

Università degli Studi di Catania

Clinica Oculistica

Direttore: Prof. A. Reibaldi

The seal of the University of Catania is a circular emblem. It features a central shield with a crown on top, flanked by two figures. The shield is surrounded by the text 'UNIVERSITAS CATANENSIS' and the year '1434'.

VASCULITI RETINICHE
GIOVANILI

D. Malannino, A. Scuderi, S. Faro, R. Franco, V. Cifalino'

XXXVI CONGRESSO SOSI
ACIREALE 14-16 APRILE 2011

VASCULITI RETINICHE PRIMITIVE

MALATTIA DI COATS

MALATTIA DI EALES

VASCULITI ASSOCIATE A PATOLOGIE SISTEMICHE

WEGENER

BEHCET

SCLEROSI MULTIPLA

LES *a/v*

SARCOIDOSI

VASCULITI ASSOCIATE A PATOLOGIE INFETTIVE

TBC

LYME

SIFILIDE CONNATALE

RICKETTIOSI

HIV

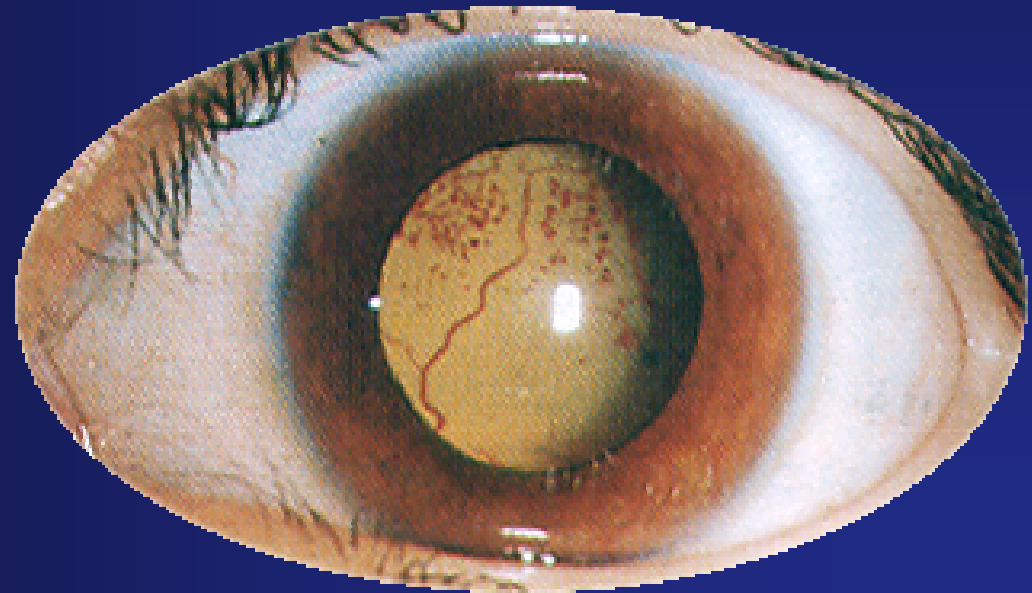
CMV

MALATTIA DI COATS

Malattia progressiva caratterizzata da teleangectasie retiniche congenite, aneurismi periferici, essudazione ed edema maculare.

Giovani maschi 6-8aa (80%), spesso monolaterale.

Distacco retinico, cataratta, glaucoma neovascolare.

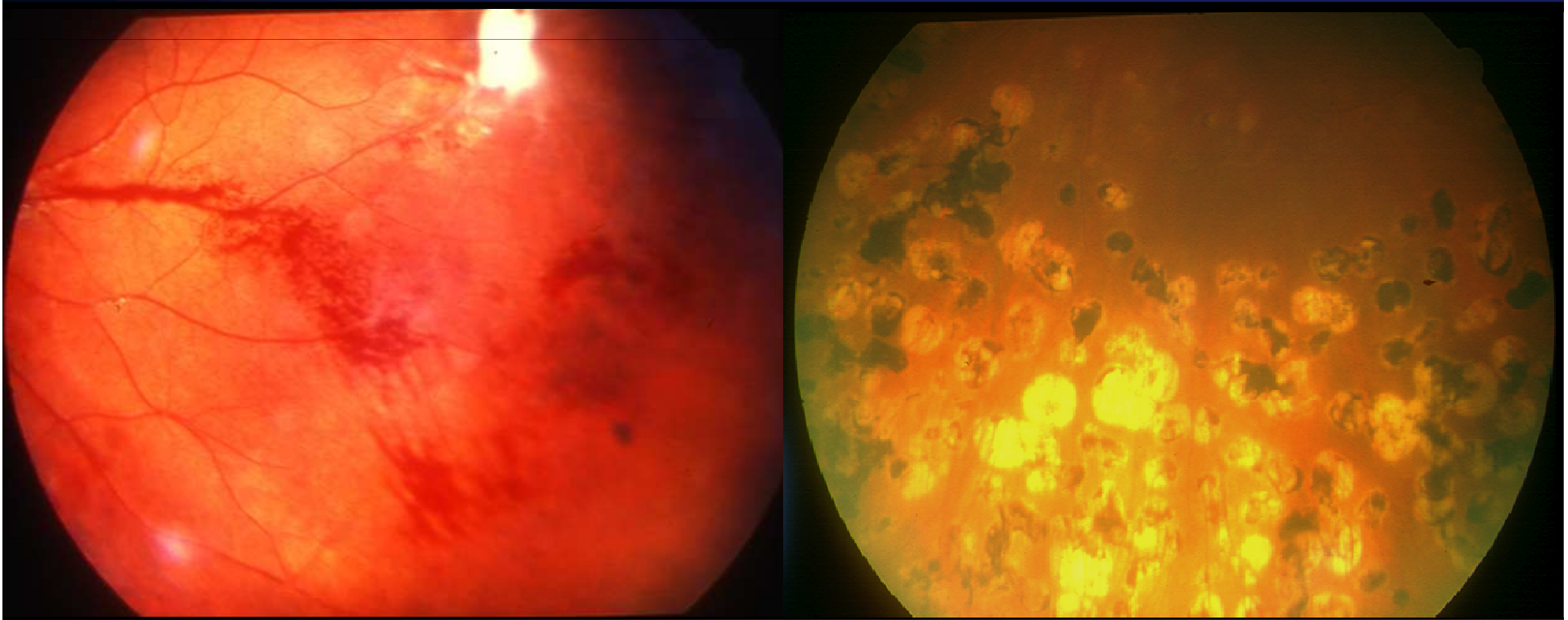


MALATTIA DI EALES

Periflebite retinica periferica idiopatica interessante prevalentemente giovani maschi 15-30aa (solitamente bilaterale, < visus).

Quadro clinico:

Inguainamento vasale → neovascolarizzazione → emorragie vitreali → distacco trazionale, glaucoma neovascolare.



EZIOLOGIA

- **HLA A3-B44, HLA-B51**
- **PRESENZA DI A11-B12**
- **TBC** (xantopsia)
- **ORMONI SESSUALI O FATTORI GENETICI LEGATI AL SESSO**
- **ABNORME PERMEABILITA' CELLULE ENDOTELIALI DEI CAPILLARI RETINICI**

DIAGNOSI

- **OFTALMOSCOPIA**
- **FAG**
- **ECOBULBARE**
- **OCT**
- **CVC**
- **ERG, PEV, EOC**
- **TAC**
- **RMN**

ESAMI LABORATORIO

- • Emocromo, colesterolemia, esame delle urine
- • CMV: test HIV, ELISA, PCR
- • Toxoplasmosi: toxotest
- • Candida: VTK diagnostica
- • M. di Behcet: HLA-B51
- • HZV/HSV: PCR dall'umor acqueo/vitreo
- • Sifilide: anamnesi, VDRL, FTA-ABS
- • Linfoma: RMN orbite + encefalo, VTK diagnostica, saggio IL-10, identificazione del gene del linfoma.
- • LES: ANA, anti-ds DNA, anti Sm, frazioni del complemento, anticorpi-antifosfolipidi
- • PAN: ANCA
- • Granulatosi di Wegener: c-ANCA, p-ANCA
- • Sarcoidosi: ACE e lisozima
- • Arterite a cellule giganti: biopsia arteria temporale
- • Sclerosi multipla: work-up neurologico
- • M. di Lyme: sierologia.
- • Malattia di Whipple: PCR per ricerca bacillo, visita internistica
- • Malattia di Crohn: visita gastrointestinale
- • Artrite reumatoide: FR, ANA
- • Polimiosite: ANA, anti-Jo1, anti-SRP

DIAGNOSI DIFFERENZIALE

- **RETINOBLASTOMA**
- **RETINOPATIA DA RADIAZIONI**
- **ANEMIA FALCIFORME**
- **COLLAGENOPATIA**
- **SARCOIDOSI**

Esclusione di:

- retinopatia diabetica
- occlusione venosa
- sr da iperviscosità
- M. di Coats

Disturbi sistemici:

- febbre
- malessere
- perdita di peso
- artrite
- rash cutaneo

Assenti segni sistemici

Retinite:

- CMV
- Toxoplasmosi
- Candida
- Behçet
- HSV/ HZV
- Sifilide
- Linfoma

Vasculite occlusiva:

- M. di Behçet
- LES
- PAN
- G. di Wegener
- Sarcoidosi
- Arterite a cellule giganti

Vasculite non occlusiva:

- Sclerosi multipla
- Lyme
- Sarcoidosi
- M. di Whipple
- M. di Crohn
- AR
- Polimiosite

•Vasculite retinica a ramo ghiacciato

- M. di Eales
- Arterite retinica
- Pars planite
- Birdshot

TRATTAMENTO

FASI PRECOCI

- **FC LASER**

(“Shapiro et al” Am J Ophthalmol. 2011 Apr;151(4):725-731)

- **CORTICOSTEROIDI ORALI**

NEI CASI RESISTENTI AI CORTICOSTEROIDI

- **INFLIXIMAB E.V.**

(“Parentin et al” J Med Case Reports. 2011 Feb 25;5:81.)

IN CASO DI MARCATO EDEMA MACULARE

- **I.V. BEVACIZUMAB + FC LASER**

(“Goel et al” Int Ophthalmol. 2011 Mar 25.)

