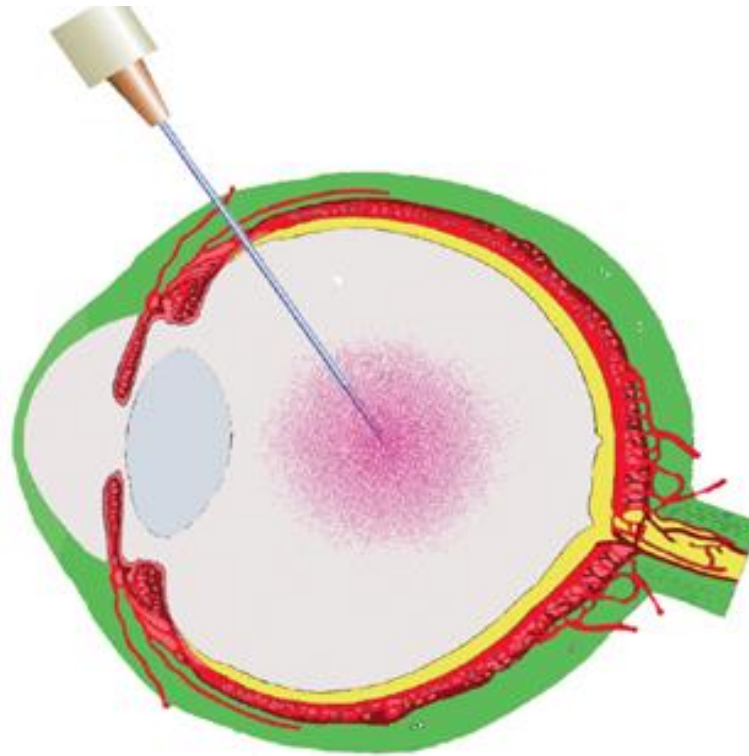


# TRIAMCINOLONE ACETONIDE

## CASI CLINICI

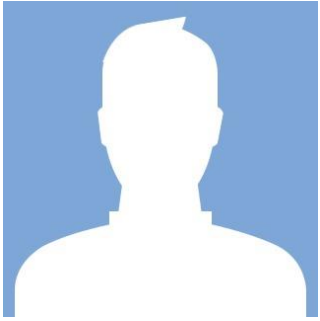


So.Si. 2015

Giardini Naxos

Dr Antonio Randazzo, Dr Mario Tomarchio, Dr.ssa Giovanna Garozzo

# CALO DEL VISUS OS DA 1 MESE OCCLUSIONE DI BRANCA VENOSA



C.I.. MASCHIO 67 ANNI

