

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**

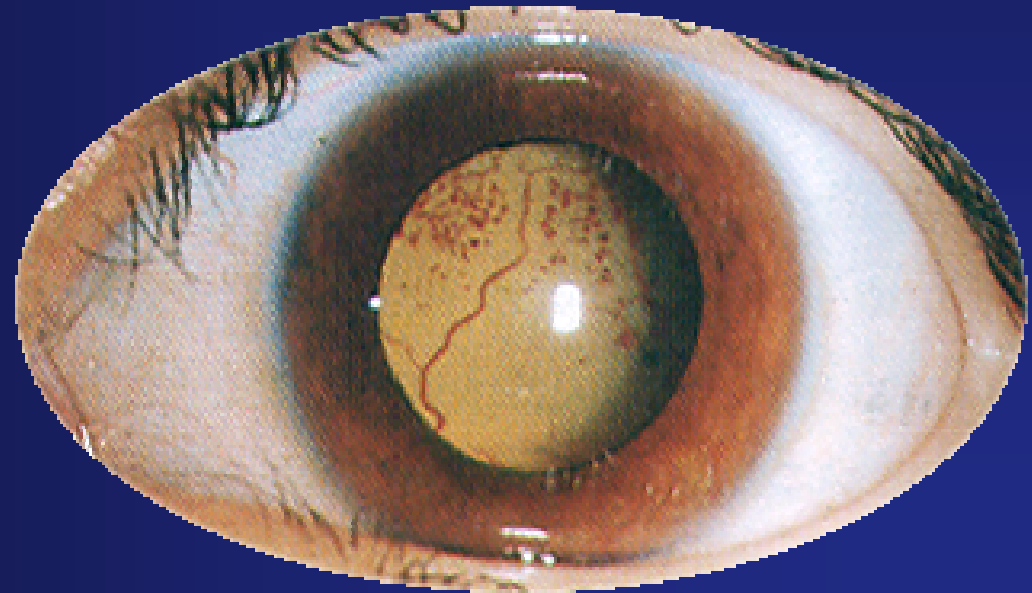
**CMV**

# 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.**

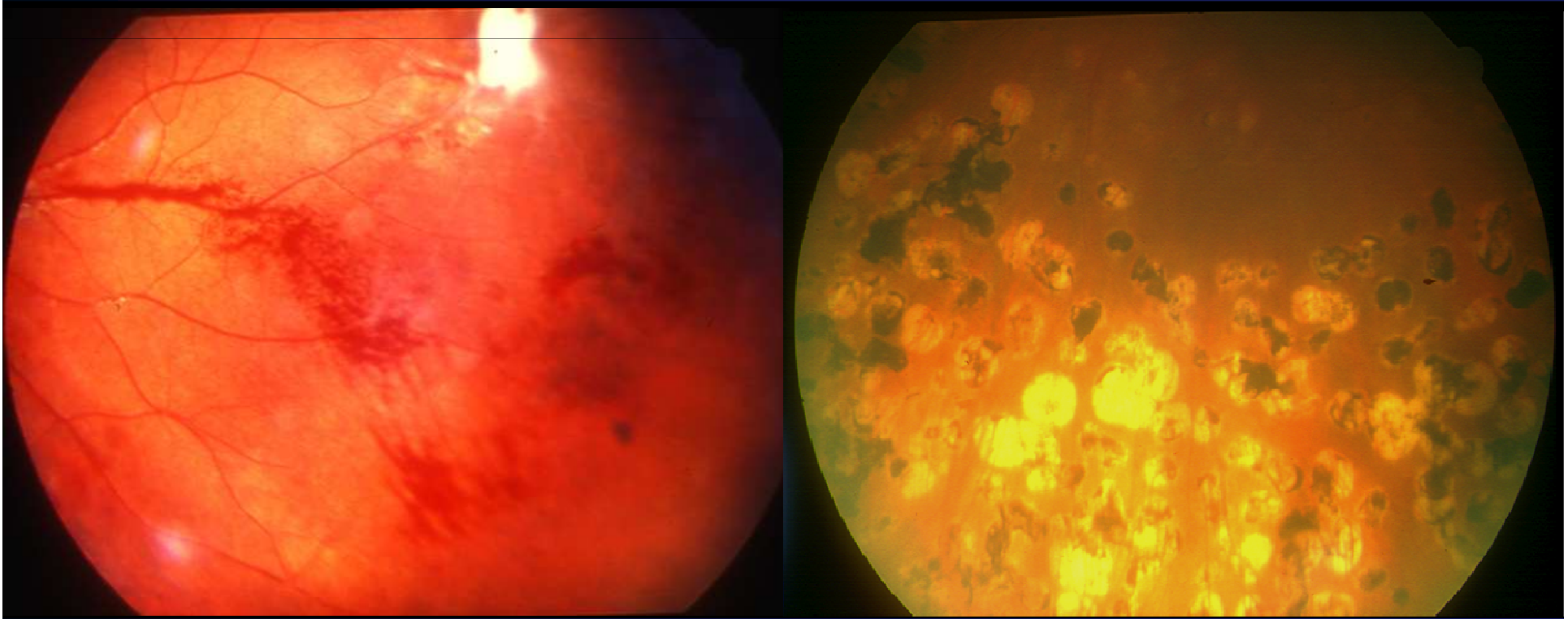


## MALATTIA DI EALES

**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.)

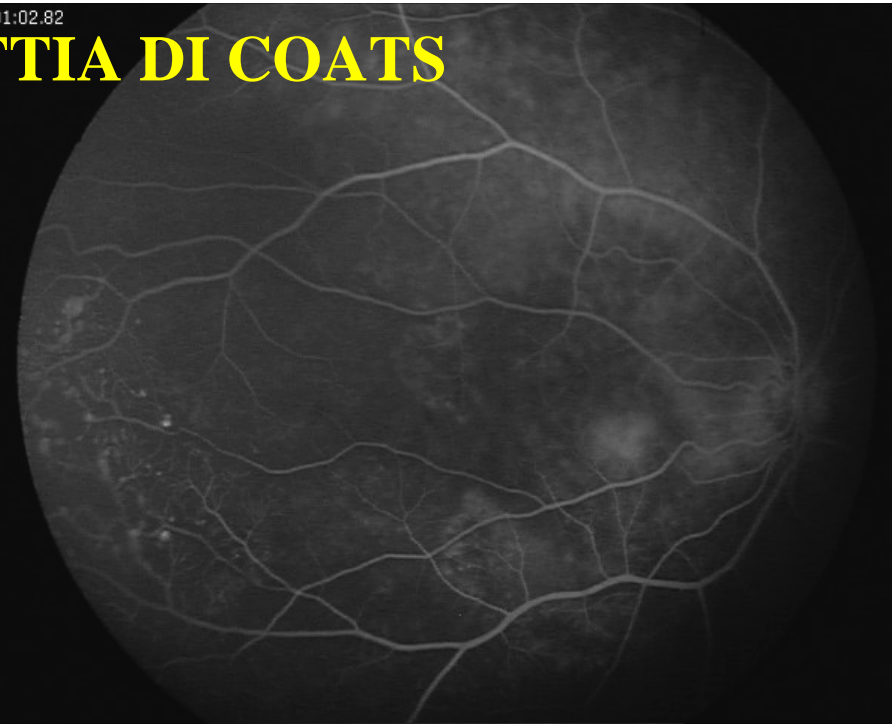
## NEI CASI COMPLICATI CON DR

- **VITRECTOMIA**

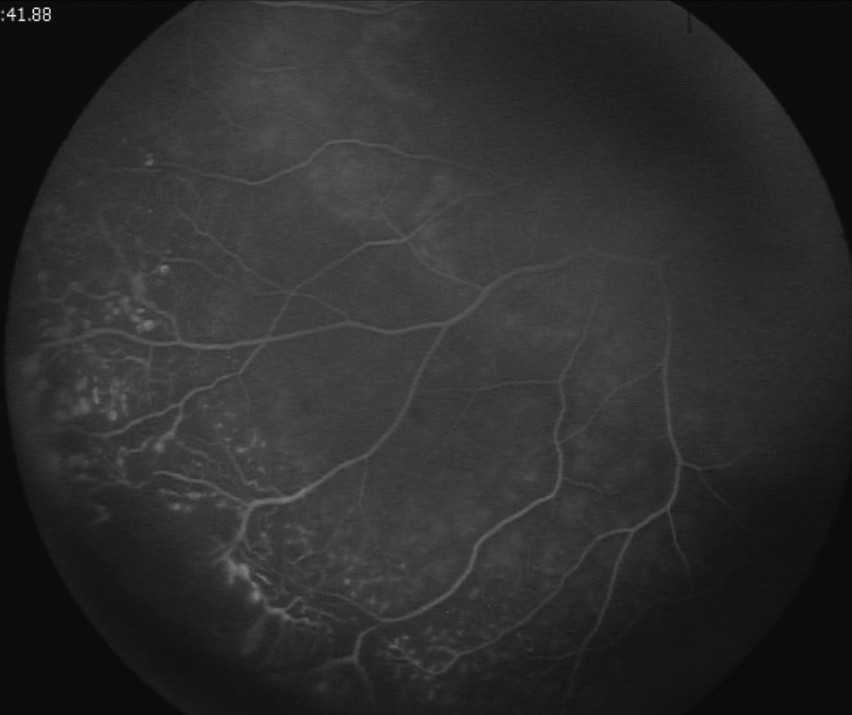
(“Junker et al” Ophthalmologie. 2010 Apr;107(4):379-88.)