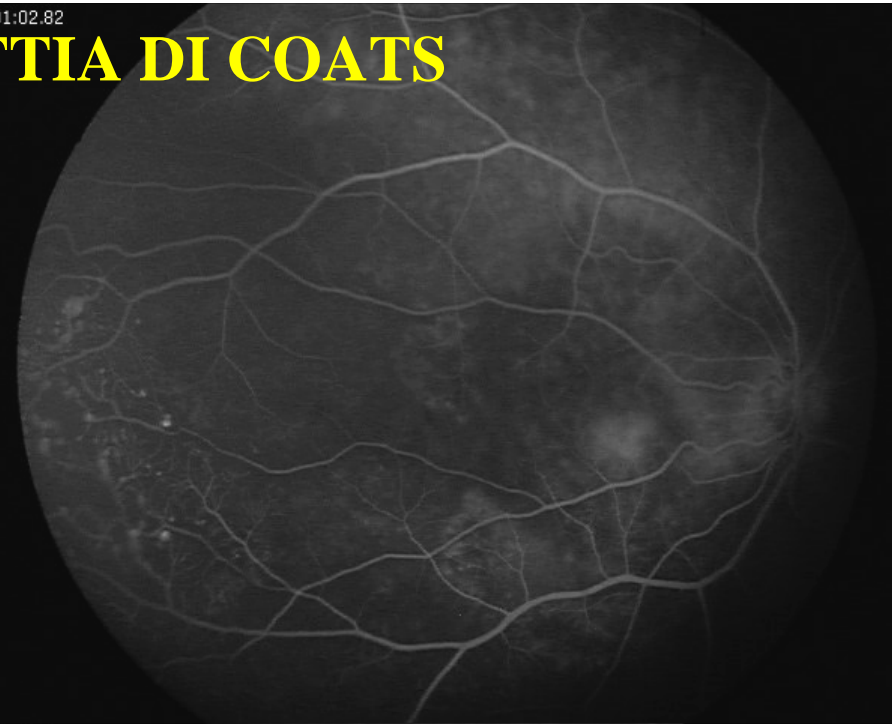
NEI CASI COMPLICATI CON DR

- **VITRECTOMIA**

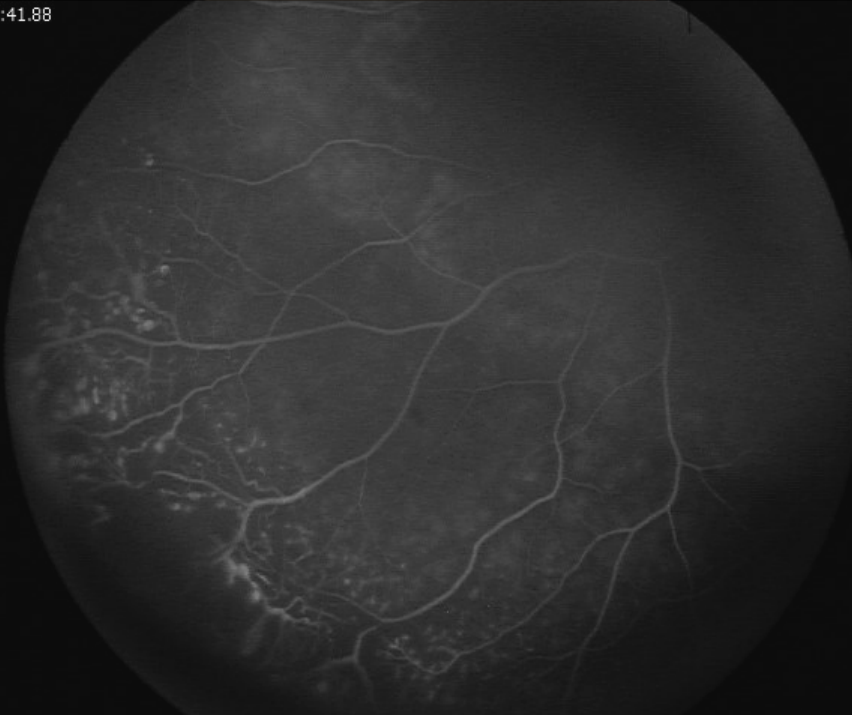
(“Junker et al” Ophthalmologe. 2010 Apr;107(4):379-88.)

S.P. ♂ 5aa MALATTIA DI COATS

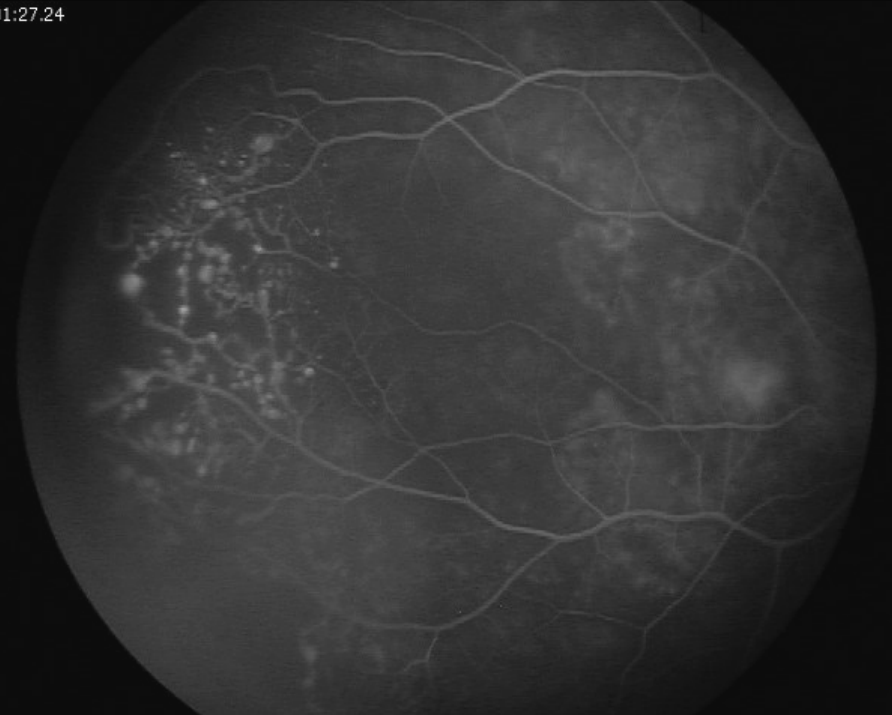
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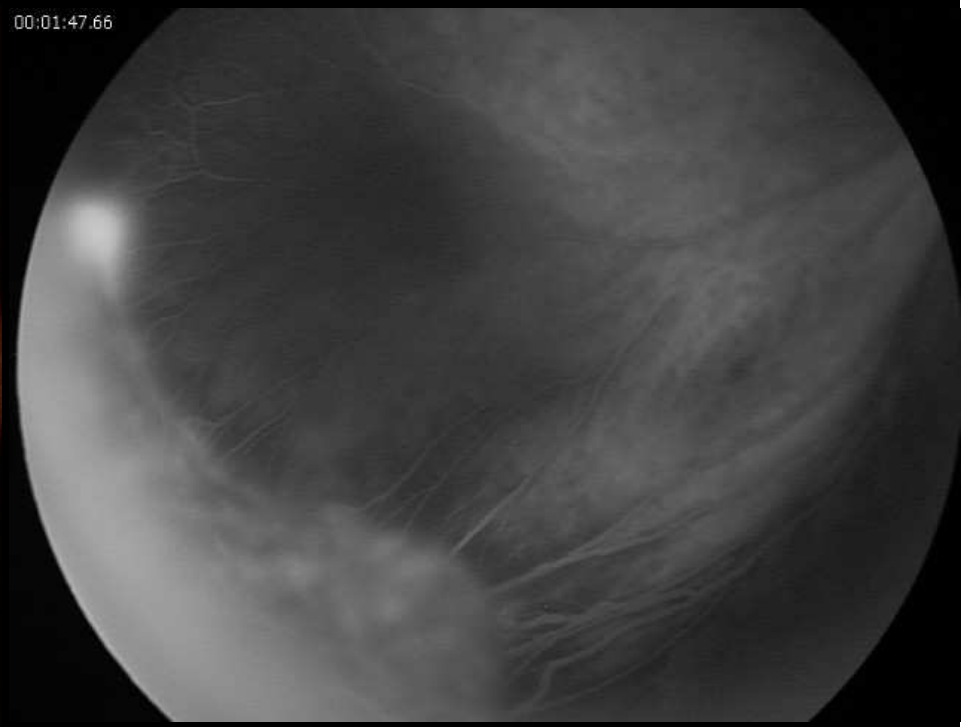
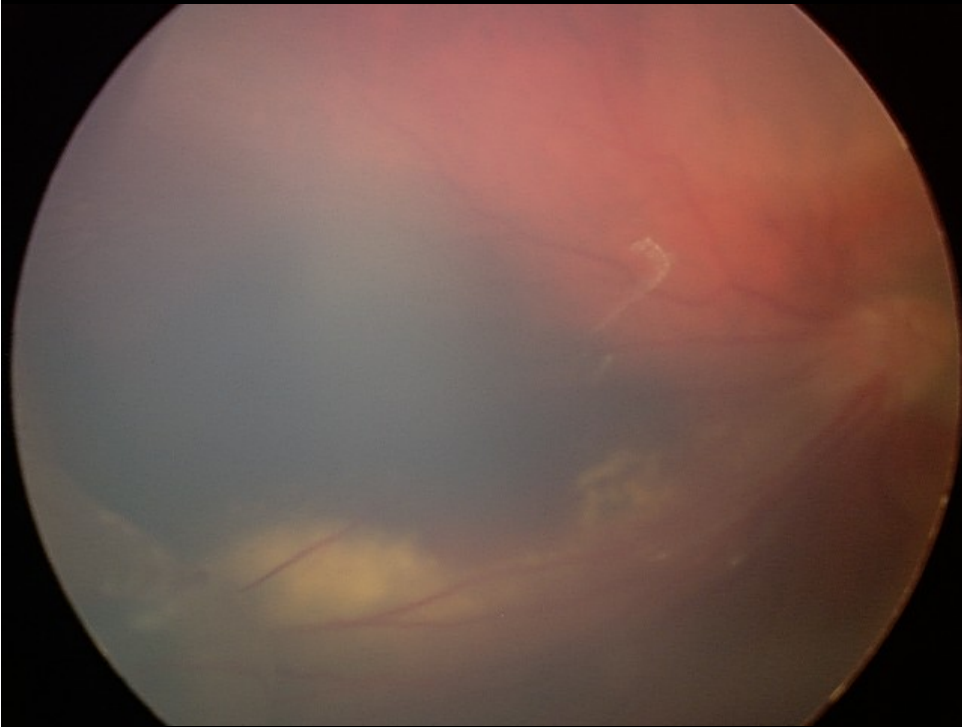
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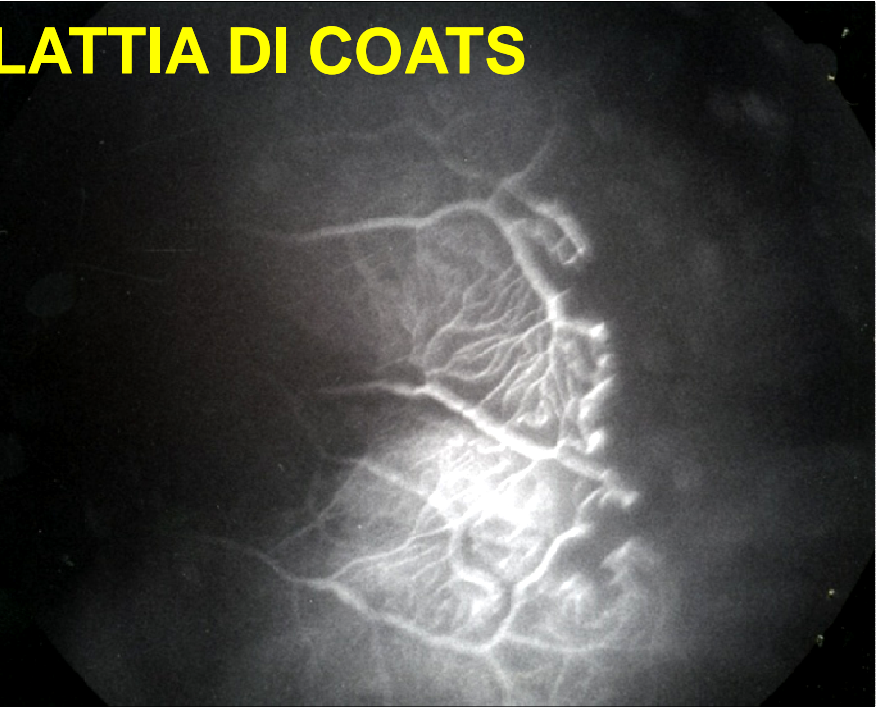
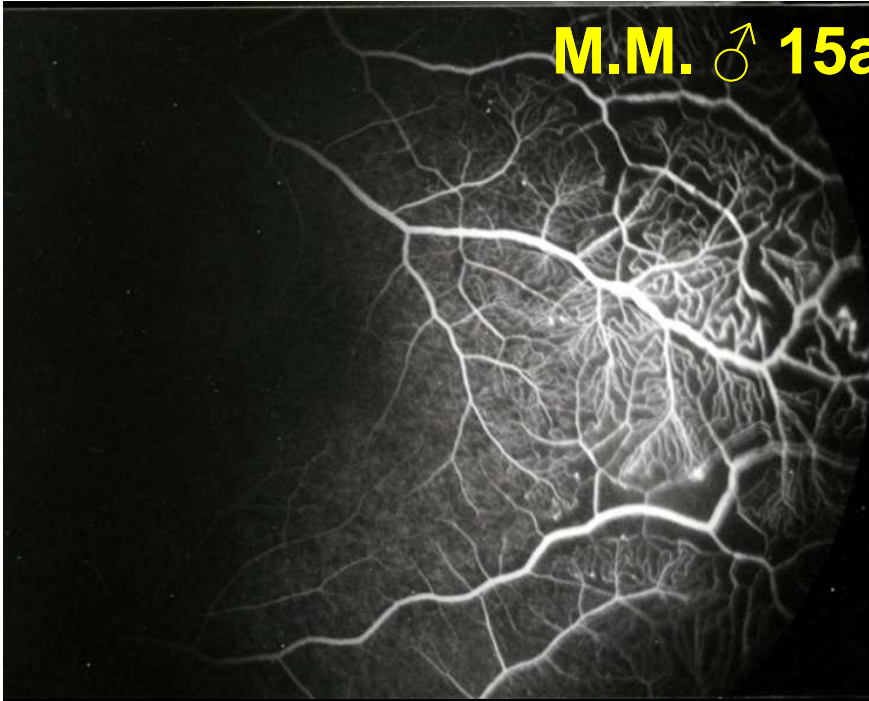