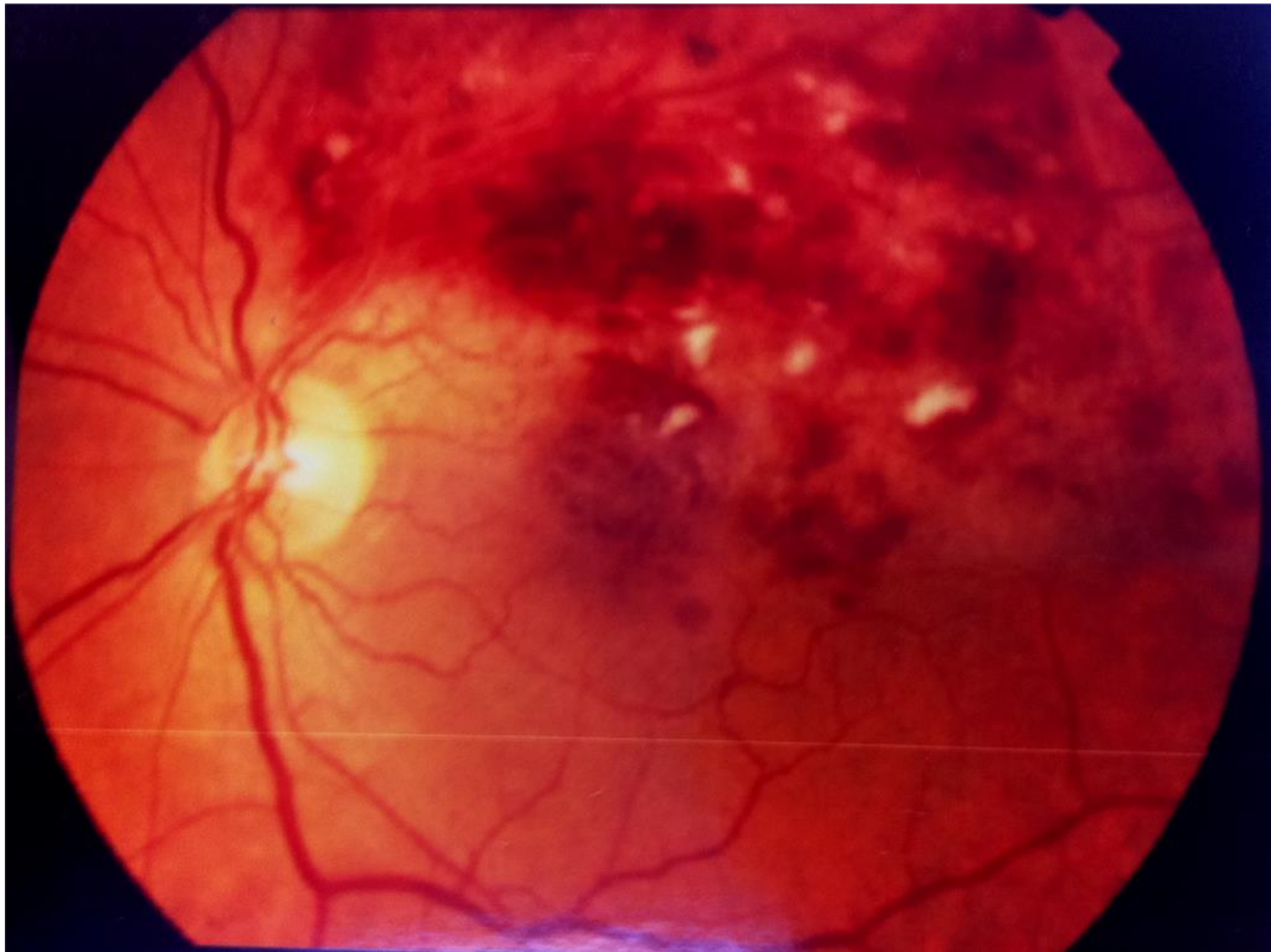
ANTECEDENTI GENERALI: IPERTESO SCOMPENSATO, DIABETE TIPO 2 (hb%9).

ANTECEDENTI OCULARI: GLAUCOMA (LATANOPROST) IN BUON COMPENSO

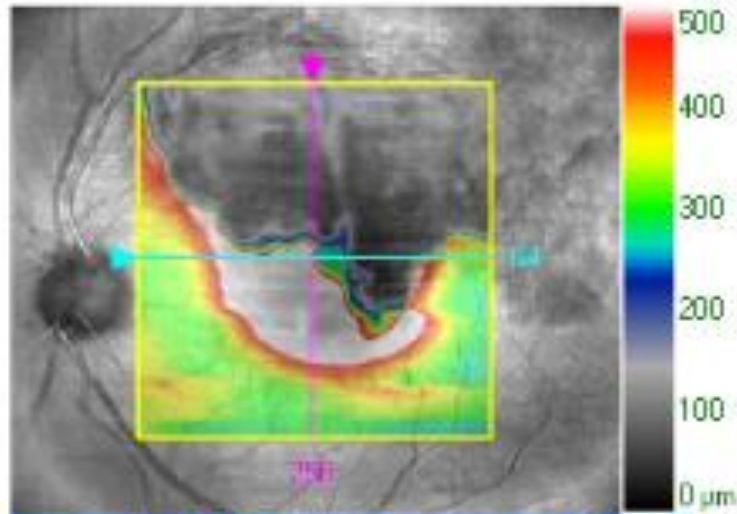
VOS: 2/10 10 DW

ANGIOGRAFIA: FORMA EDEMATOSA, ASSENZA DI ISCHEMIE, EDEMA MACULARE.