**S.P. ♂ 5aa MALATTIA DI COATS**

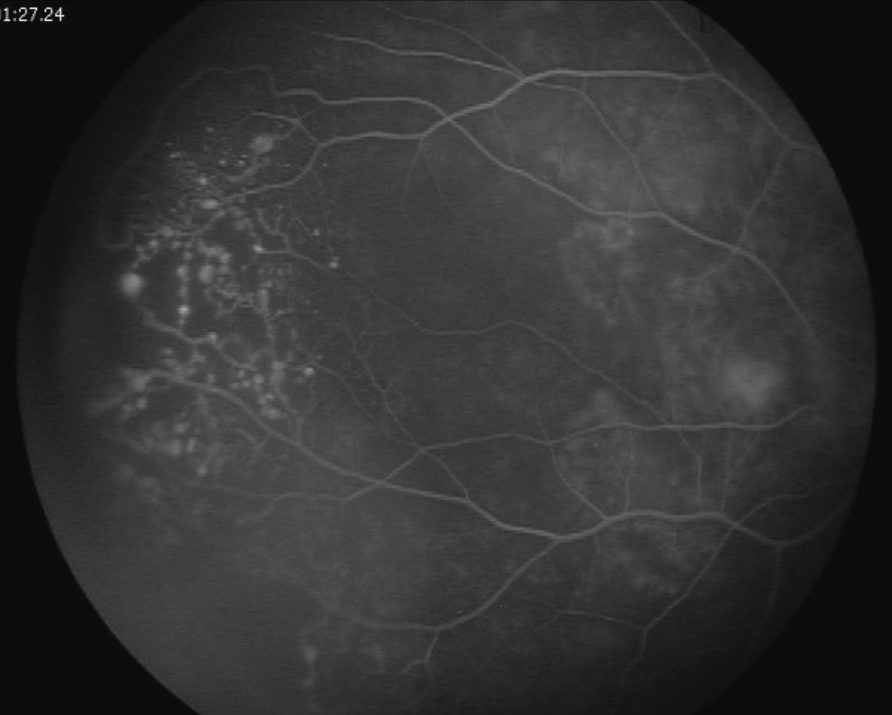
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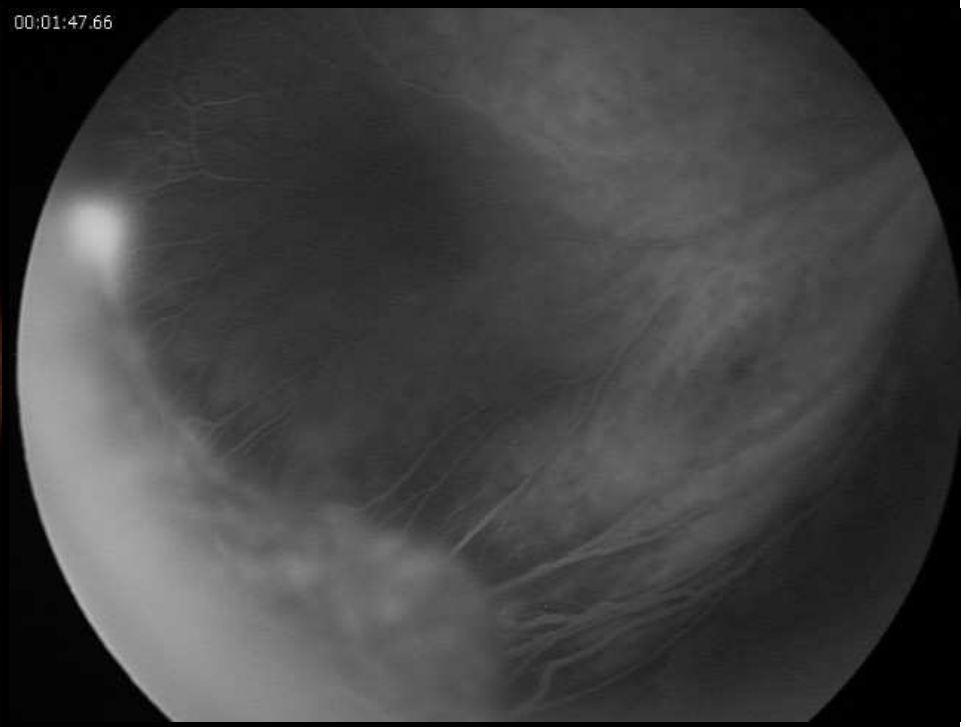
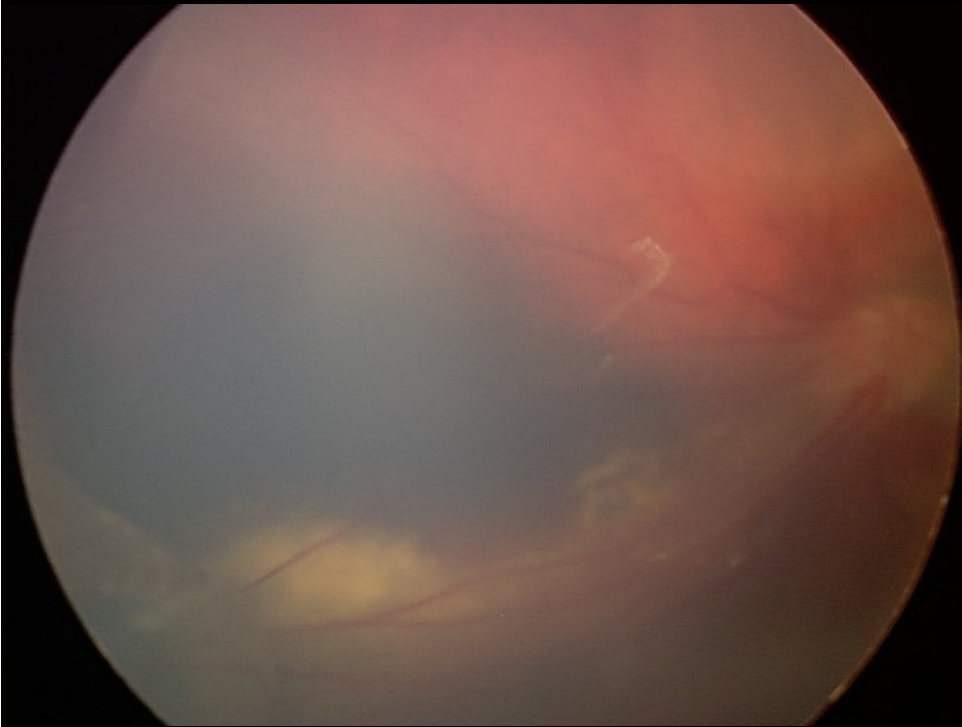
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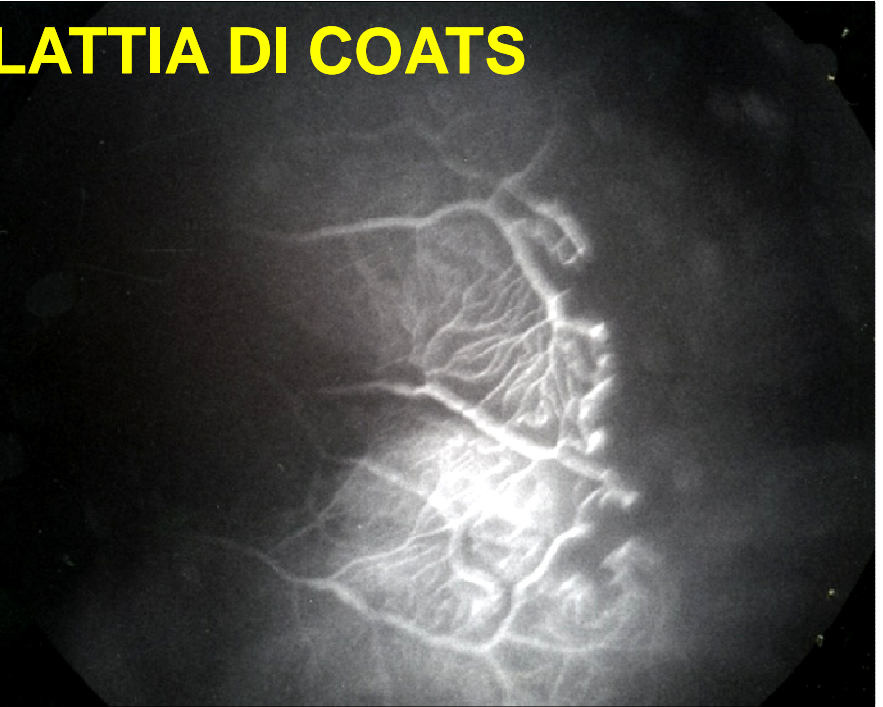
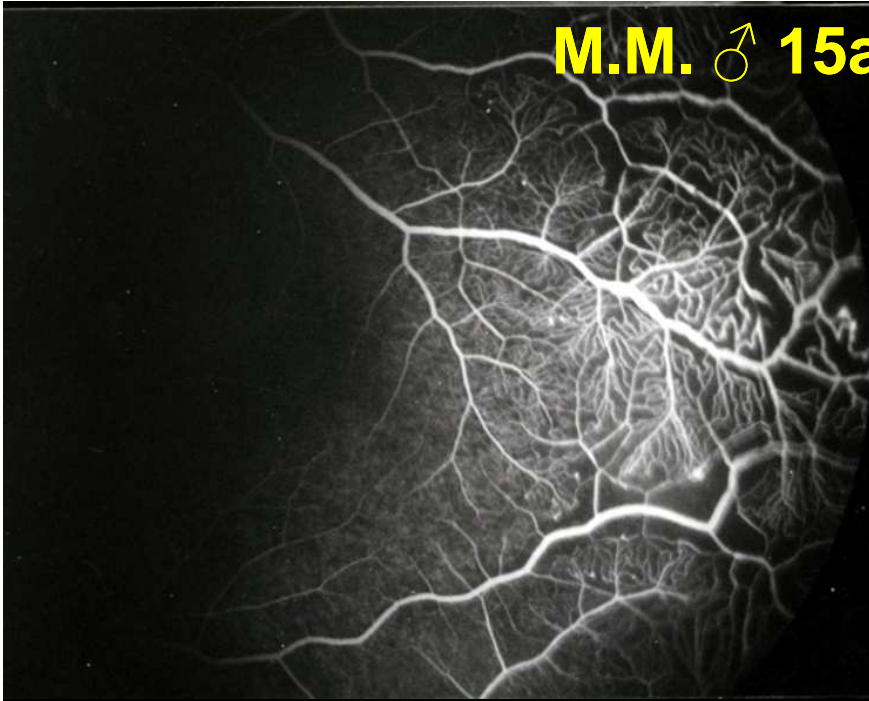


**R.S. ♂ 7aa MALATTIA DI COATS**

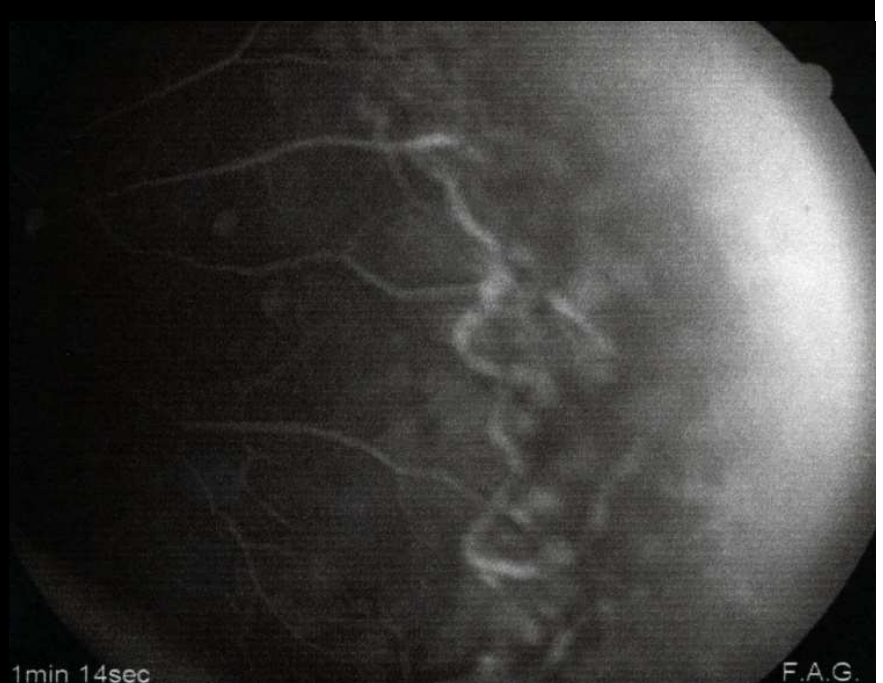
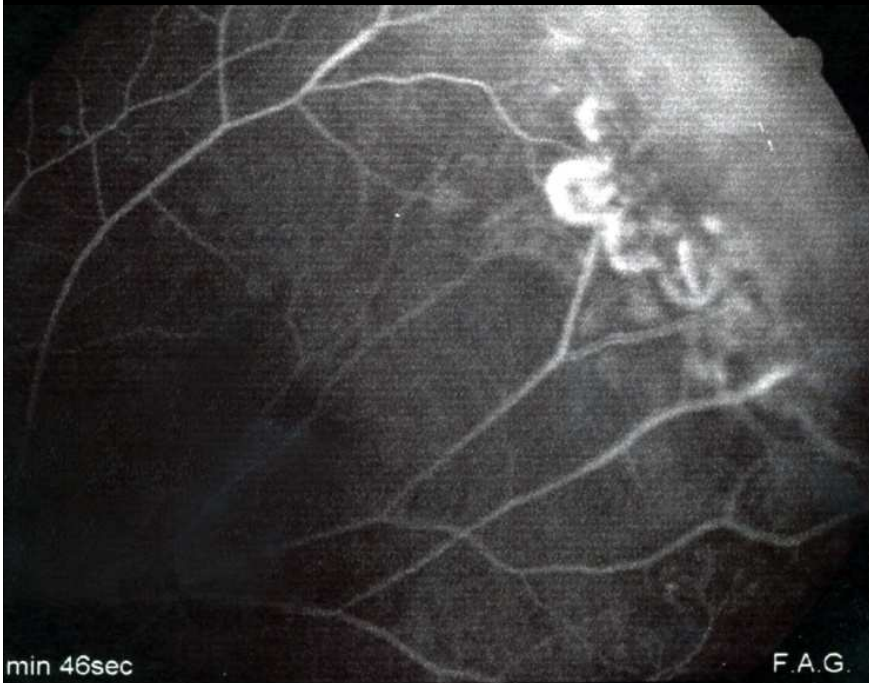