R.S. ♂ 7aa MALATTIA DI COATS

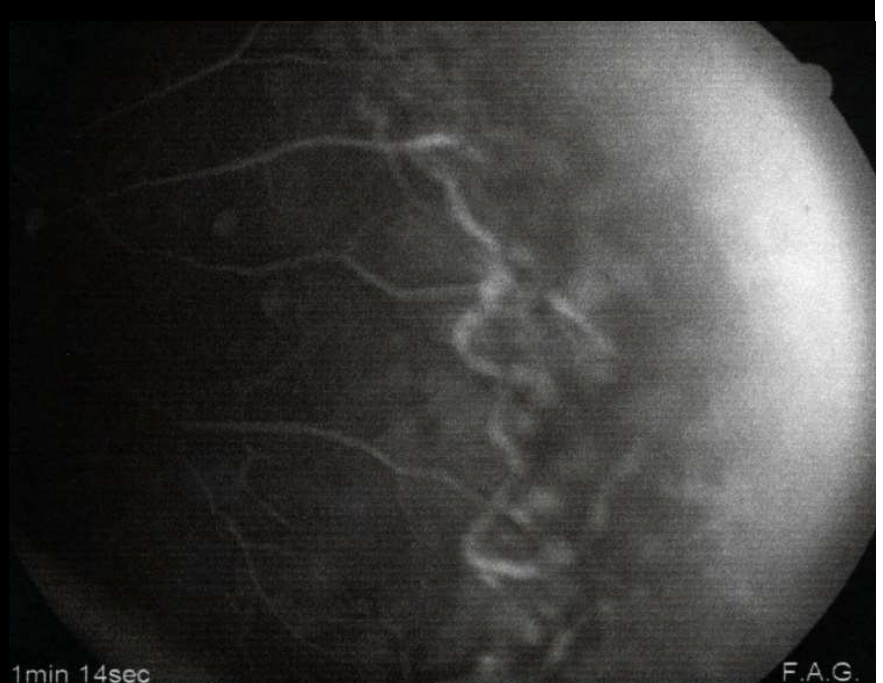
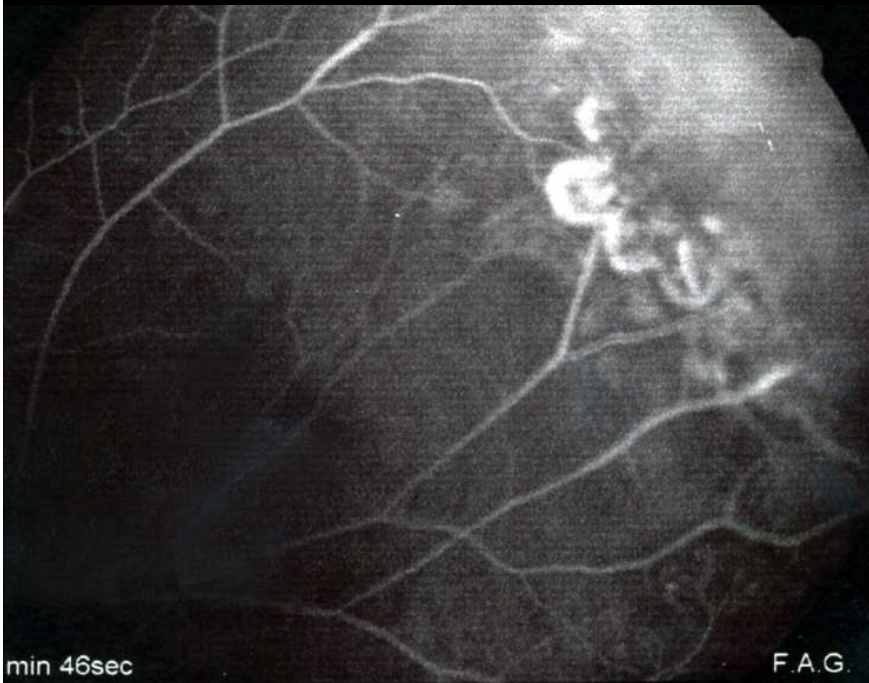


M.M. ♂ 15aa MALATTIA DI COATS

Pre



Post



min 46sec

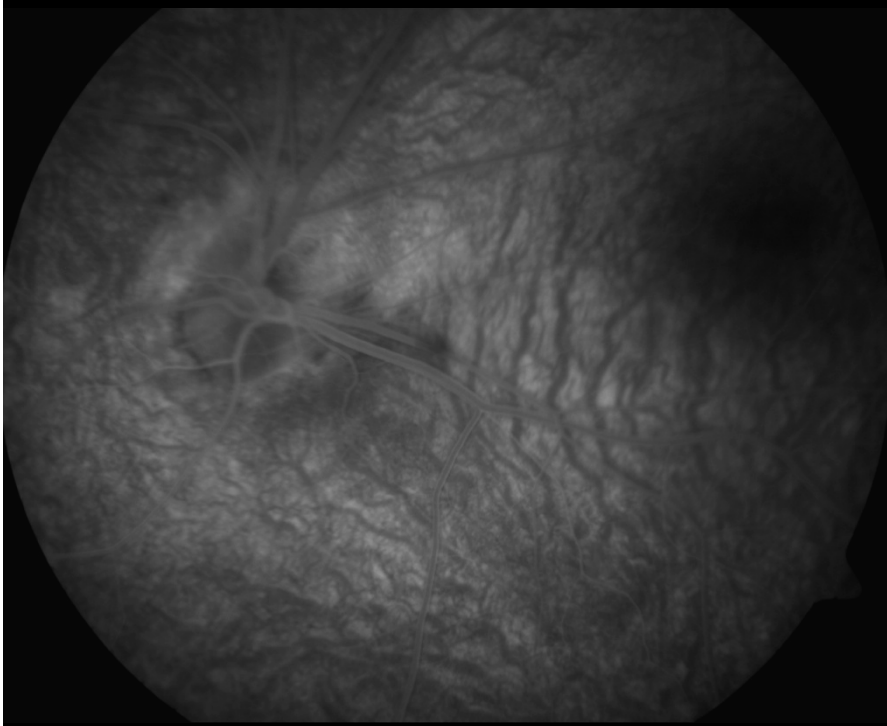
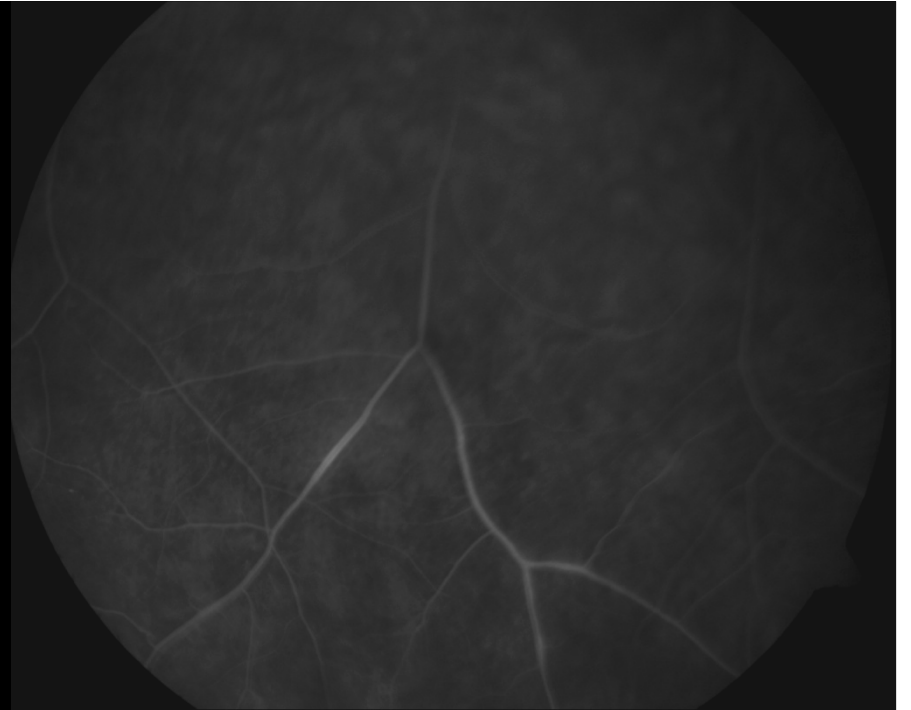
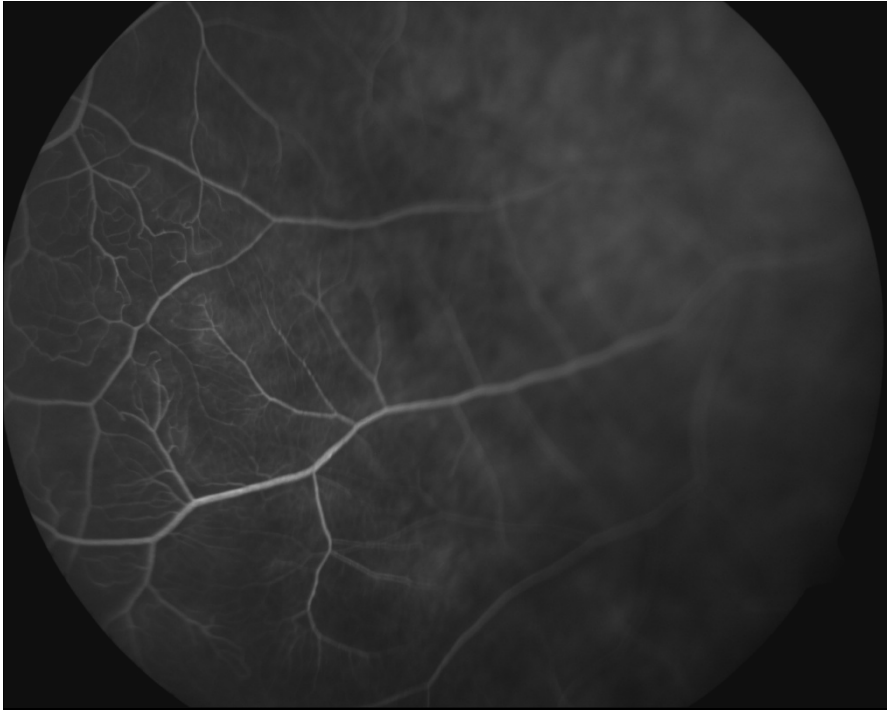
F.A.G.