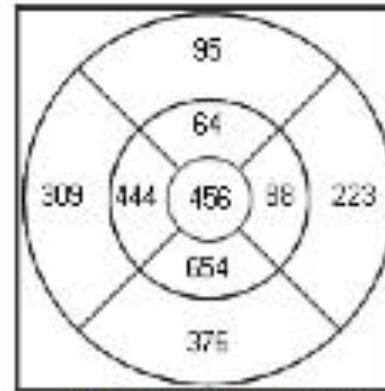
OCT: EDEMA MACULARE 700 NM



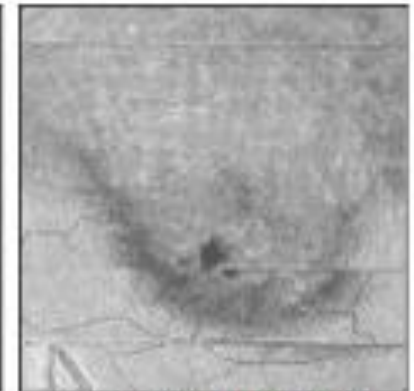
# PRE TRATTAMENTO VOS: 2/10 10 DW



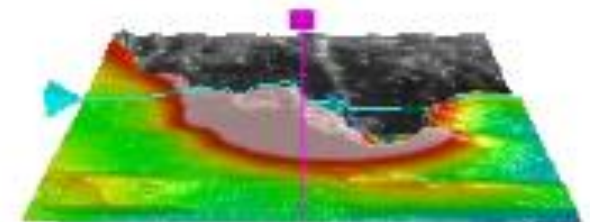
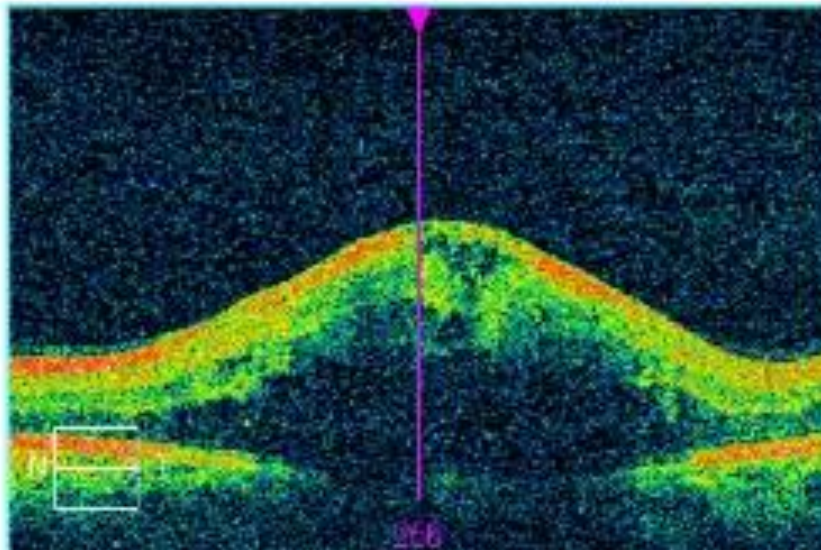
Overlay: ILM - RPE Transparency: 50 %



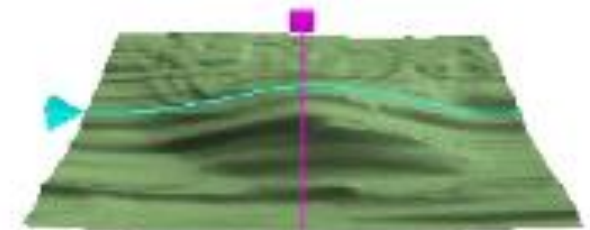
ILM-RPE Thickness ( $\mu\text{m}$ )



