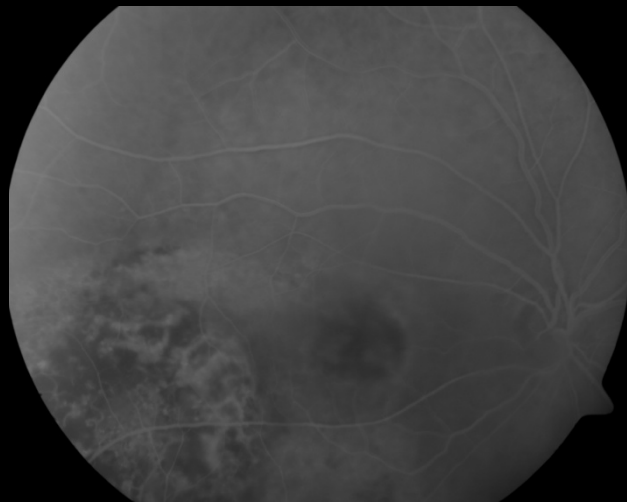


R.P. ♂ 73aa PDT+Anti-VEGF

Pre



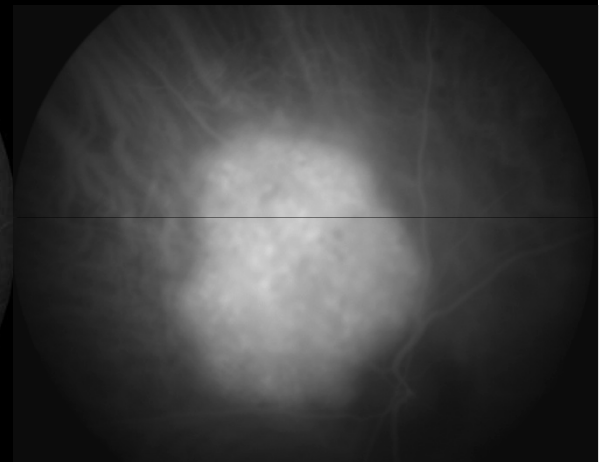
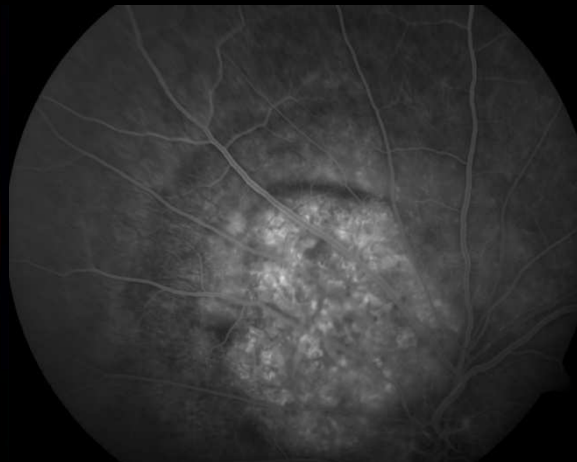
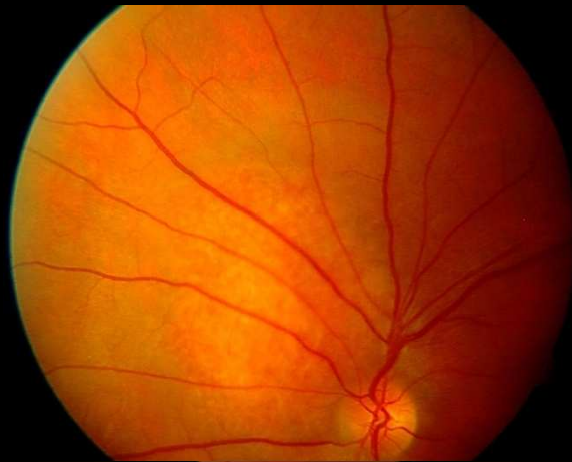
Post



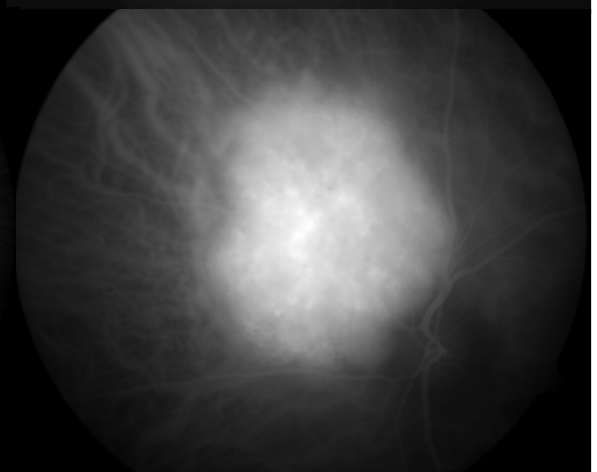
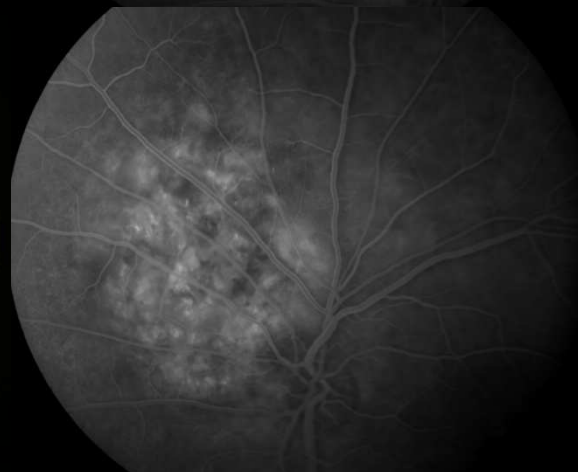
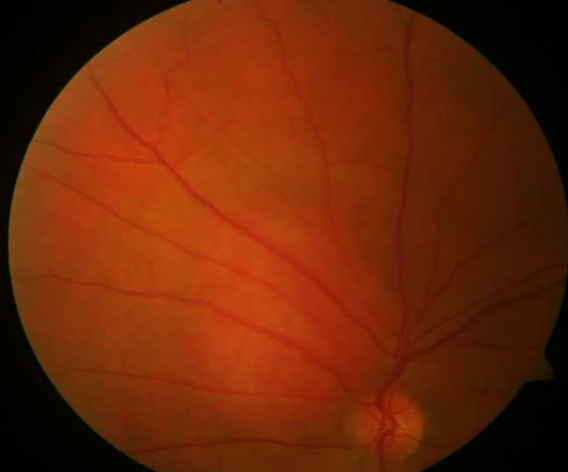
L.S. ♂ 46aa

Protoni

Pre



Post



CONCLUSIONI

- **PERIODICITA' CONTROLLI**
- **SELEZIONE TRATTAMENTO**
- **TRATTAMENTI NON CODIFICATI**