1min 14sec

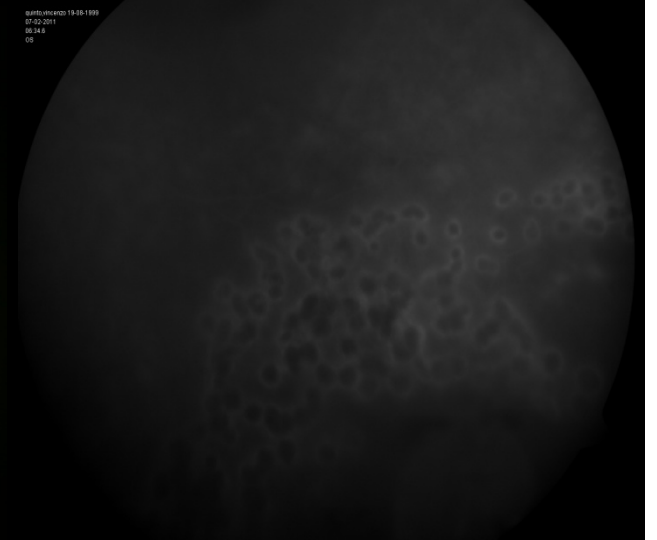
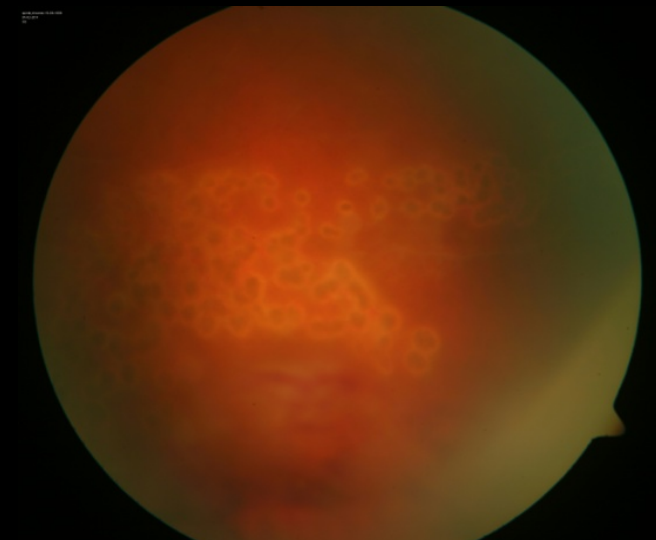
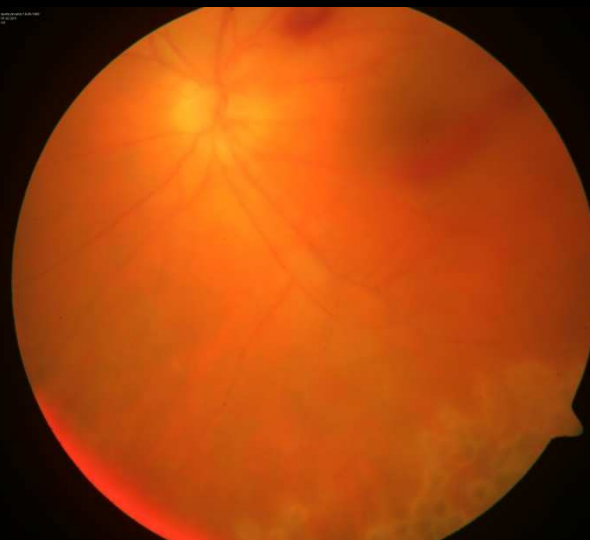
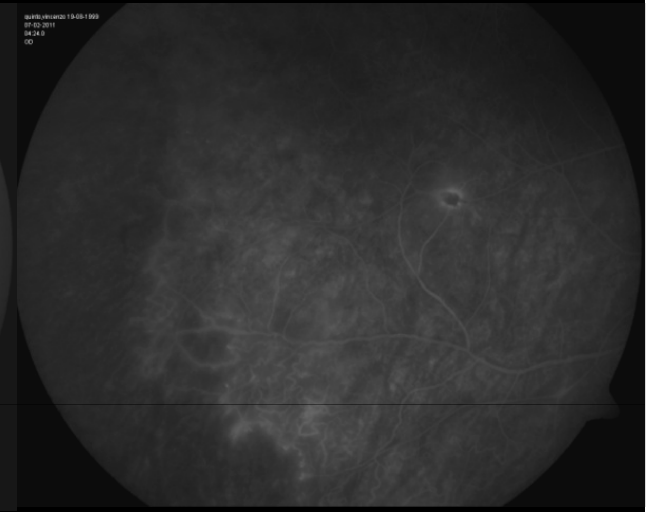
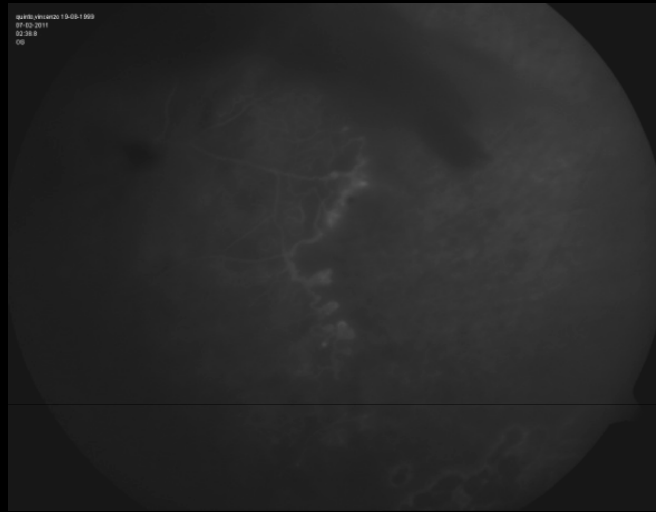
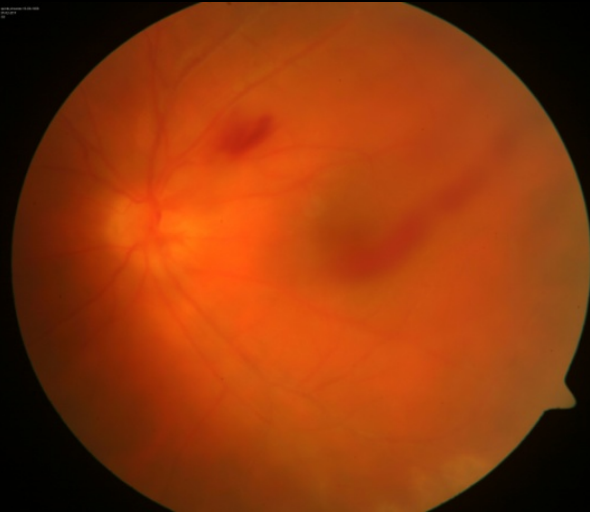
F.A.G.

M.S.. ♂ 8aa MALATTIA DI COATS



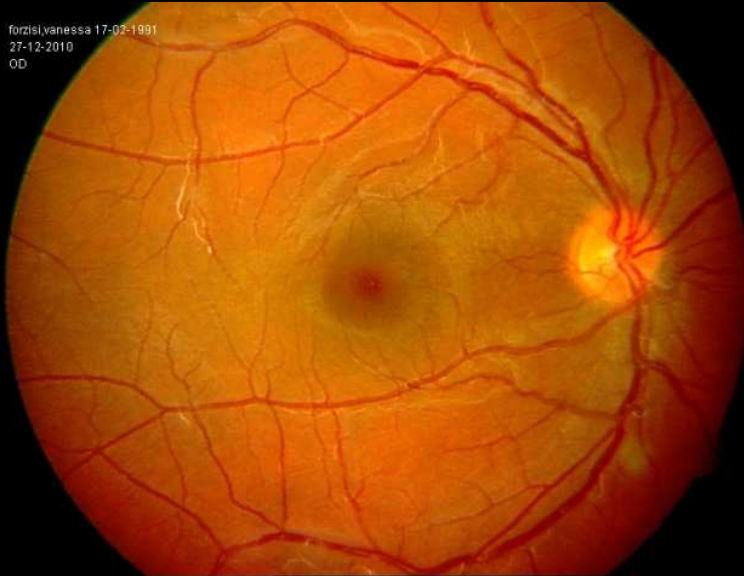


Q.V. ♂ 11aa MALATTIA DI EALES



F.V. ♀ 20 aa Psoriasi + vasculite

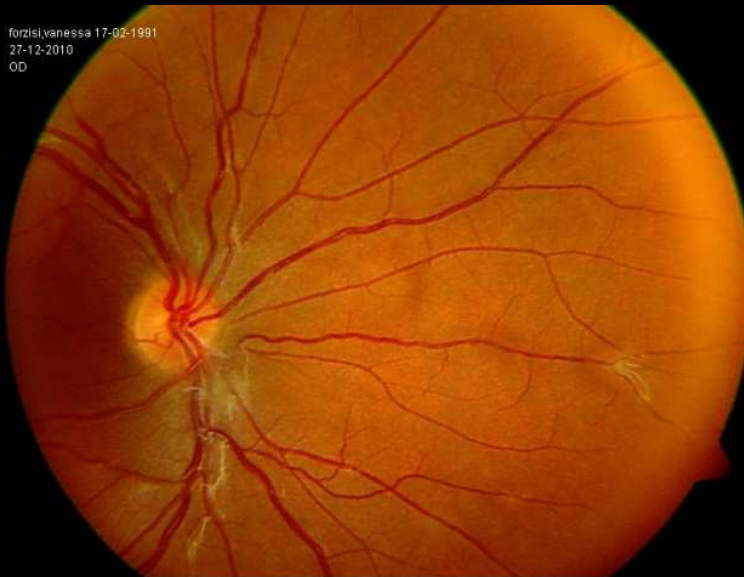
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OD



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OS



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V.F. ♀ 12 aa



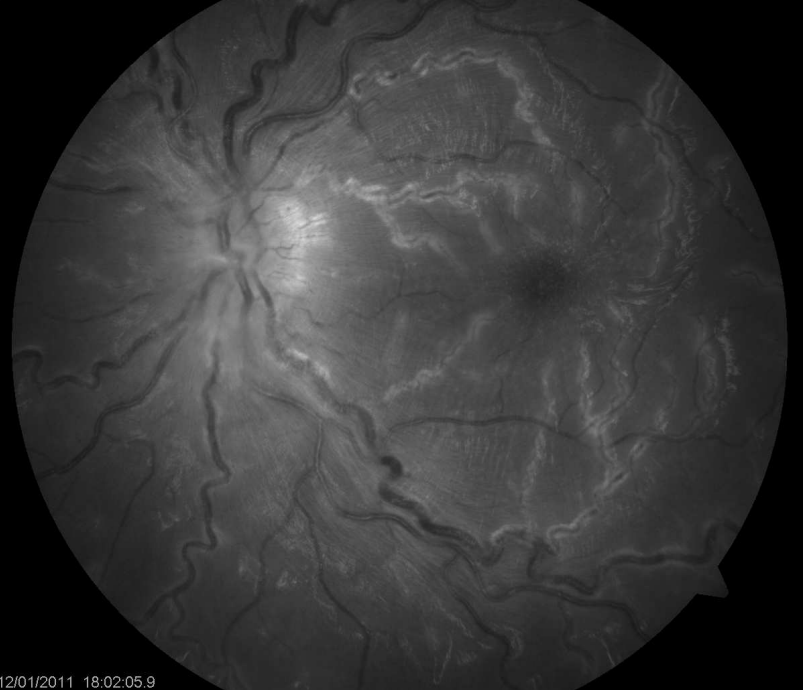
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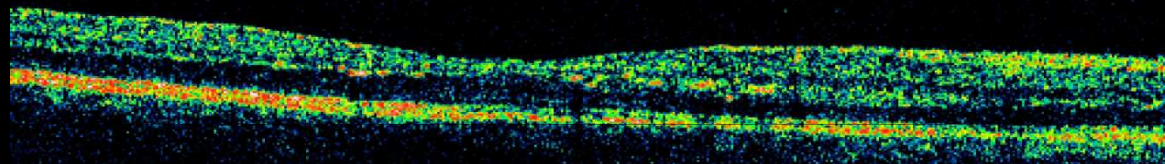
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Dopo 2 gg di terapia con cortisone