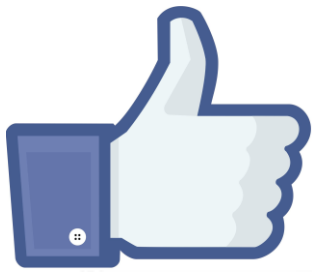
Fovea: Fovea not found



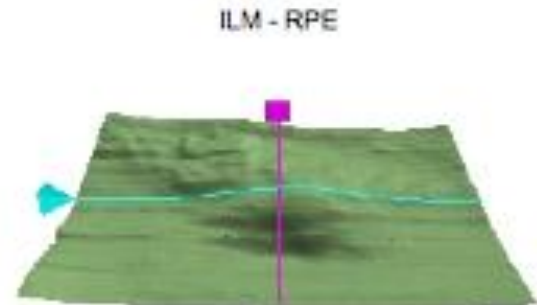
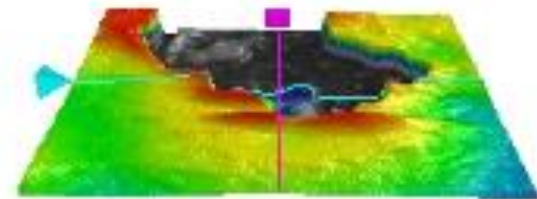
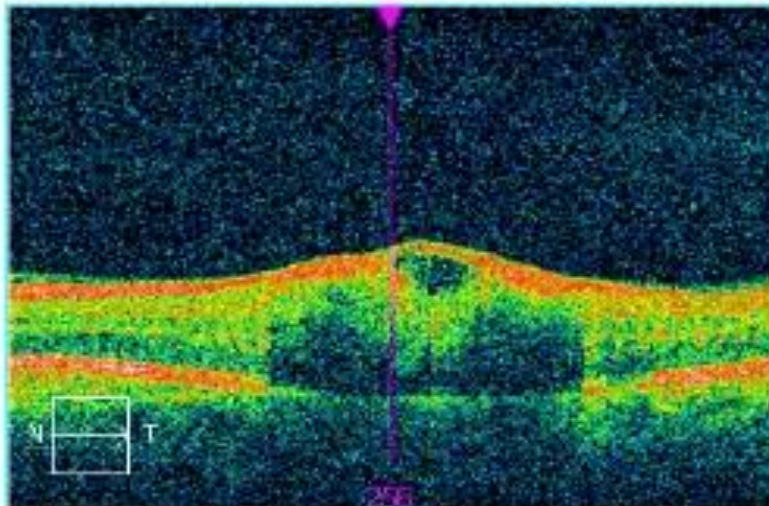
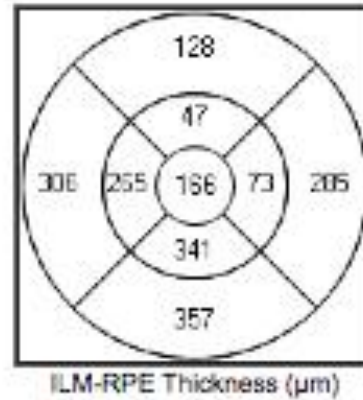
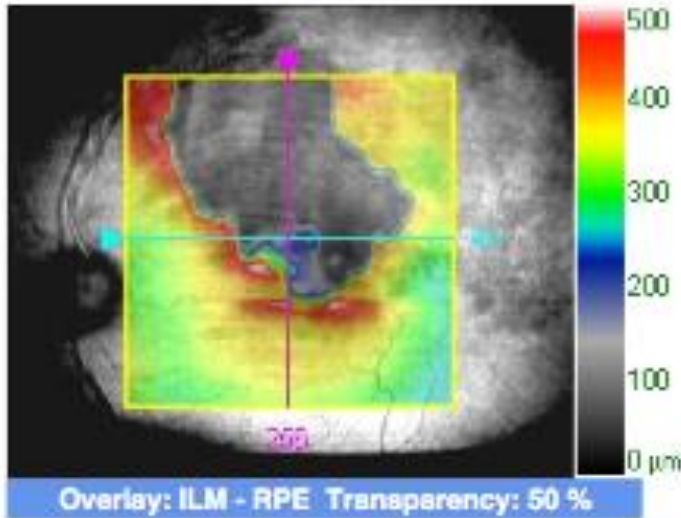
ILM - RPE