**M.M. ♂ 15aa MALATTIA DI COATS**

**Pre**



**Post**



min 46sec

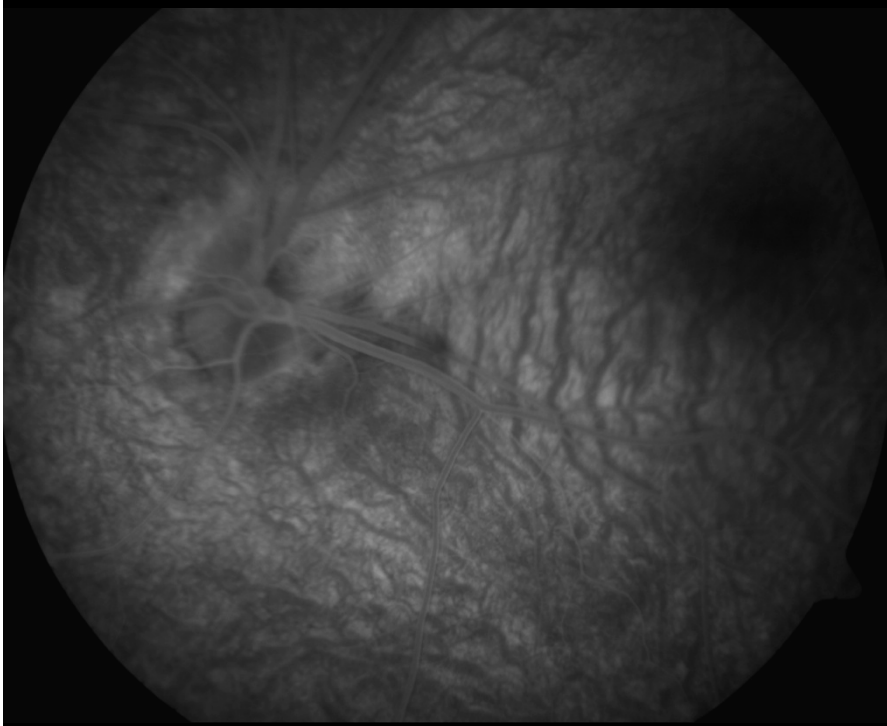
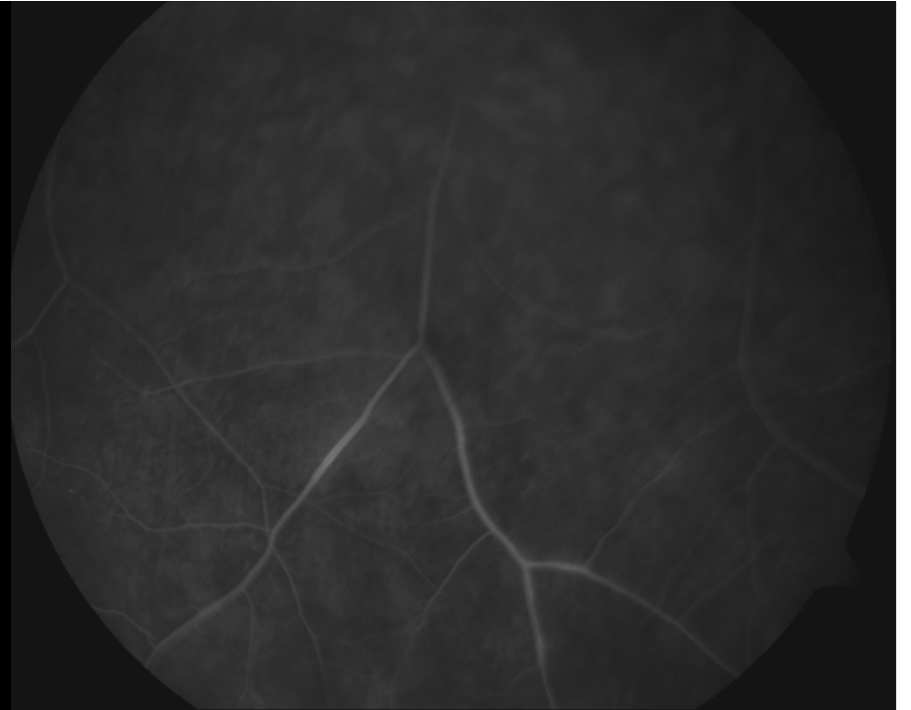
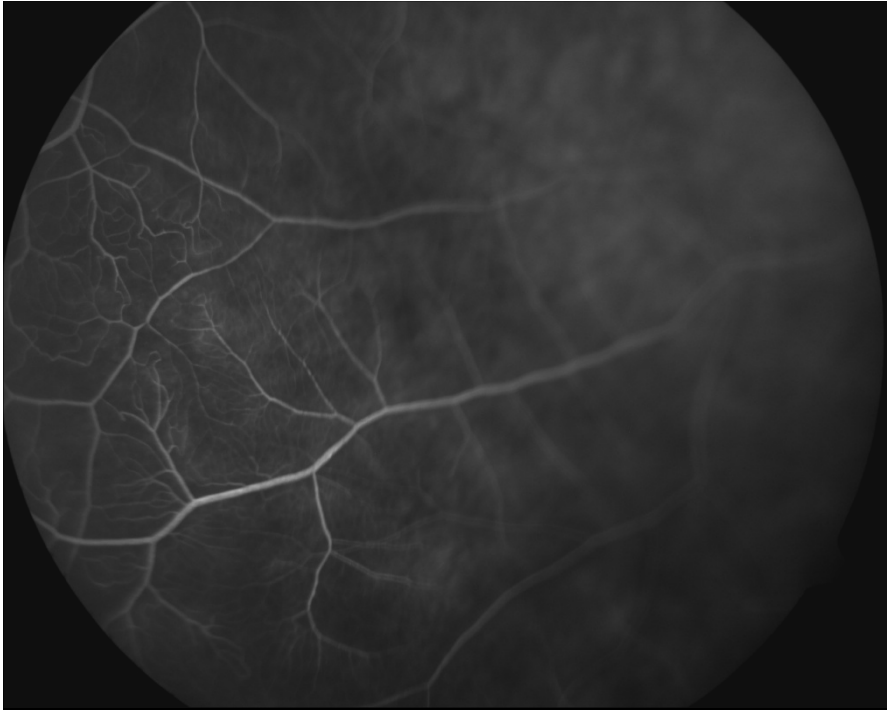
F.A.G.

1min 14sec

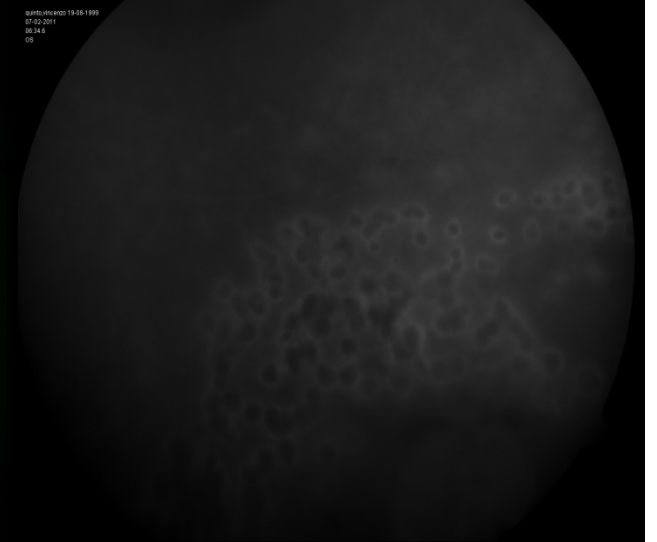
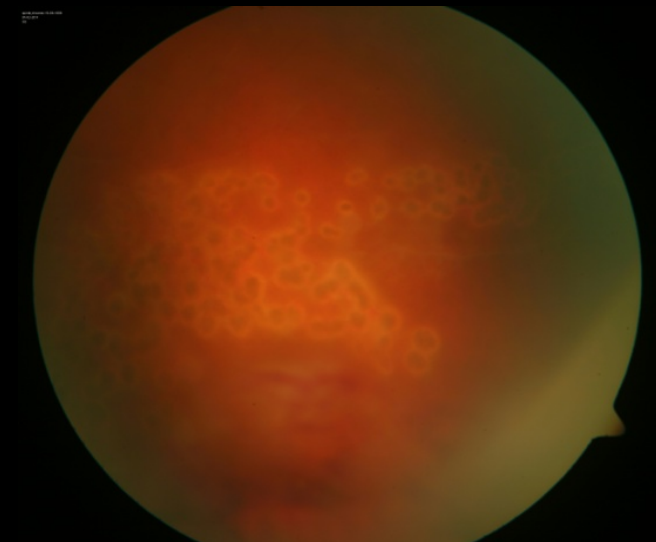
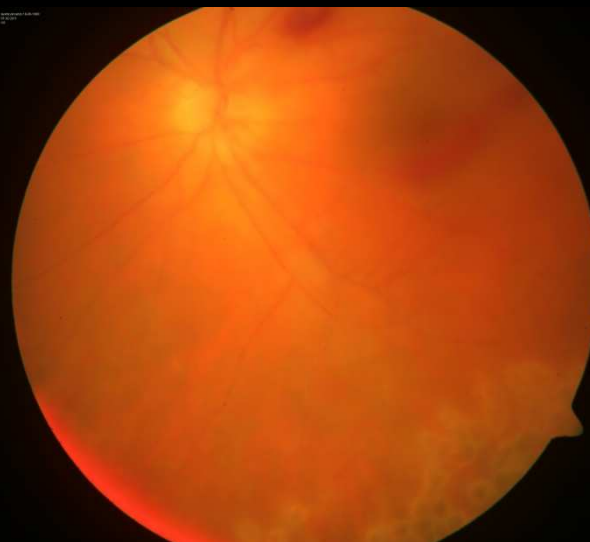
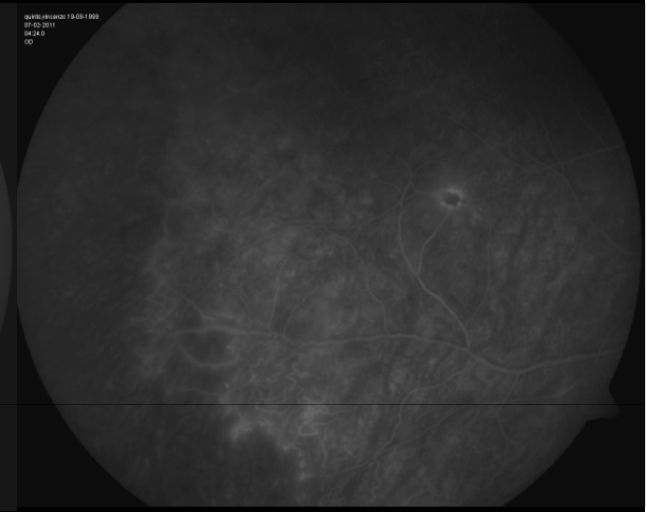
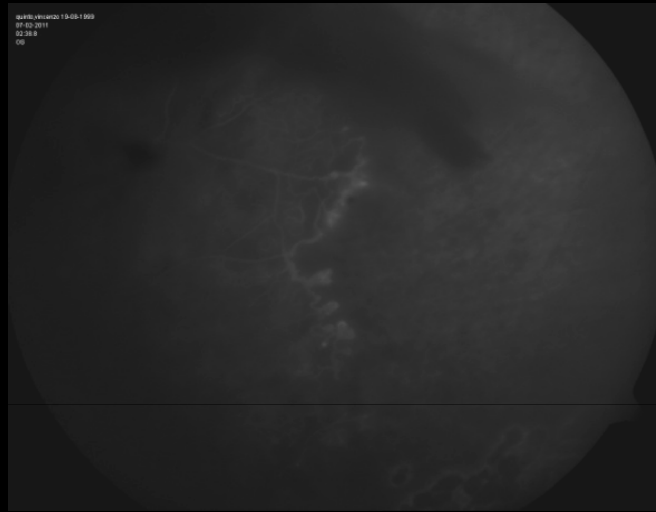
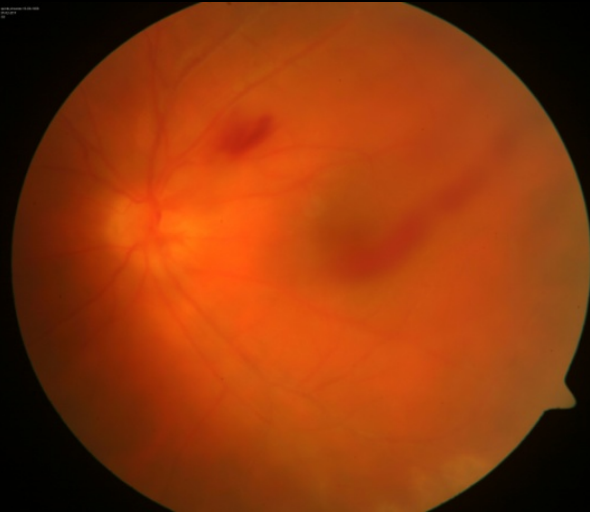
F.A.G.