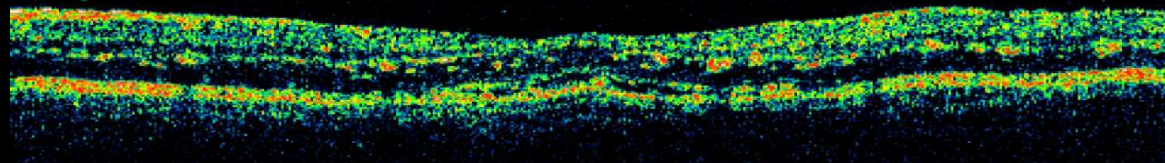


OCT

OD



OS



Dopo 3gg



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Dopo 7 gg

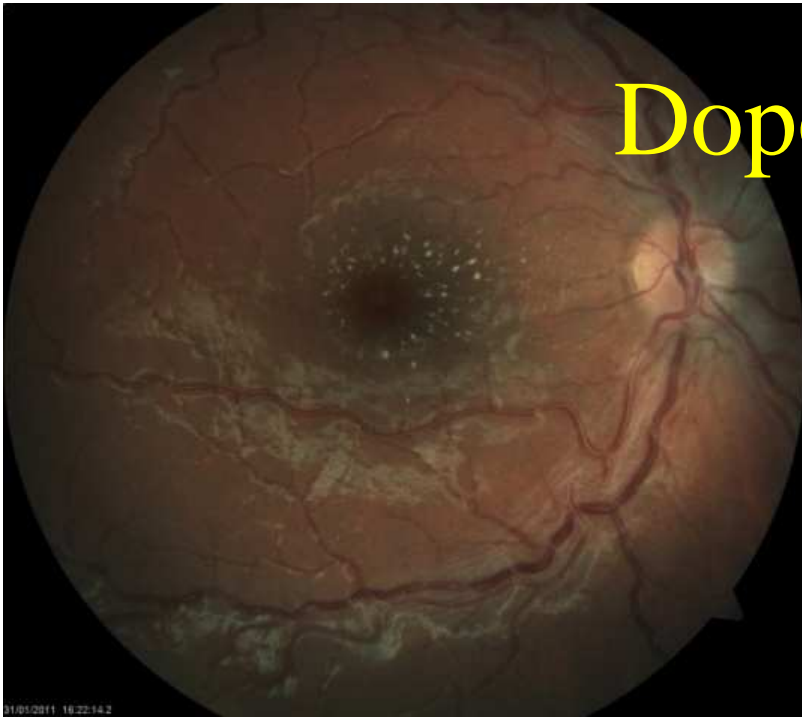
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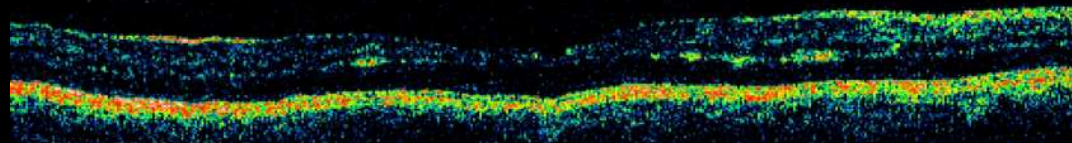
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Dopo 2 settimane

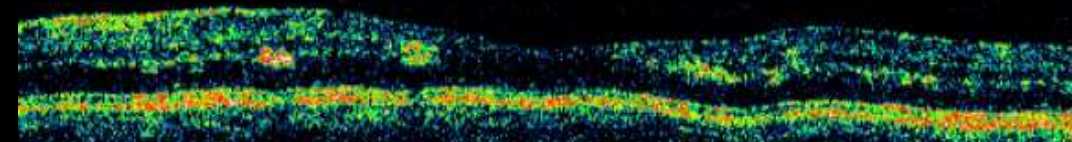


OCT

OD



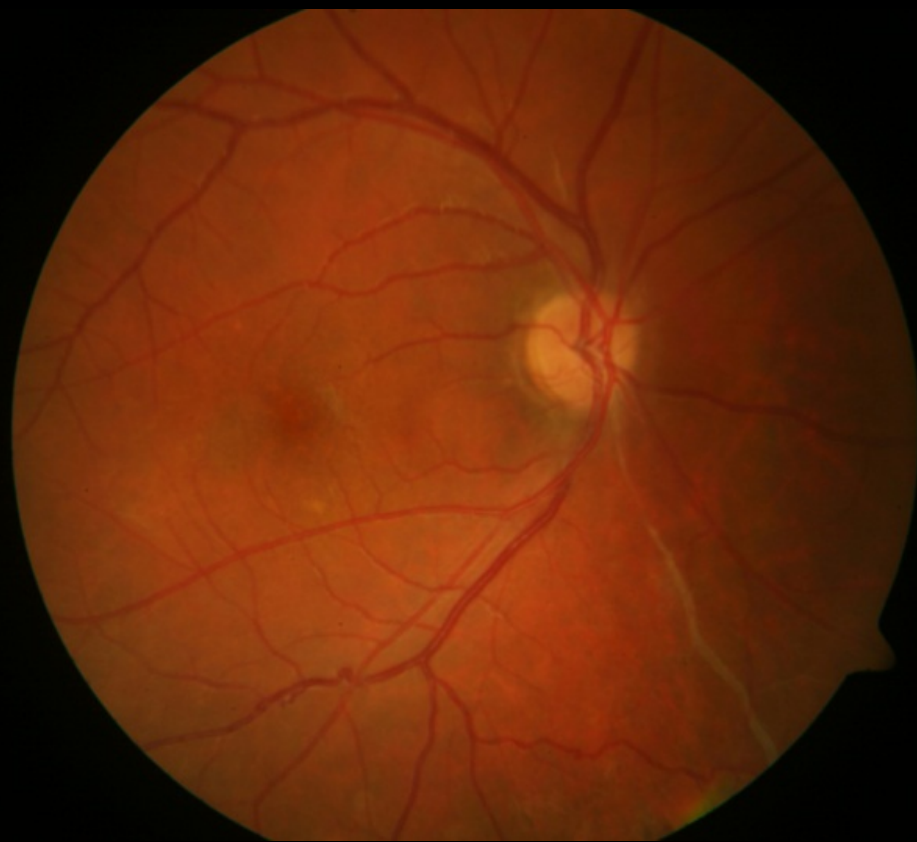
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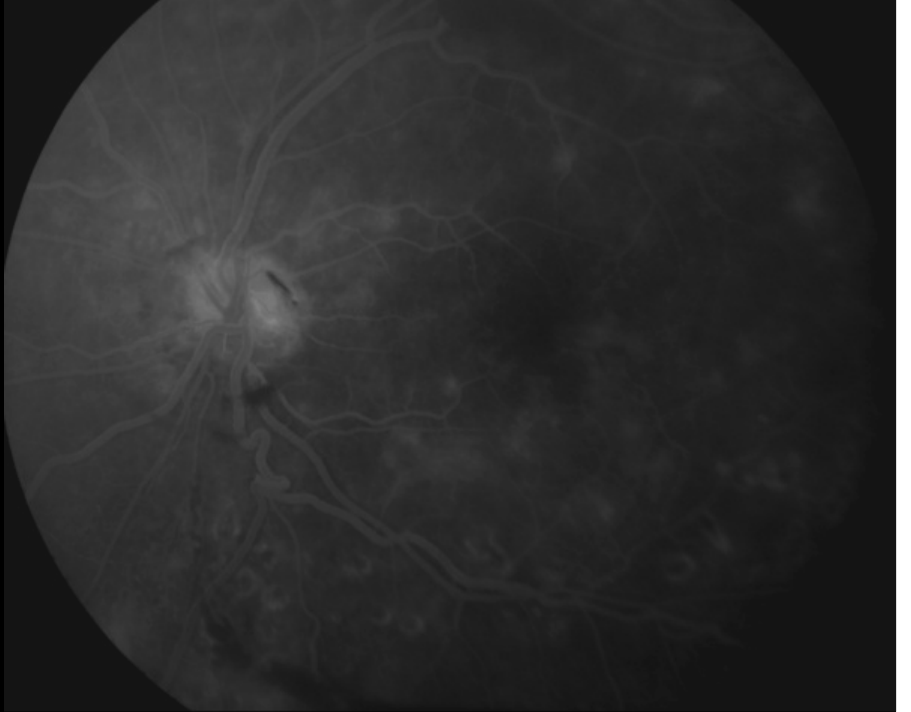
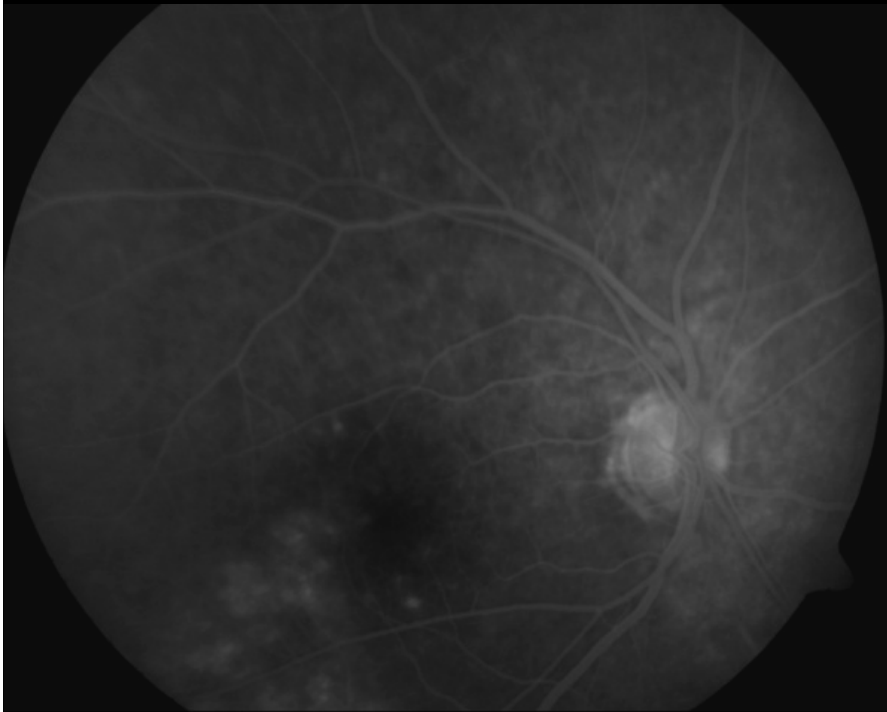
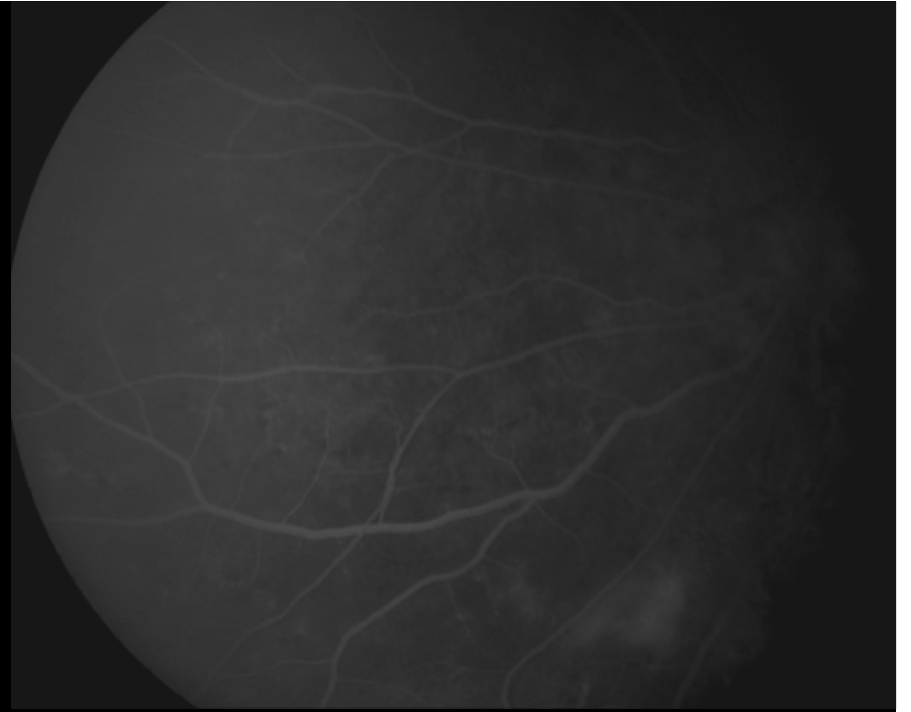
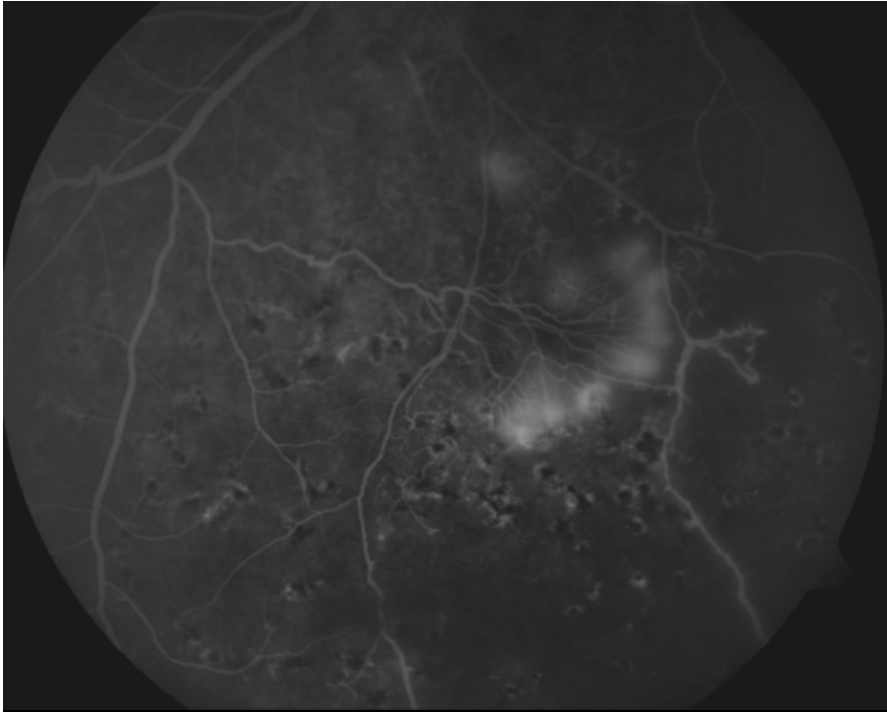