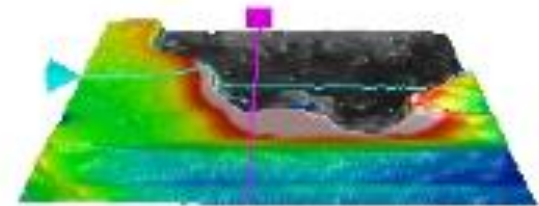
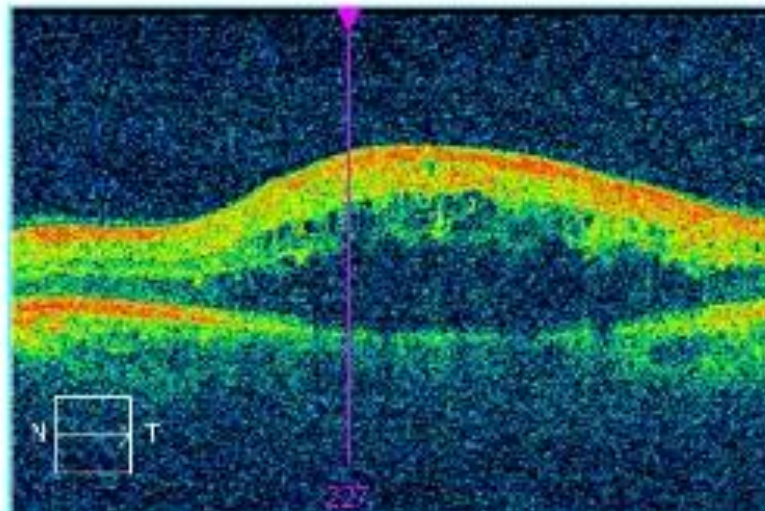
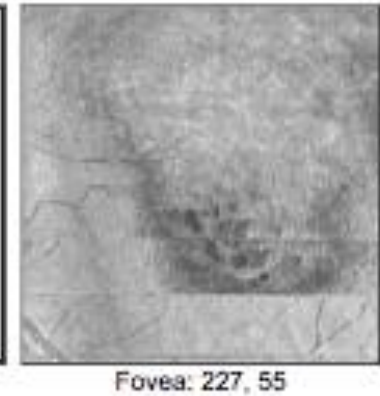
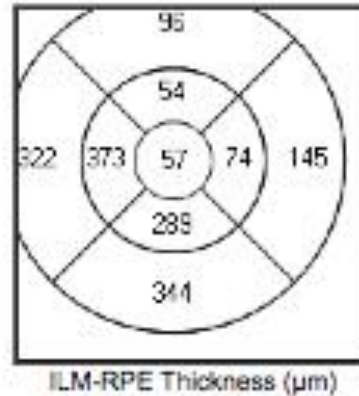
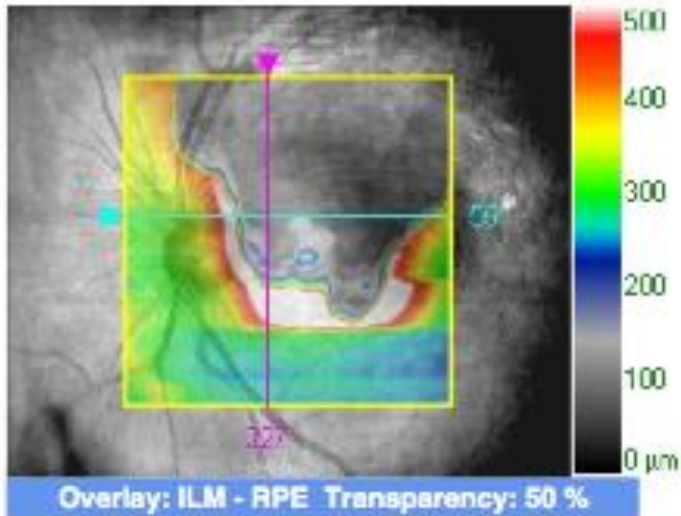