**M.S.. ♂ 8aa MALATTIA DI COATS**



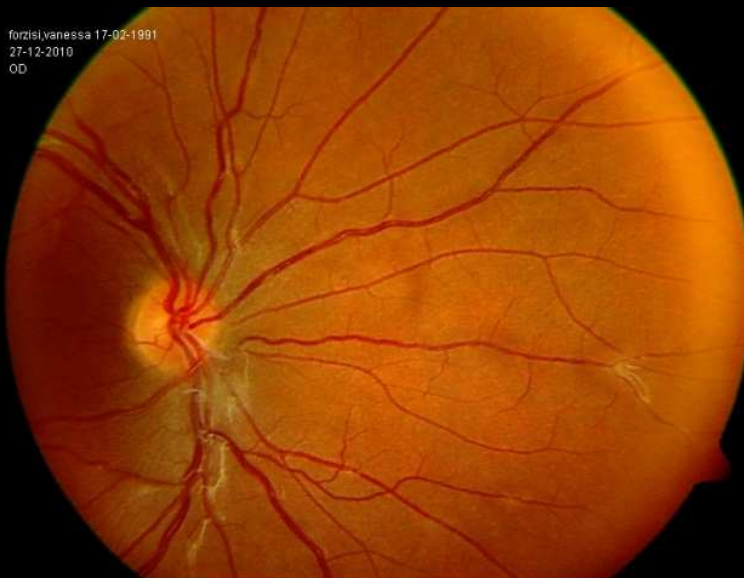
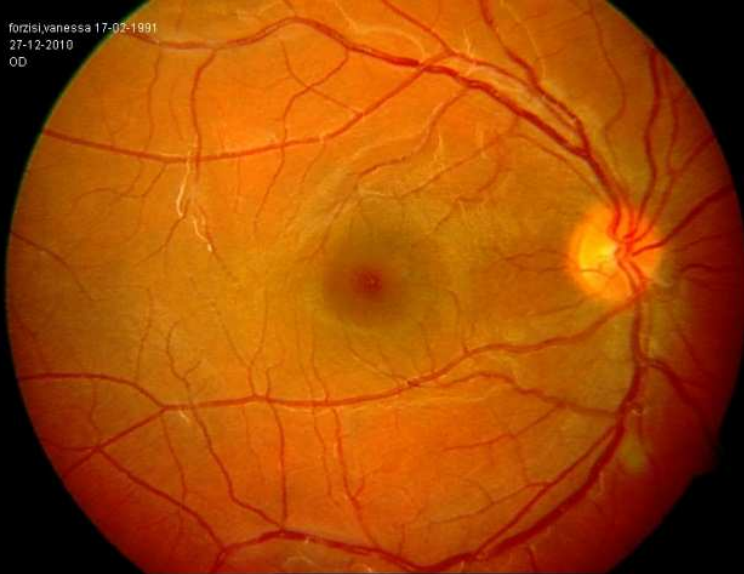


# Q.V. ♂ 11aa MALATTIA DI EALES





# F.V. ♀ 20 aa Psoriasi + vasculite



filialyarnessa 17-02-1891  
27-12-2018  
01:18  
00



filialyarnessa 17-02-1891  
27-12-2018  
00



filialyarnessa 17-02-1891  
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V.F. ♀ 12 aa



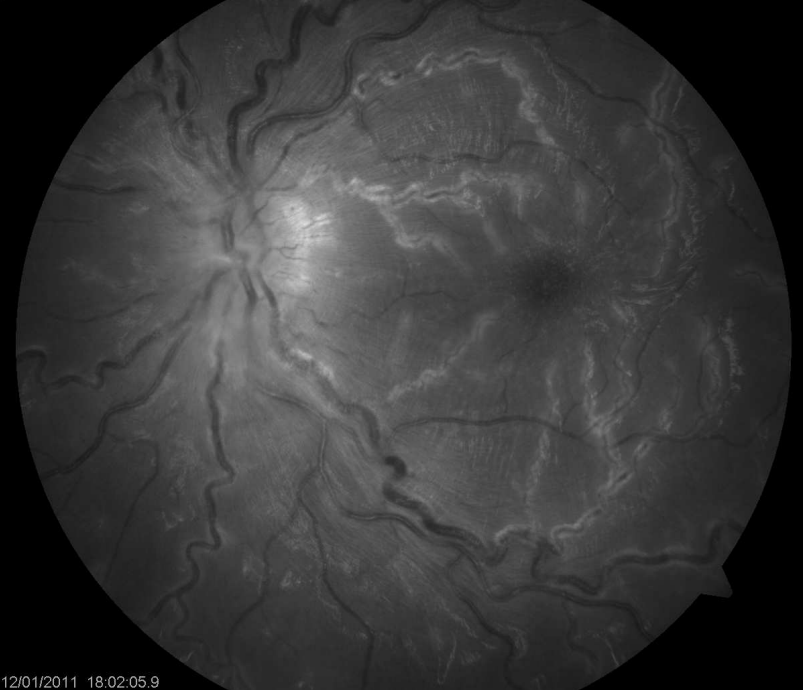
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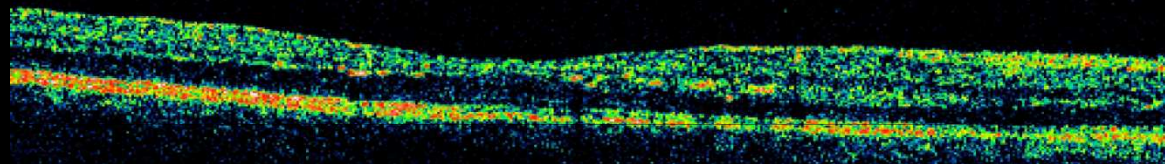
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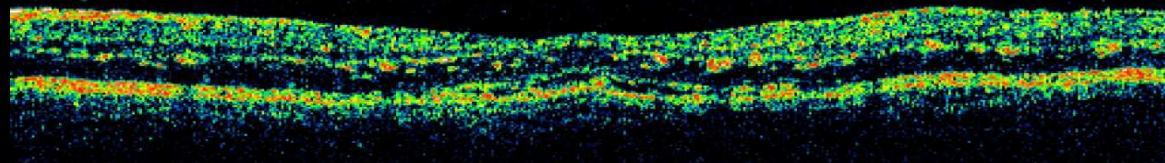


# OCT

OD



OS



# Dopo 3gg



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Dopo 7 gg

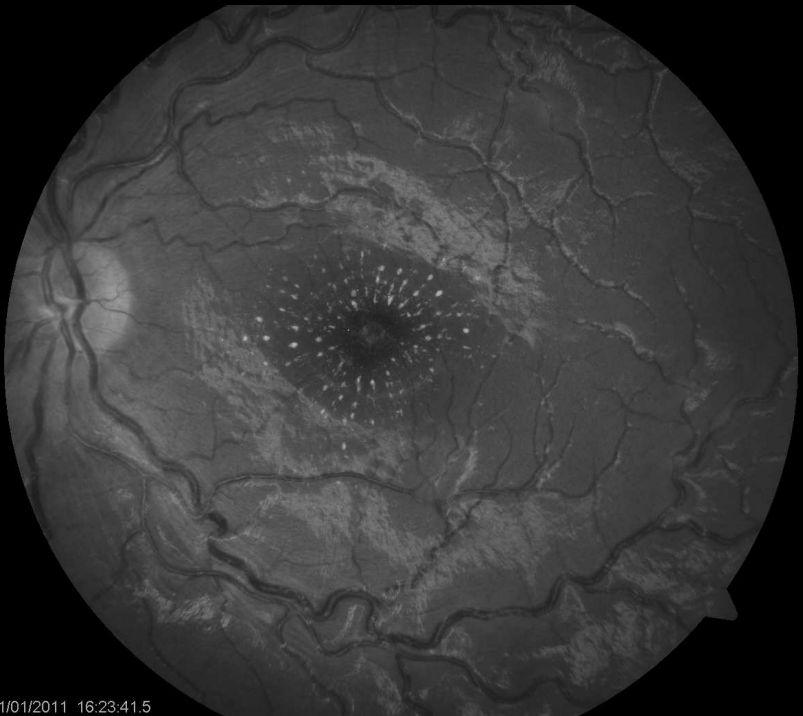
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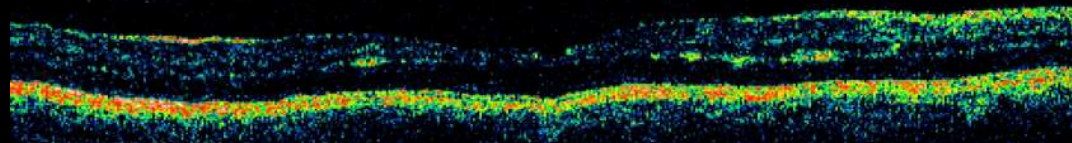
# Dopo 2 settimane