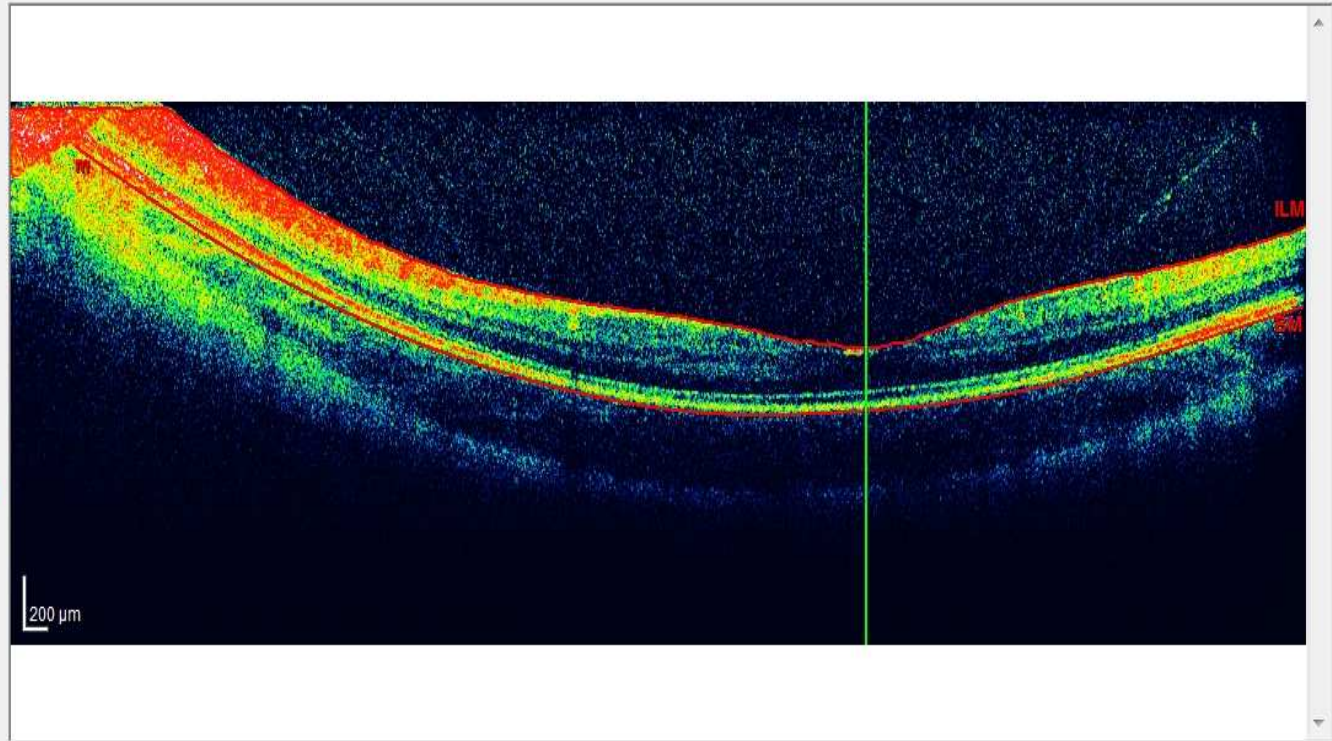
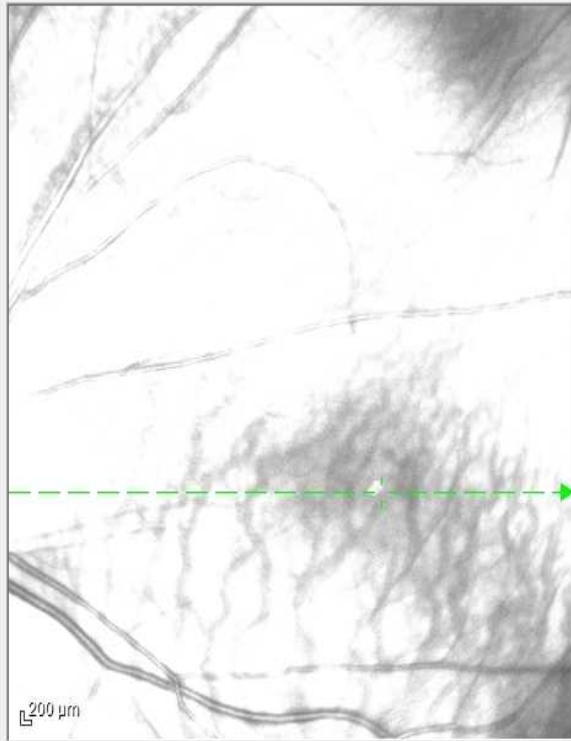
FOLLOW UP 3 MESI