# POST 20 GIORNI VOS: 4/10 8DW

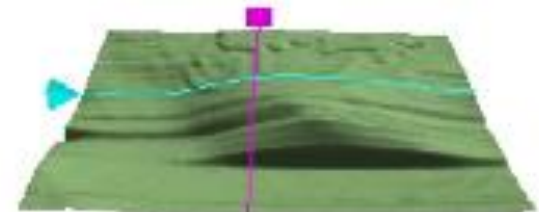


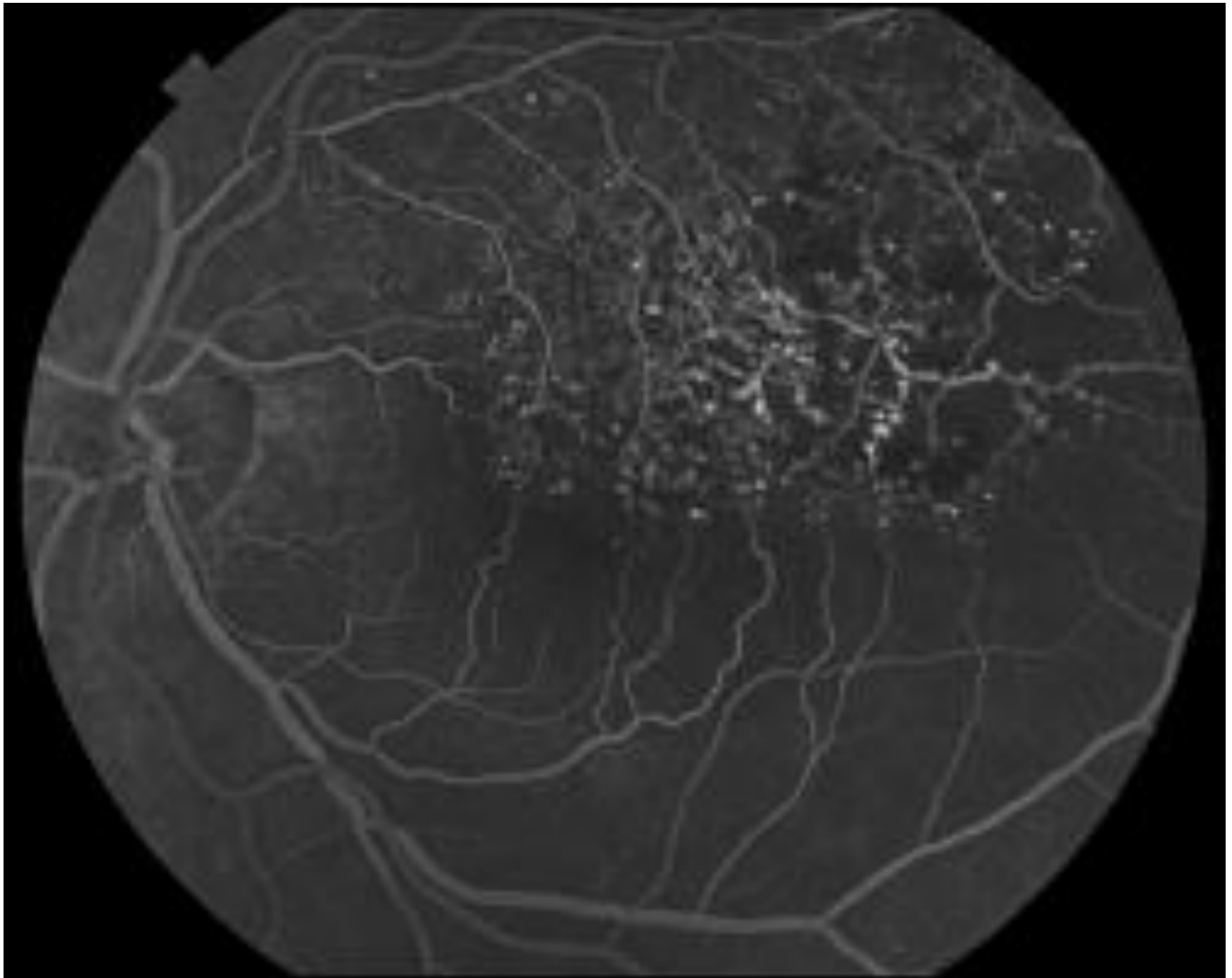


# POST 2.5 MESI: VOS 3/50 15 DW



ILM - RPE





# A 3 MESI ELEVATO RISCHIO DI SWITCH ISCHEMICO

ALTA FREQUENZA NEI PAZIENTI DIABETICI

E' FAVORITA DA QUADRI IPERTENSIVI SEVERI

PAZIENTI ANZIANI

SI ASSOCIA AD ALTRI EVENTI VASCULOPATICI (TIA, ICTUS, IMA)

SUL PIANO OCULARE:

EDEMA MACULARE DI TIPO ISCHEMICO (IPOPERFUSIONE)

PEGGIORAMENTO DEL VISUS <1/10.