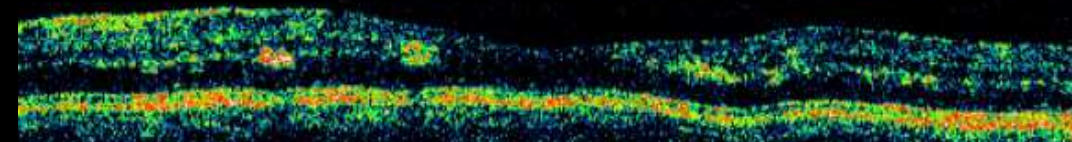


# OCT

OD



OS



# FOLLOW UP 3 MESI



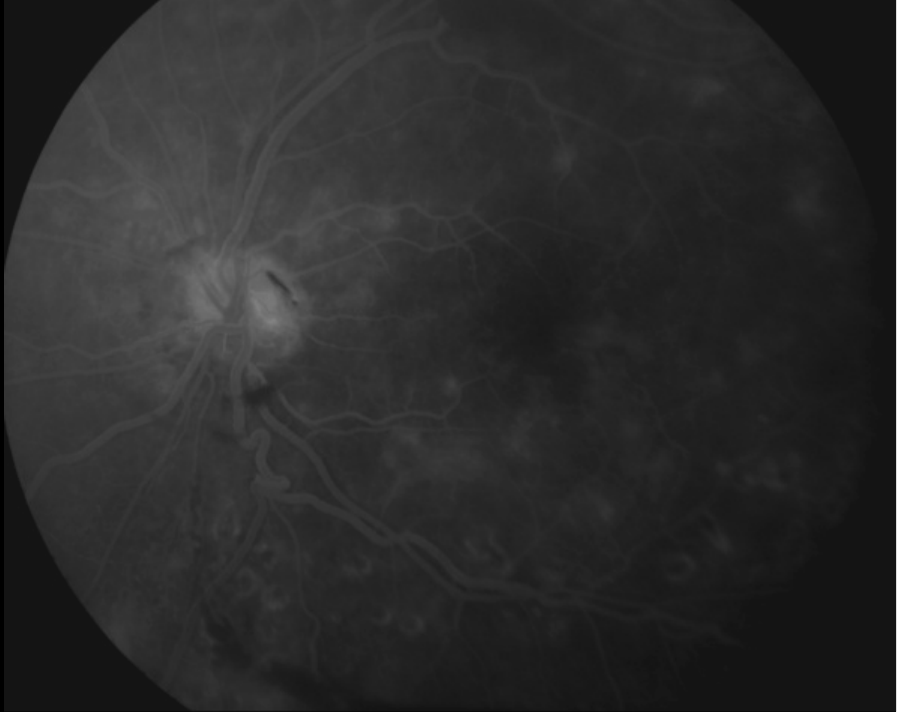
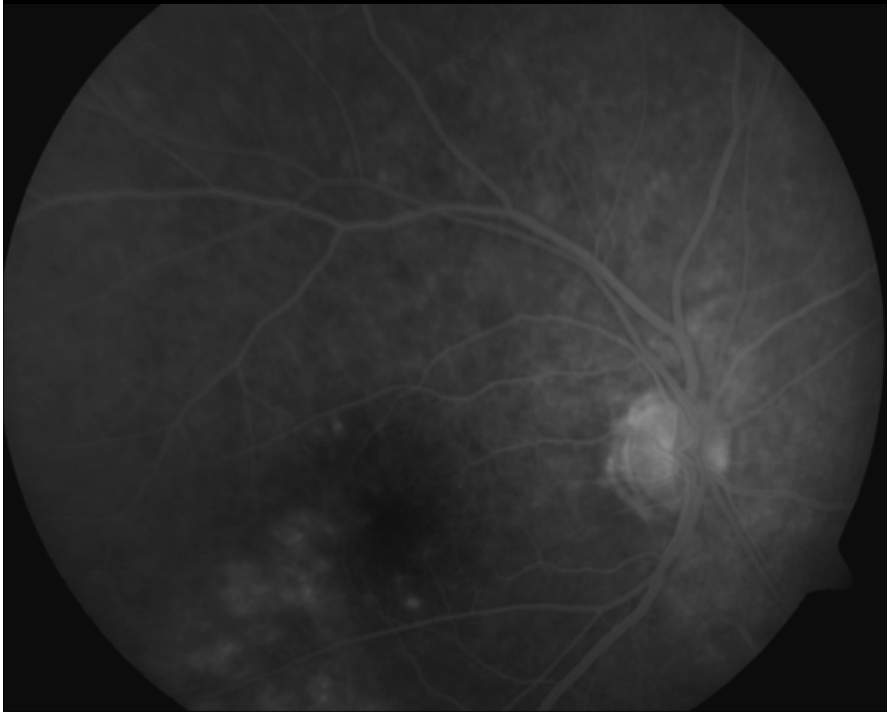
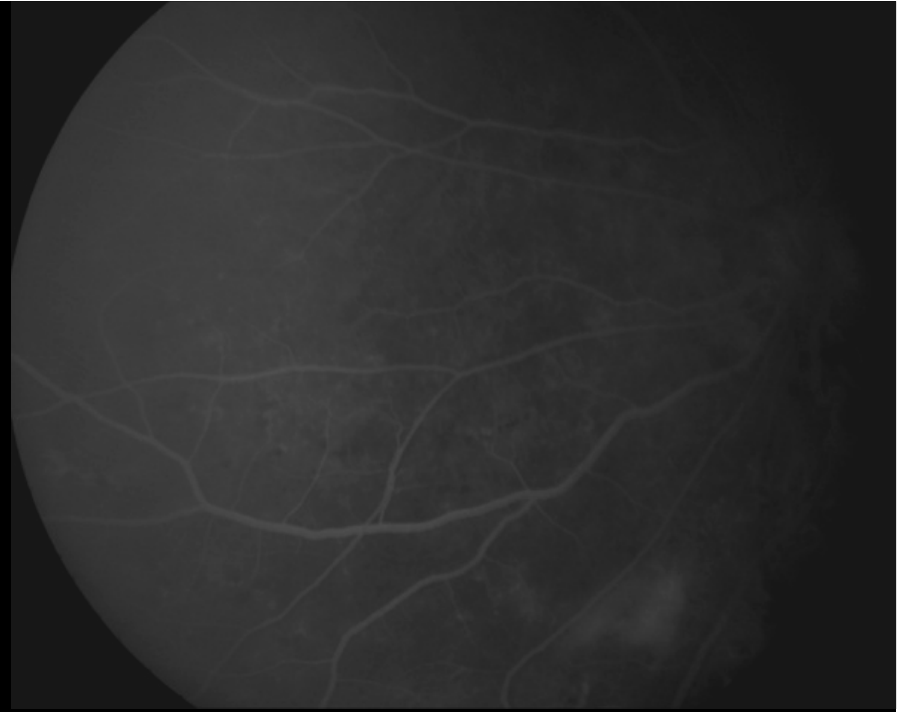
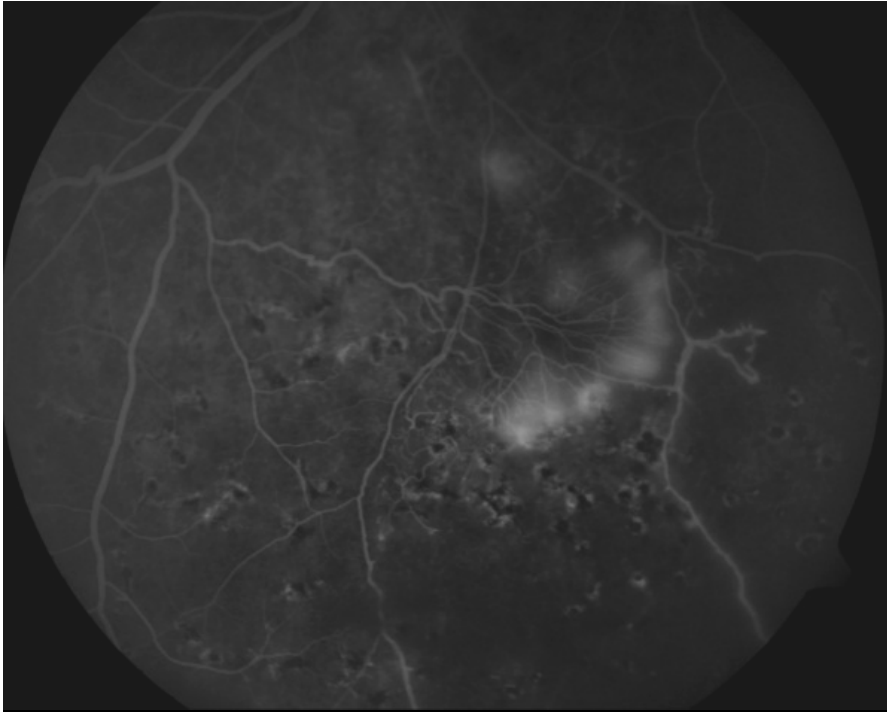
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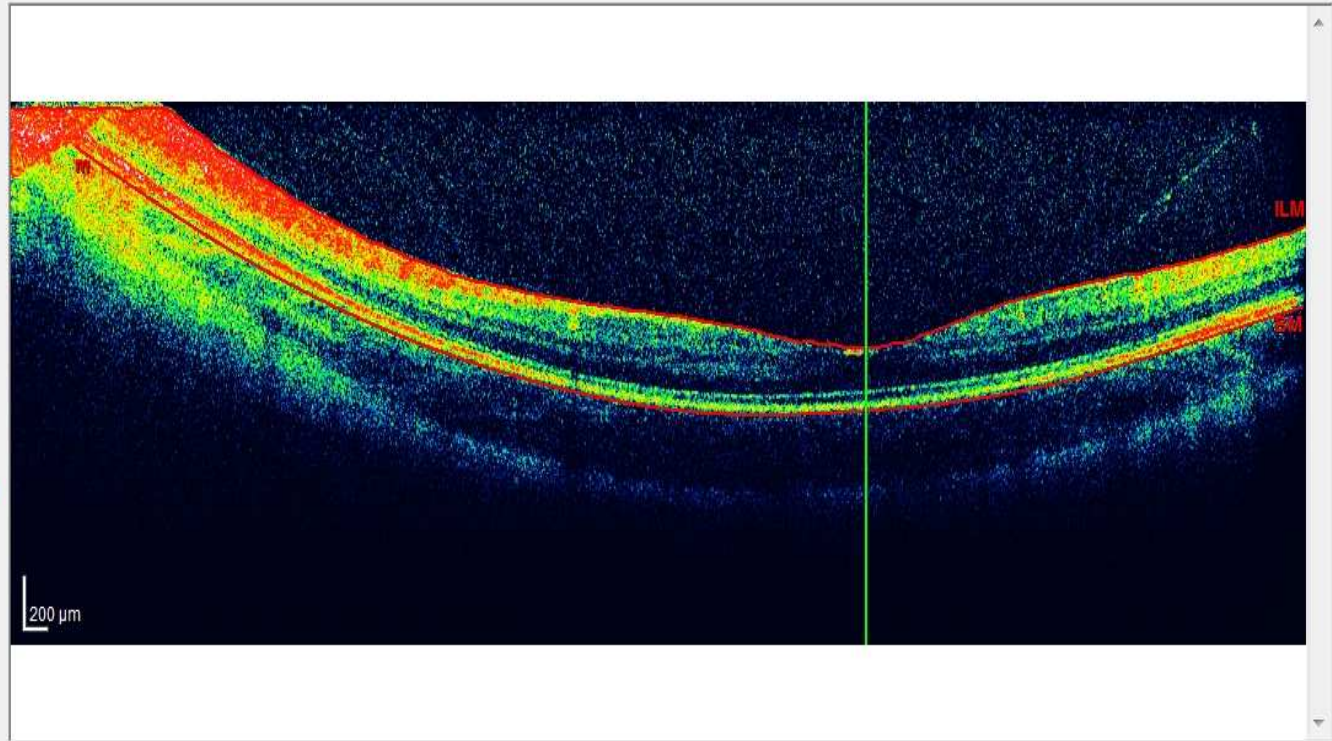
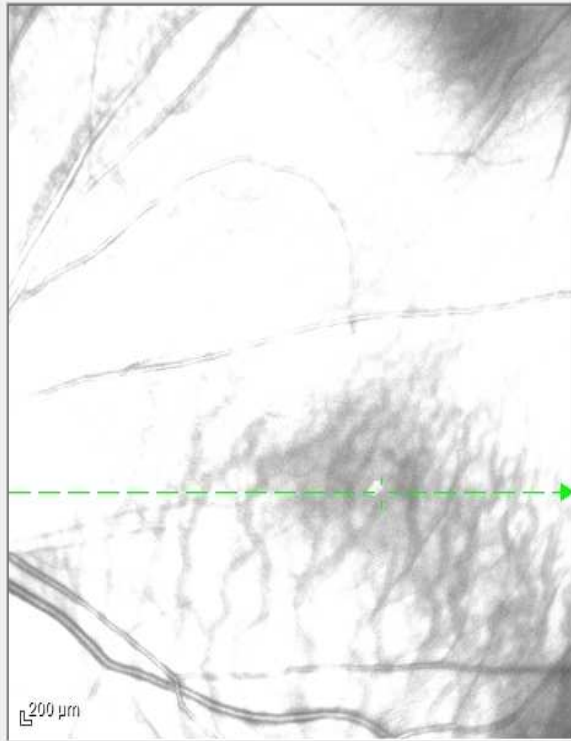