P.C. ♂ 22aa

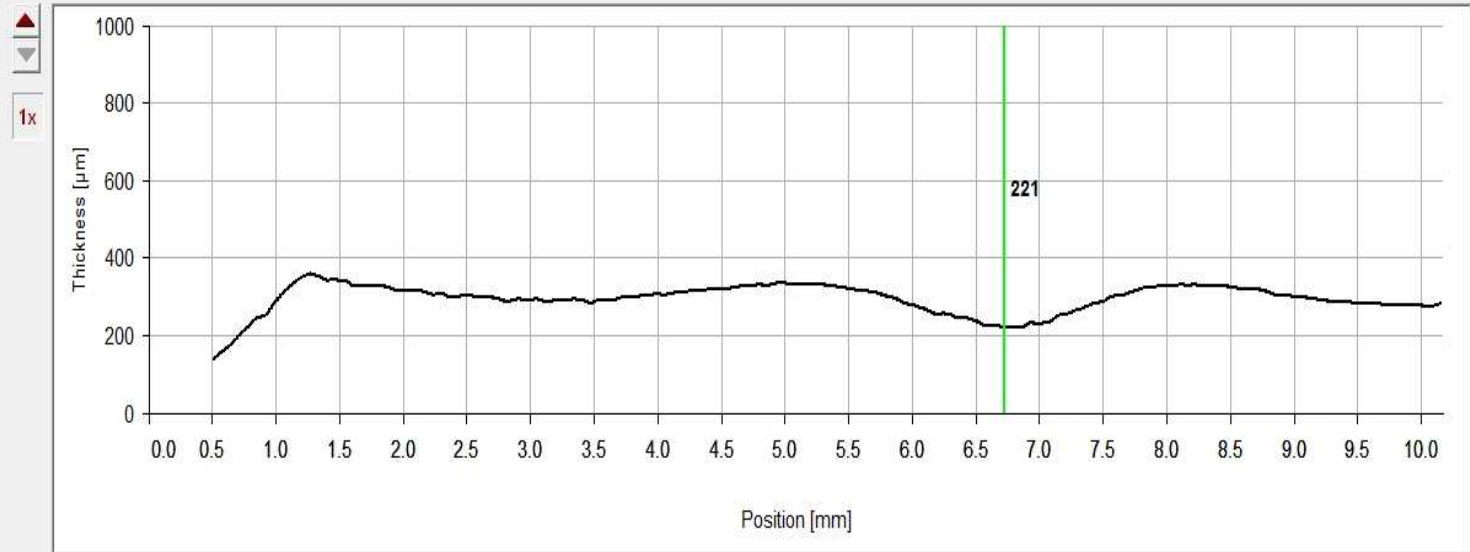




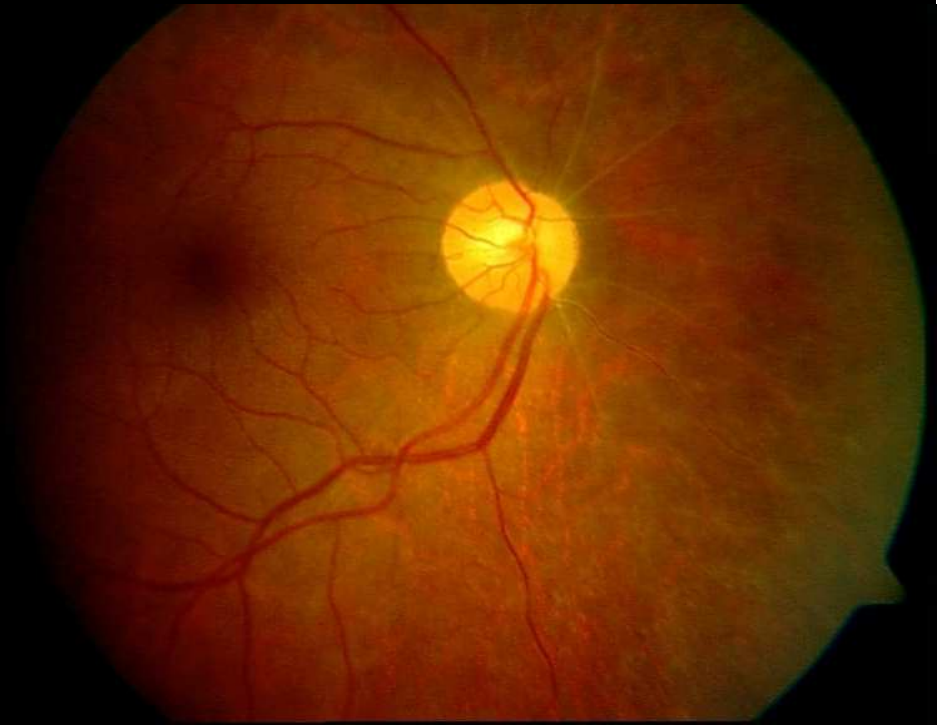
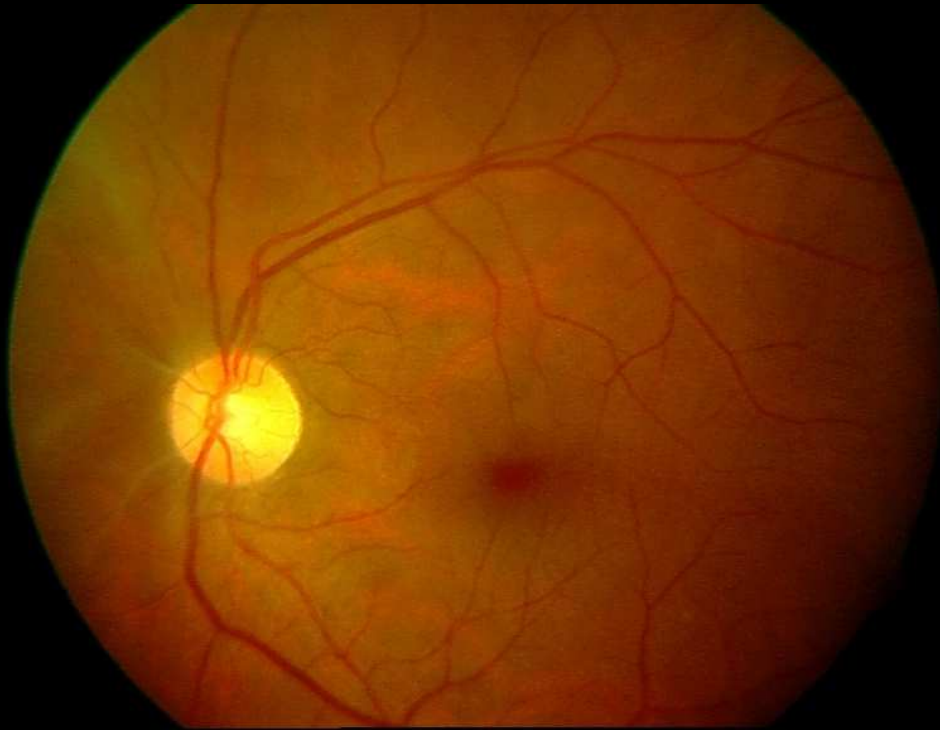


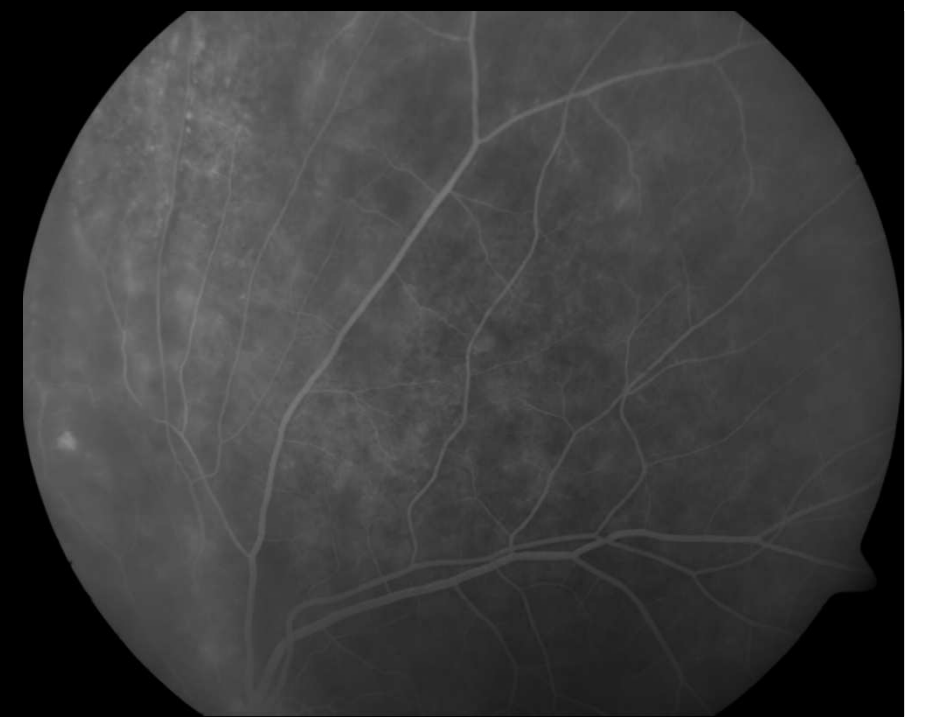
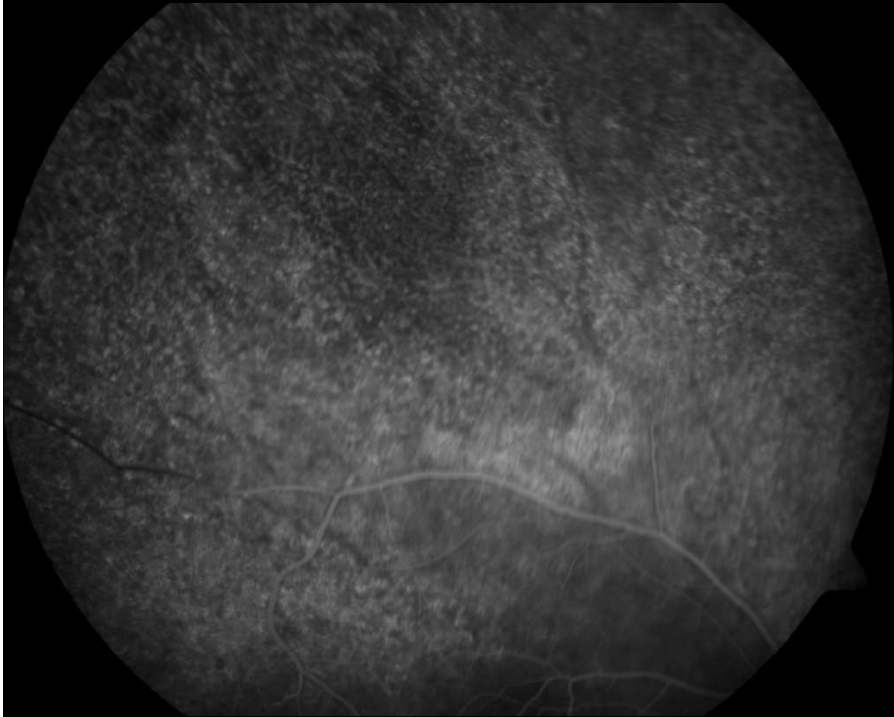
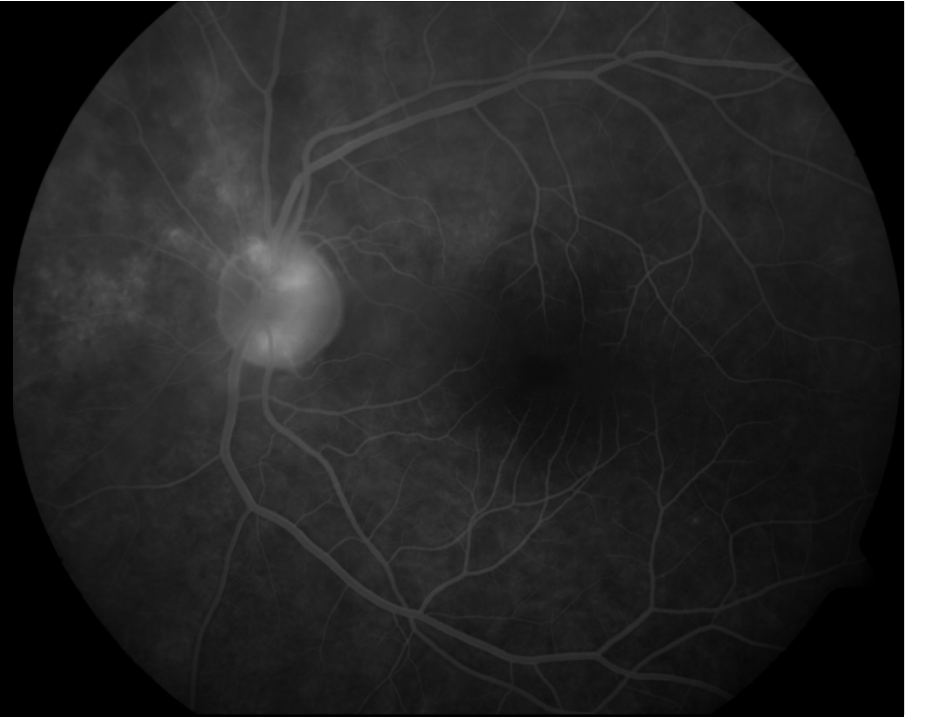
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Layer: Retina