SCARSA PROGNOSI

RISCHIO DI GNV+++

RIPETERE LA FLUORANGIOGRAFIA ALLA RICERCA DI AREE ISCHEMICHE

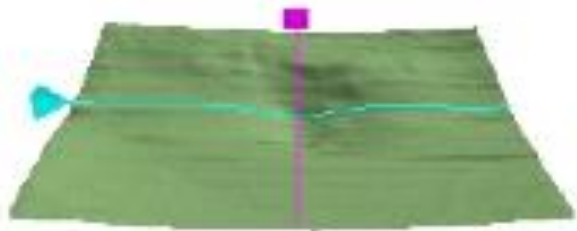
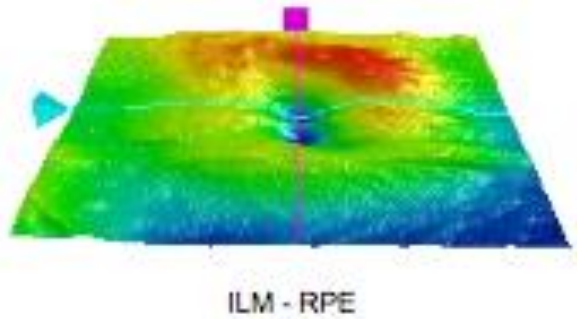
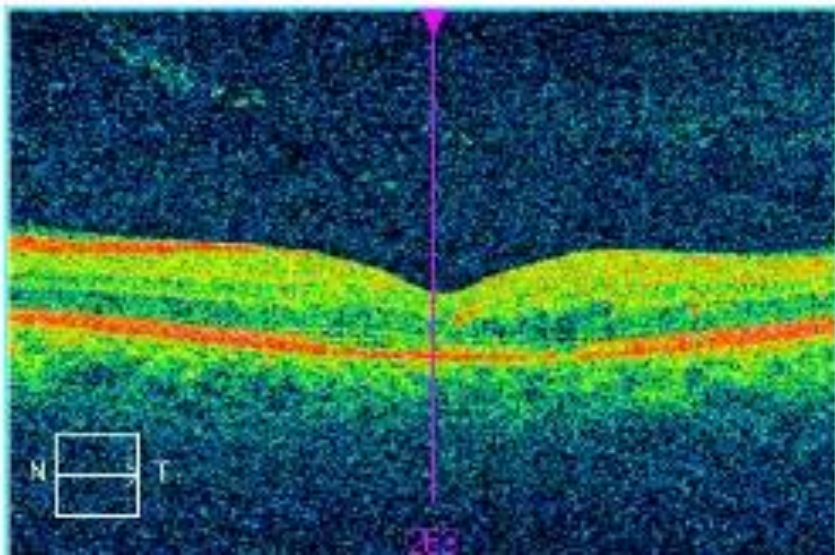
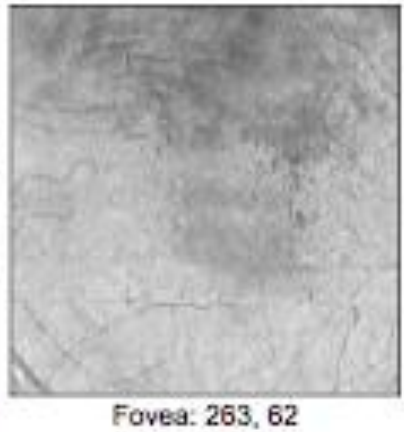
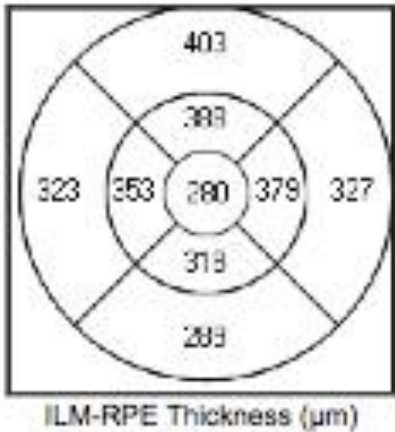
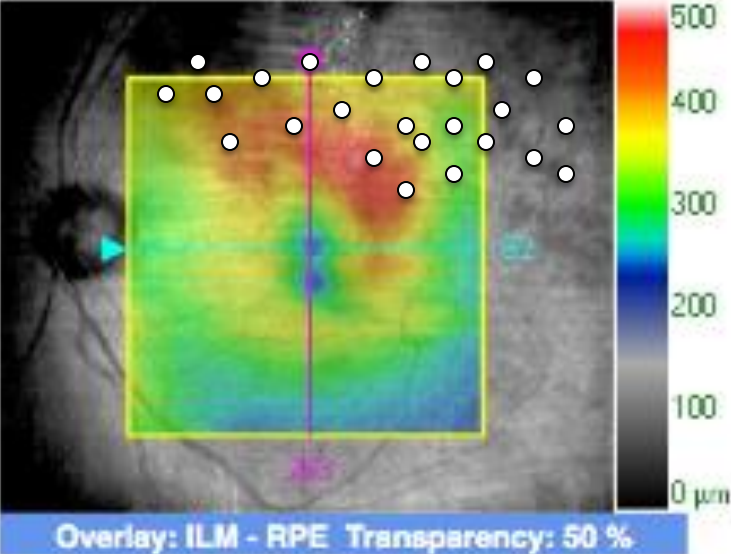
(SITI DI PRODUZIONE DI VEGF)