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P.C. ♂ 22aa





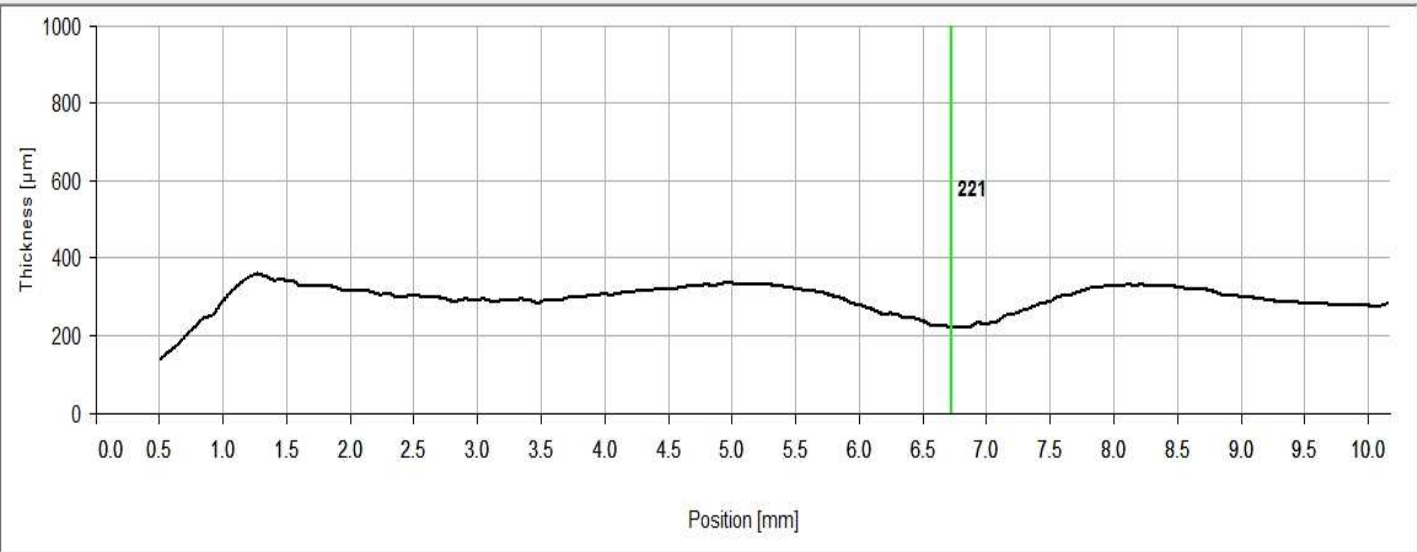


1:1 pixel 1:1 μm

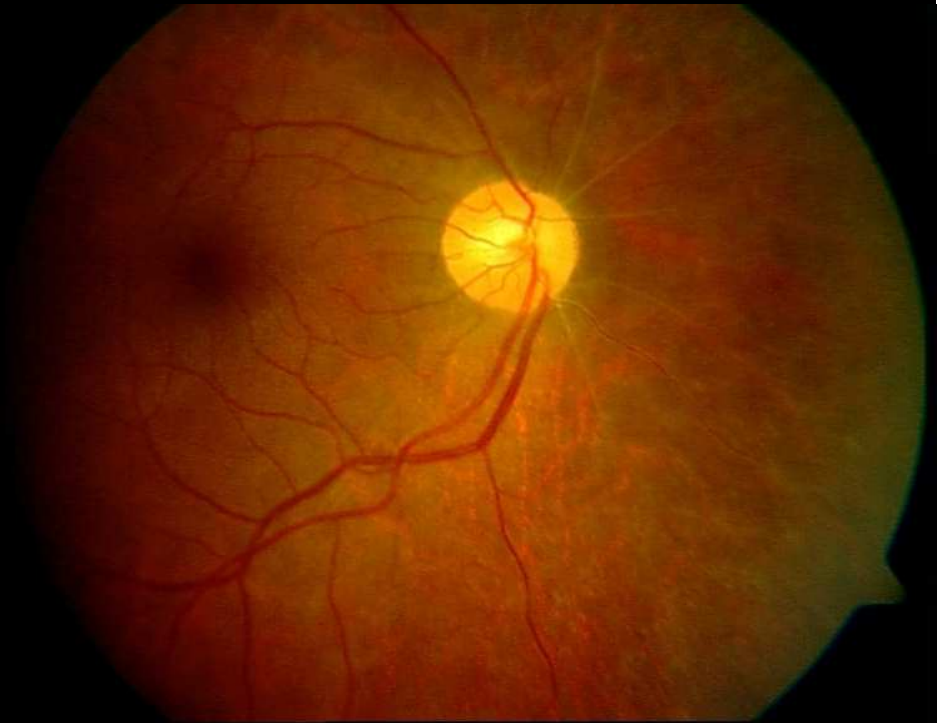
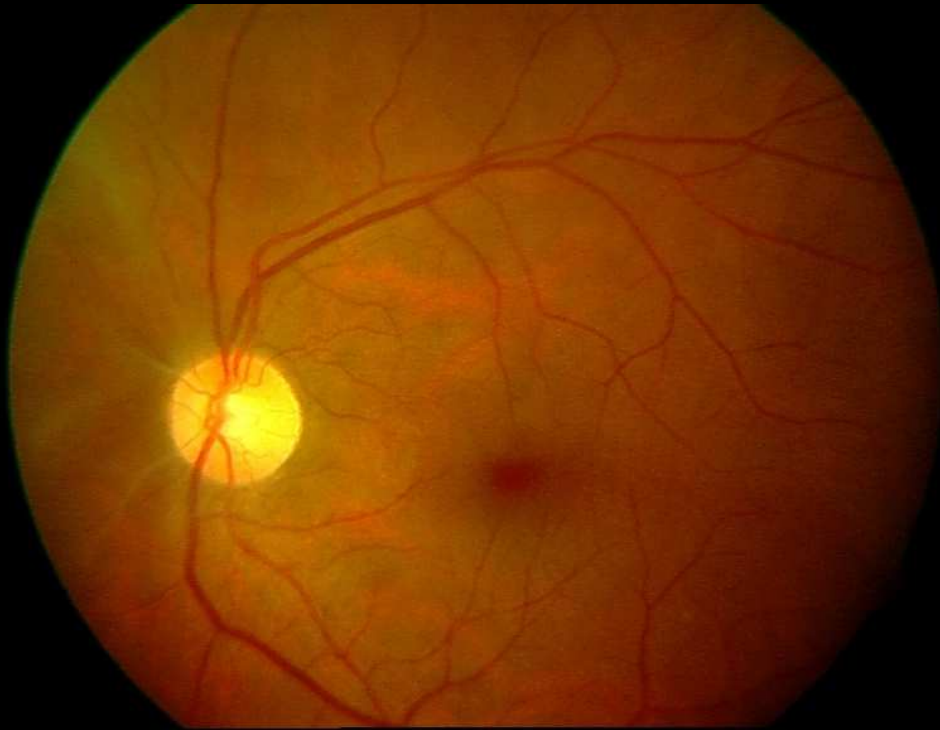