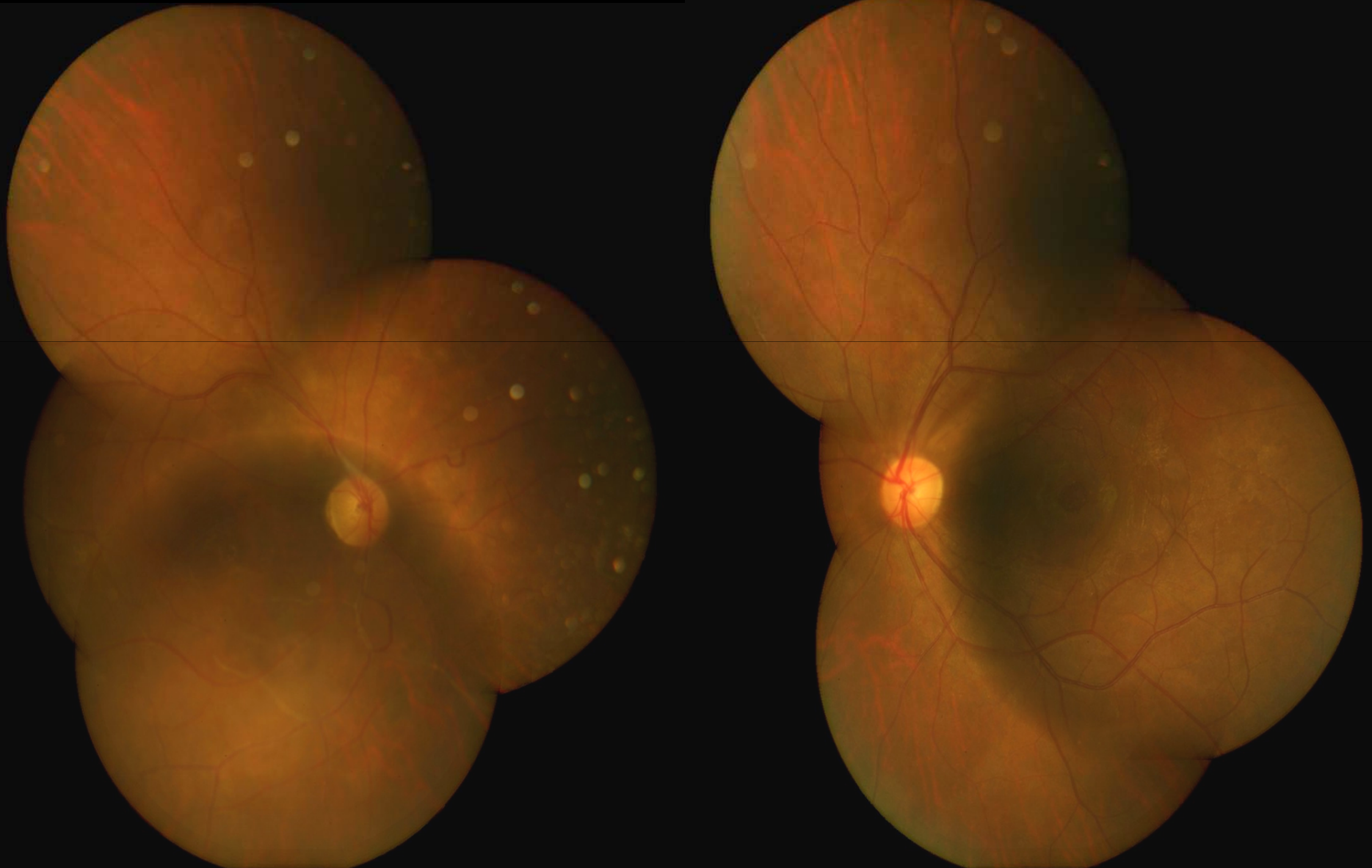


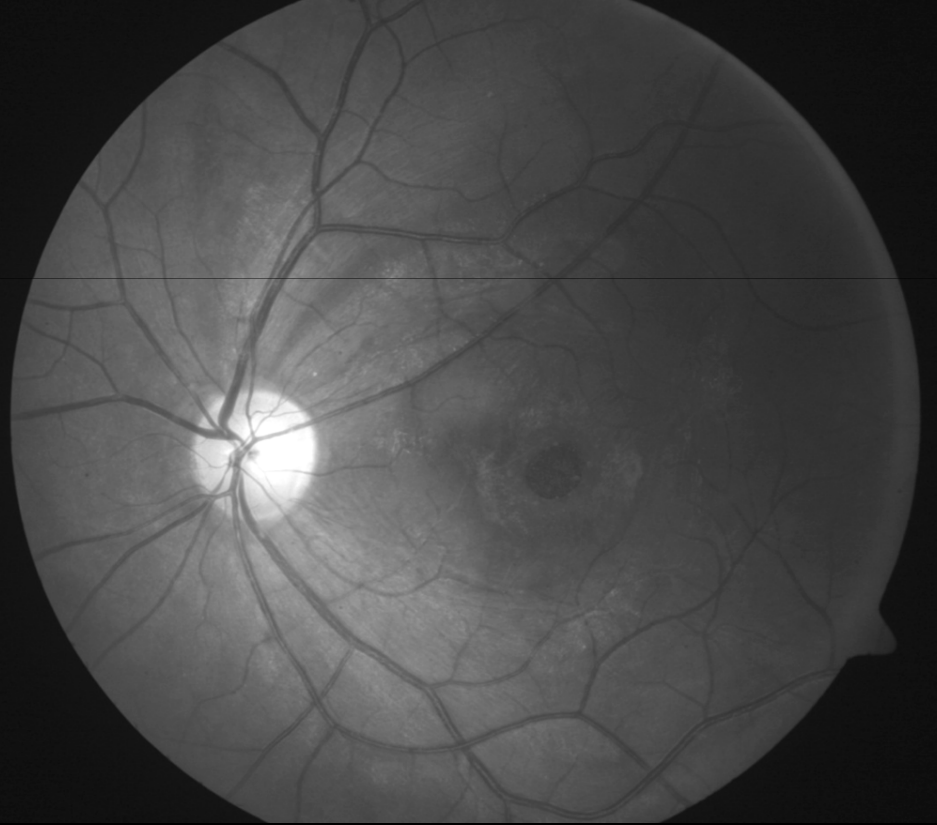
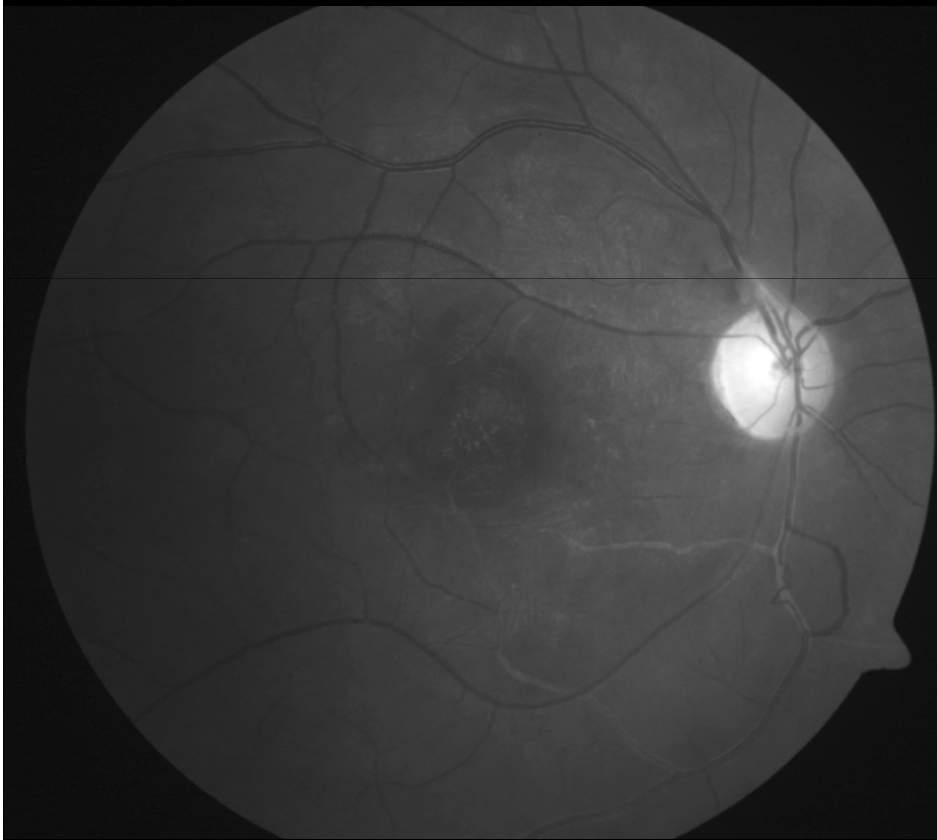
Z.P. ♂ 30aa AIDS



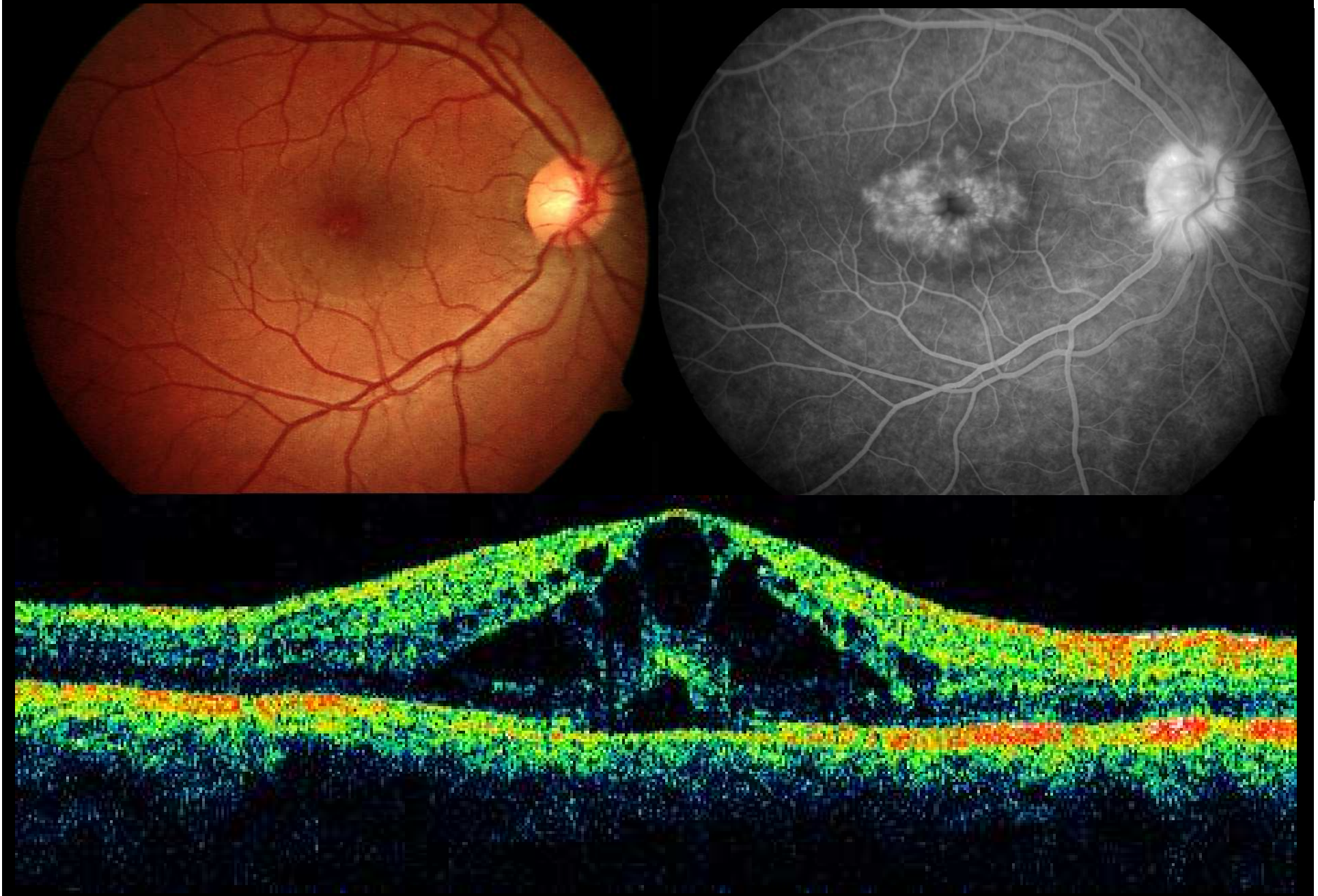


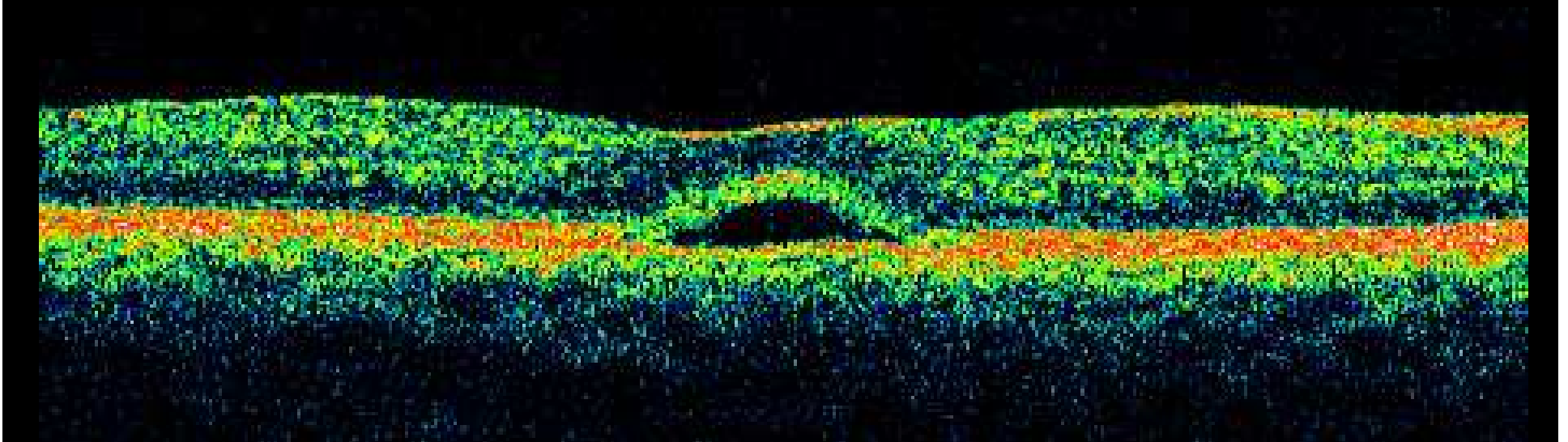
M.G. ♂ 28aa BEHCET





V.S. ♀ 28 aa





CONCLUSIONI

< IL10, >TNF ALFA

(“Sen et al” Invest Ophthalmol Vis Sci. 2011 Jan 5;52(1):171-8)

>VEGF/PEDF

(“Angayarkanni et al” J Ocul Biol Dis Infor. 2009 Mar 6;2(1):20-8)

ANTI-VEGF

(“Goel et al” Int Ophthalmol. 2011 Mar 25.)