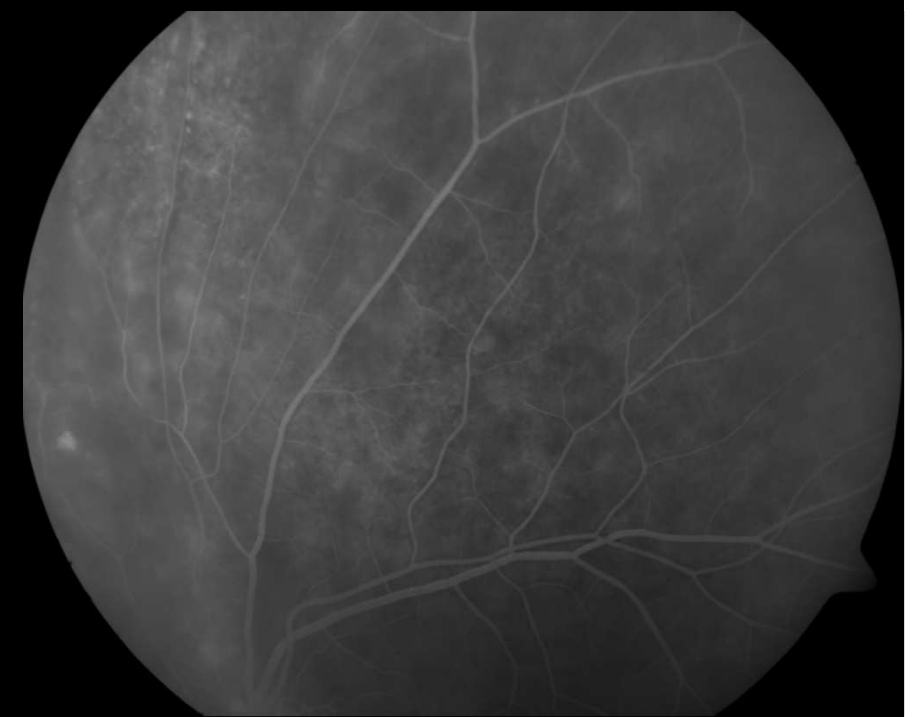
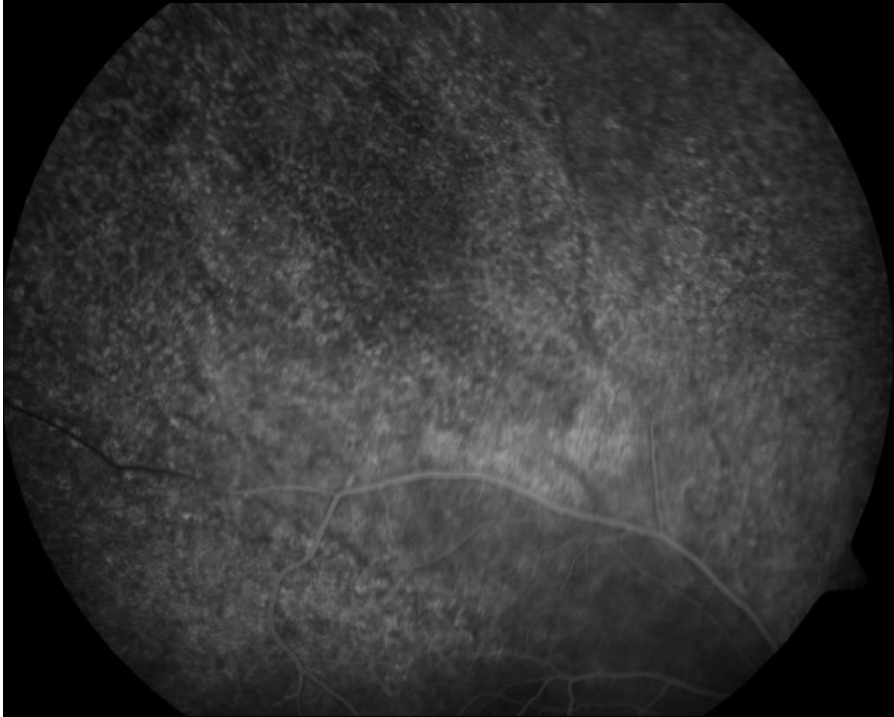
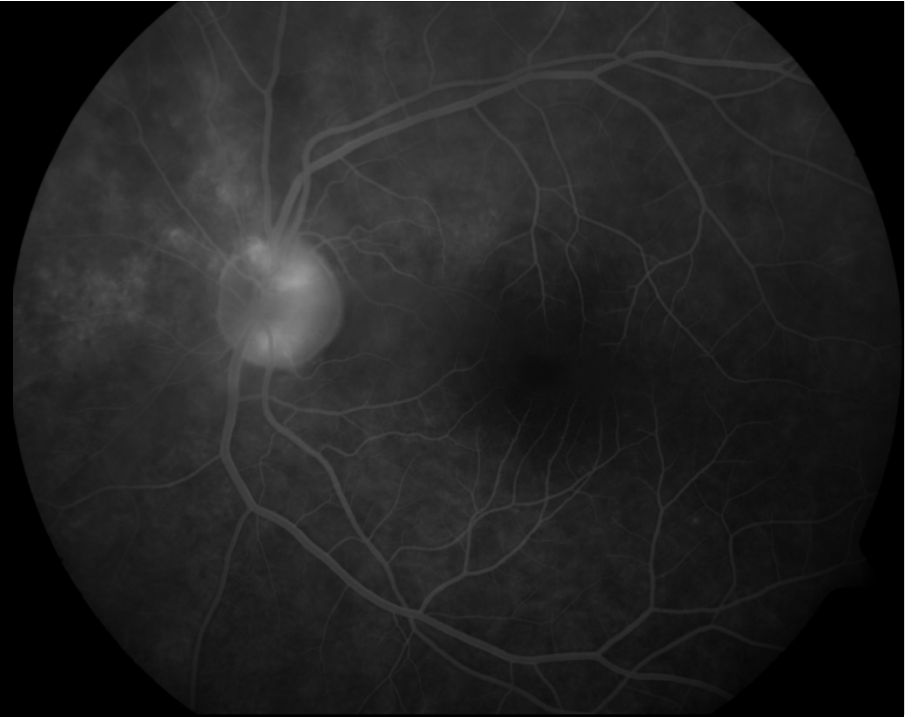
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▲  
▼  
1x

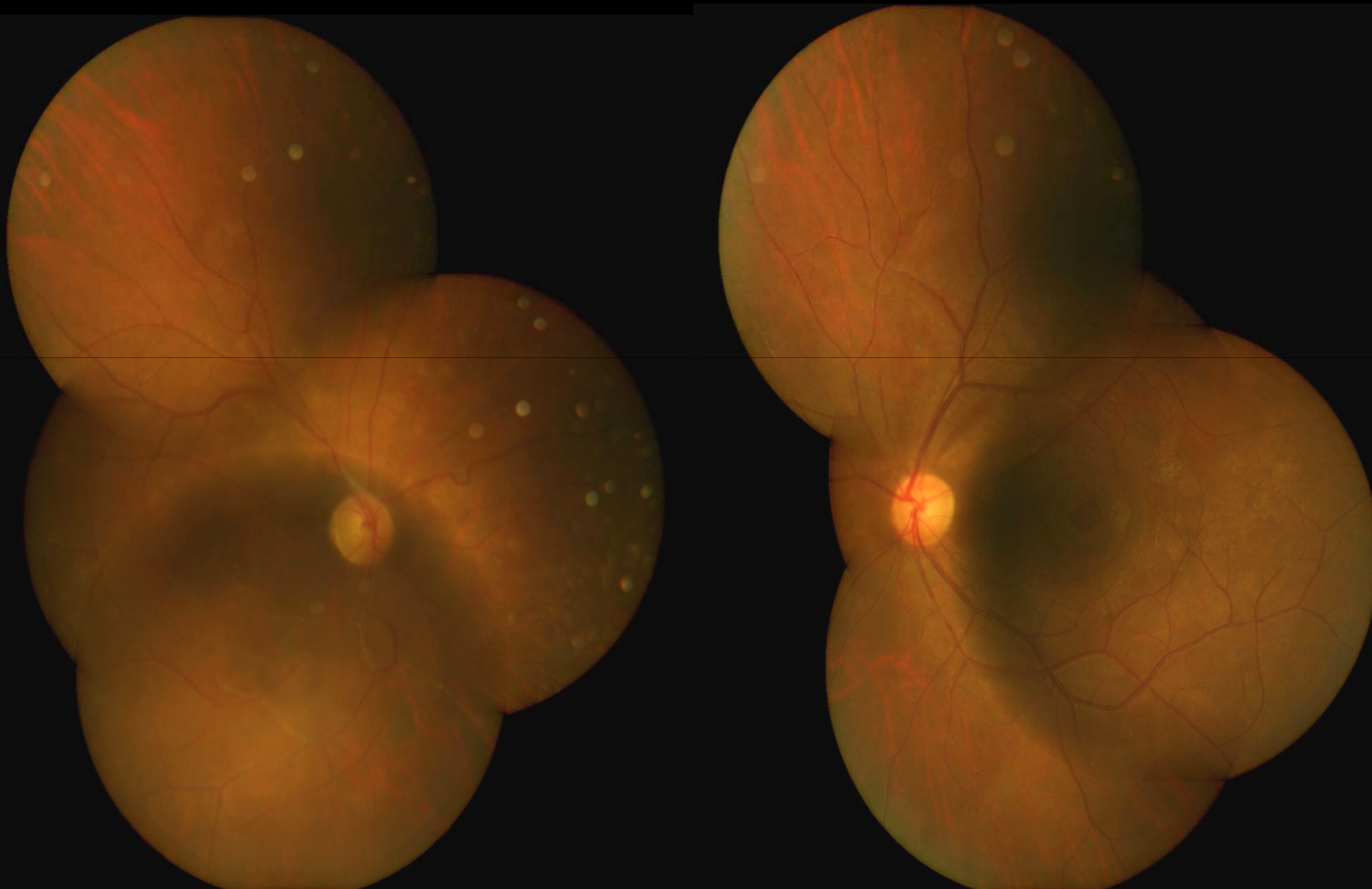


**Z.P. ♂ 30aa AIDS**

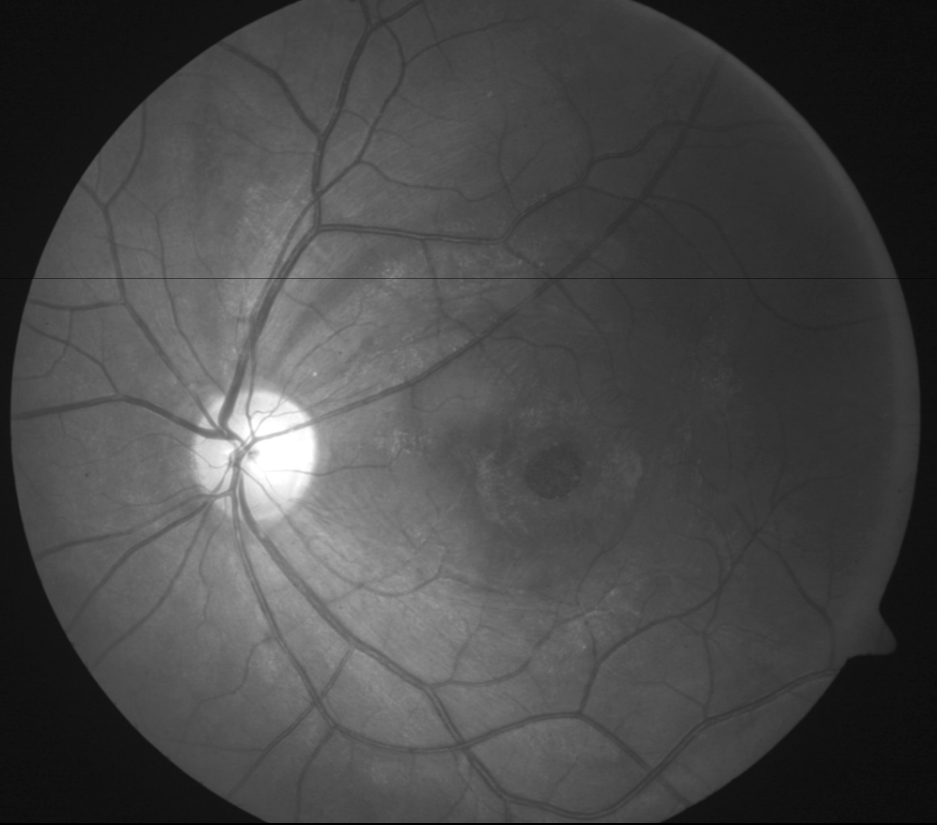
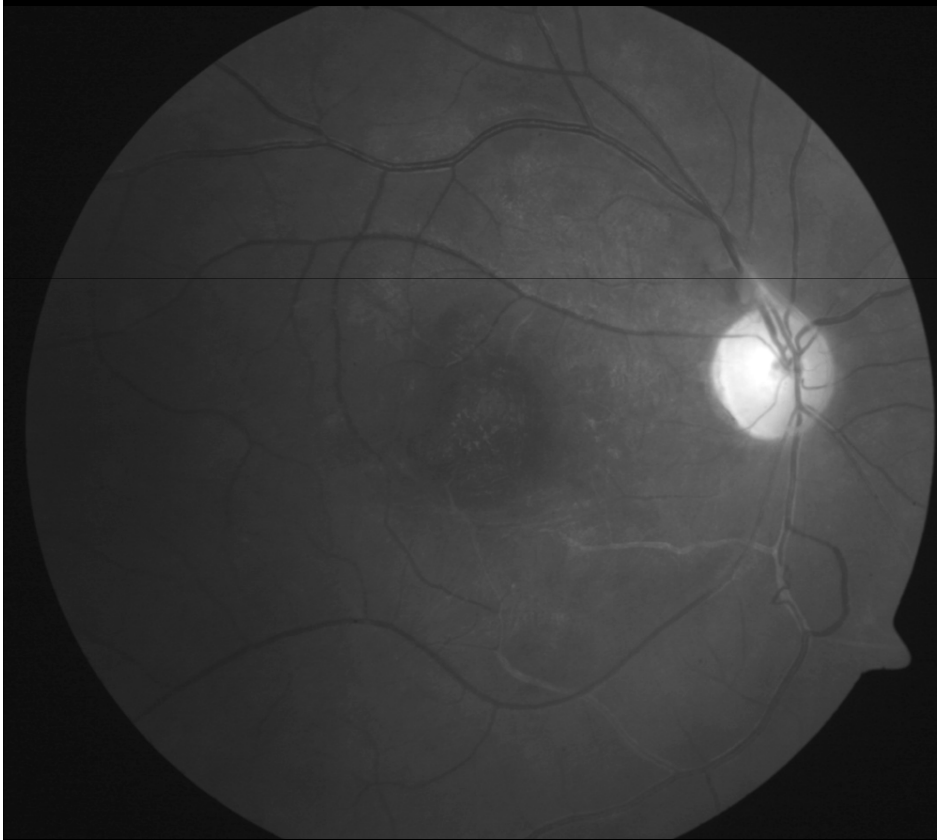




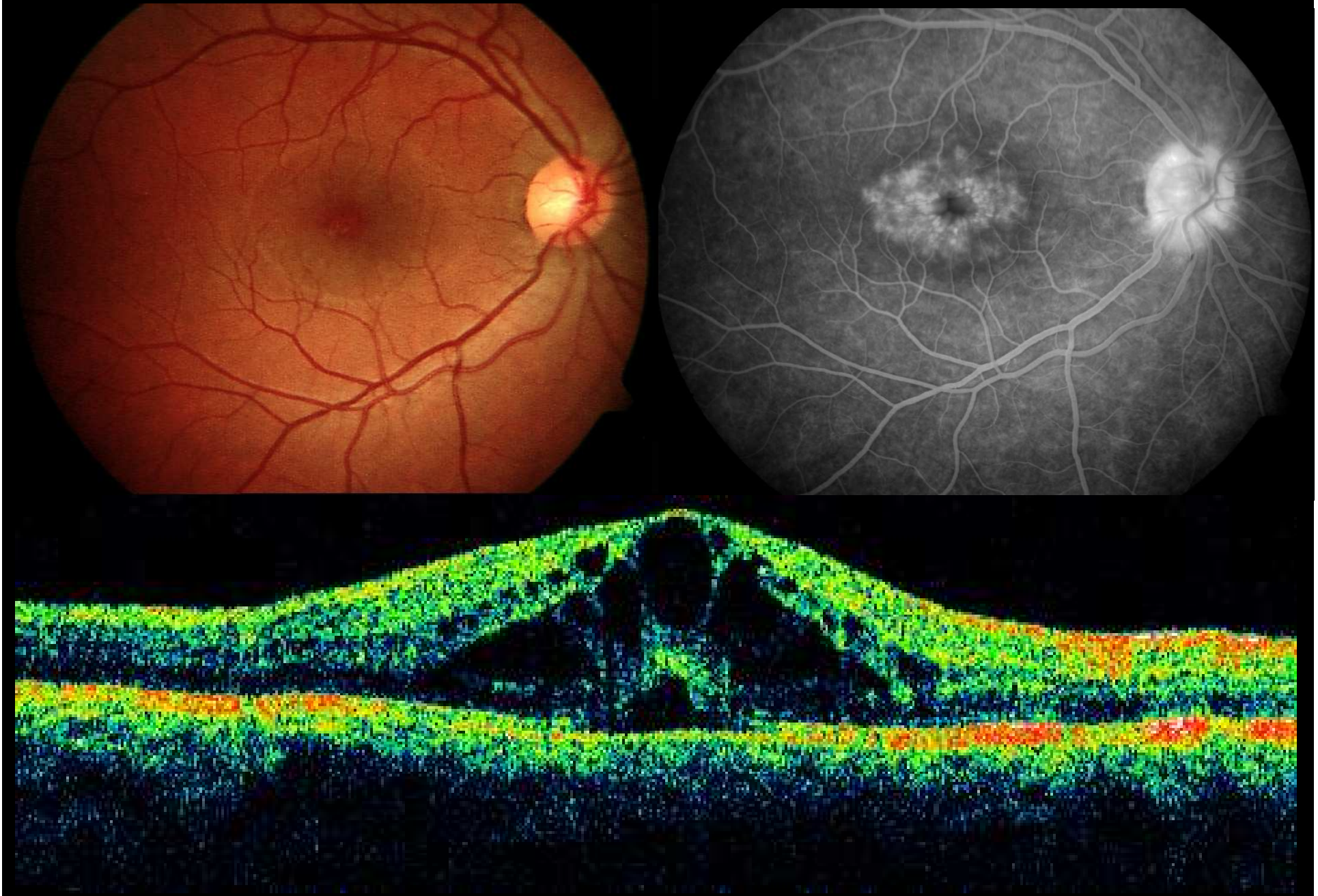
**M.G. ♂ 28aa BEHCET**

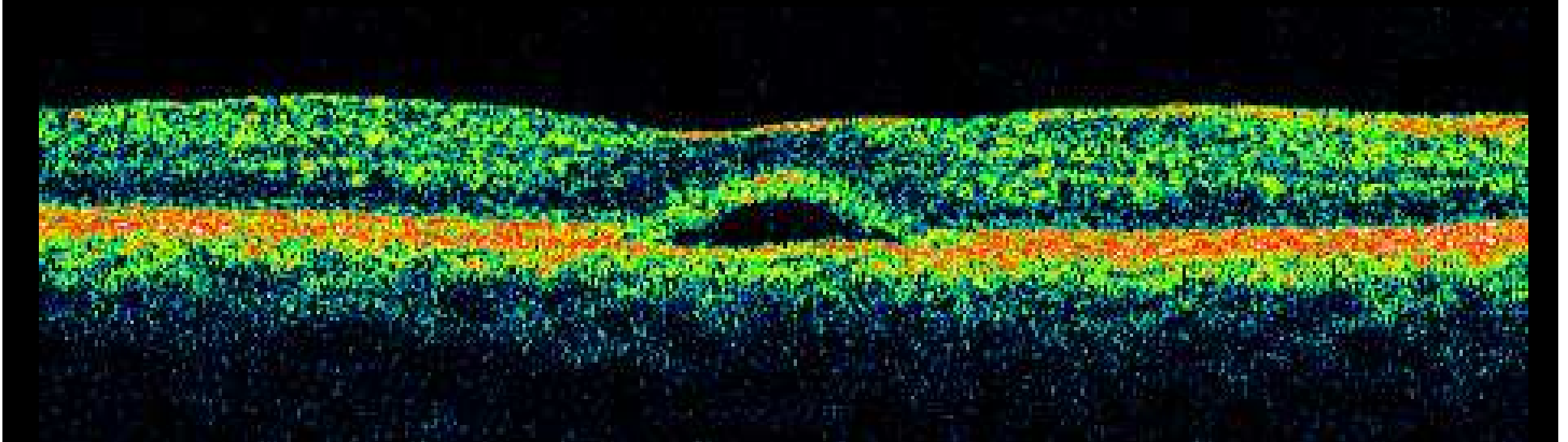
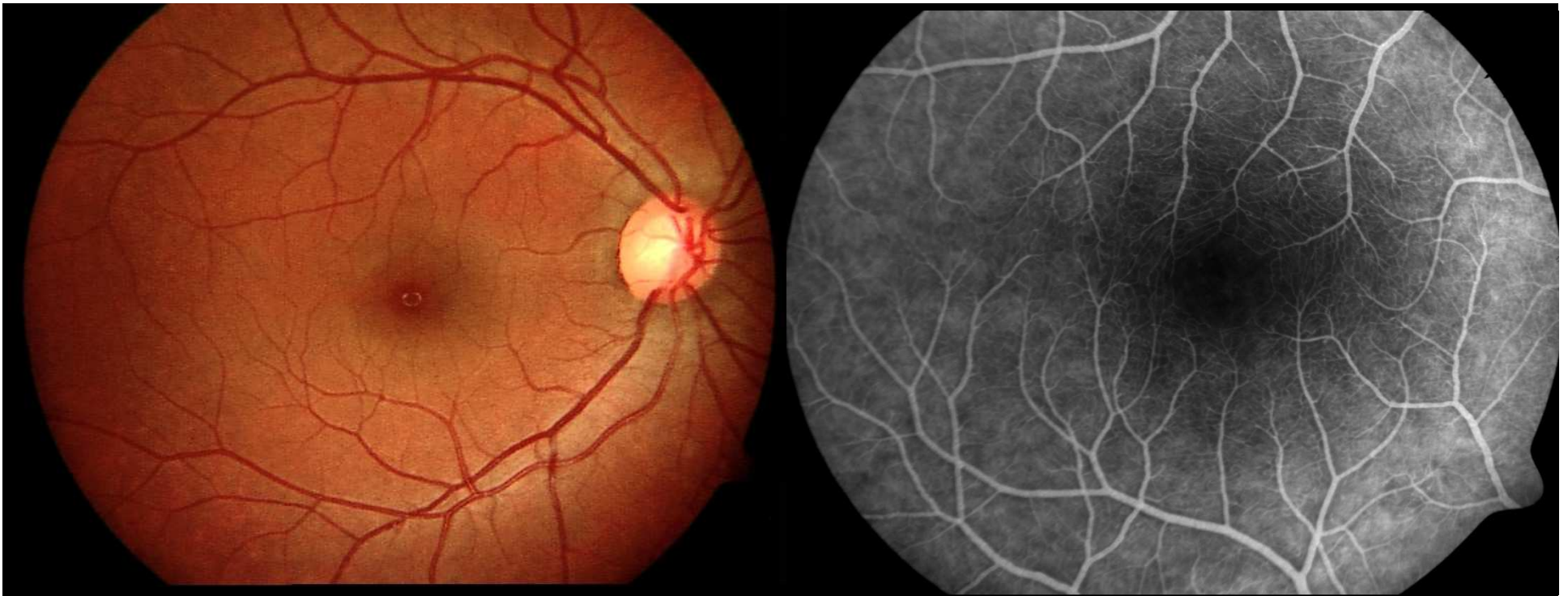






V.S. ♀ 28 aa





# 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.)