TRATTAMENTO LASER SULLE AREE ISCHEMICHE

TRATTAMENTO INTRAVITREALE CON CORTISONICI/ANTIVEGF



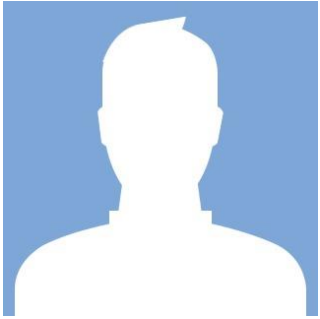
# POST 3.3 MESI (POST 20 GIORNI 2 INIEZIONE+ LASER VOS: 1/10 7 DW



POST 4 MESI (POST 1.5 MESI 2 INIEZIONE E LASER)  
VOS: 1.6/10 10 DW



# EDEMA MACULARE IN UVEITE



P. C. UOMO 72 ANNI

ANTECEDENTI GENERALI: **ARTRITE CRONICA** IN TERAPIA, HLA B27+  
5 MG DELTACORTENE/DIE

ANTECEDENTI OCULARI: OO FACO 2 ANNI PRIMA, **UVEITE CRONICA**  
ANTERIORE RECIVANTE IN FASE QUIESCENTE.

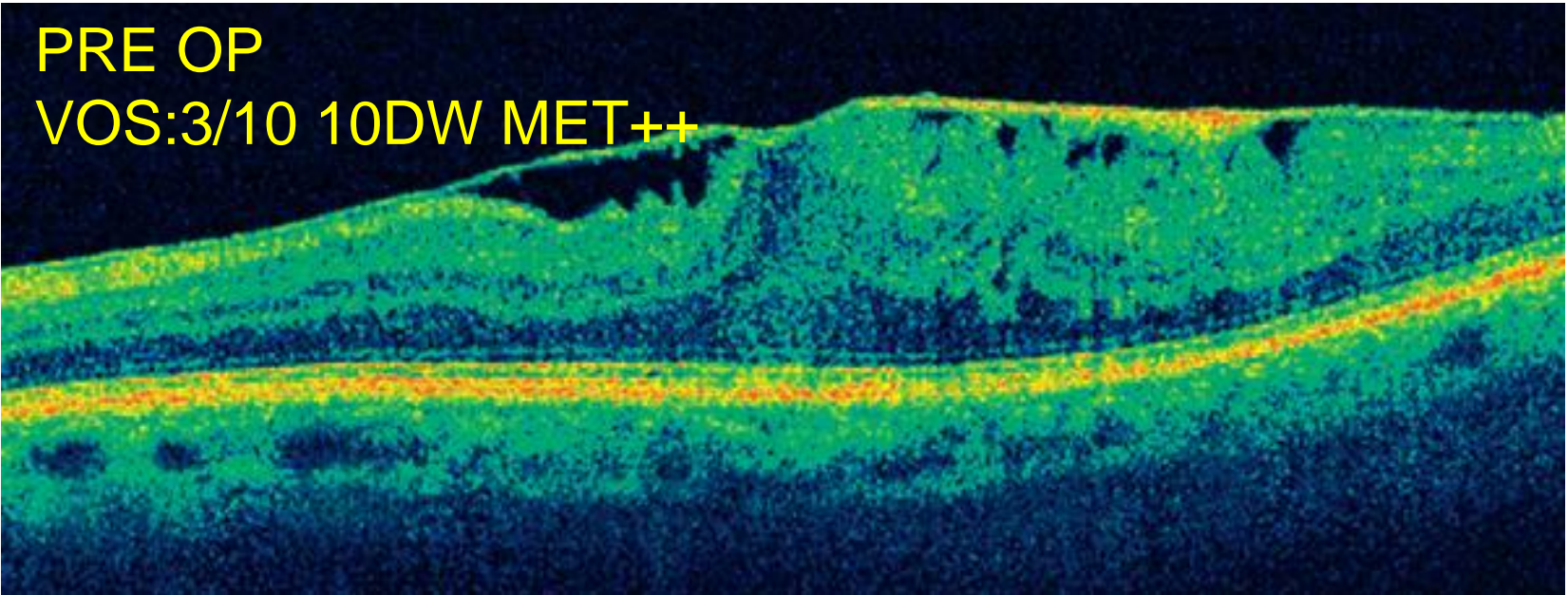
OPERATO 8 MESI PRIMA DI **VITRECTOMIA** PER MEMBRANA EPIMACULARE

PRESENZA DI **EDEMA MACULARE** CON COMPONENTE ESSUDATIVA  
NON(POCO) RESPONSIVO A TERAPIA MEDICA.

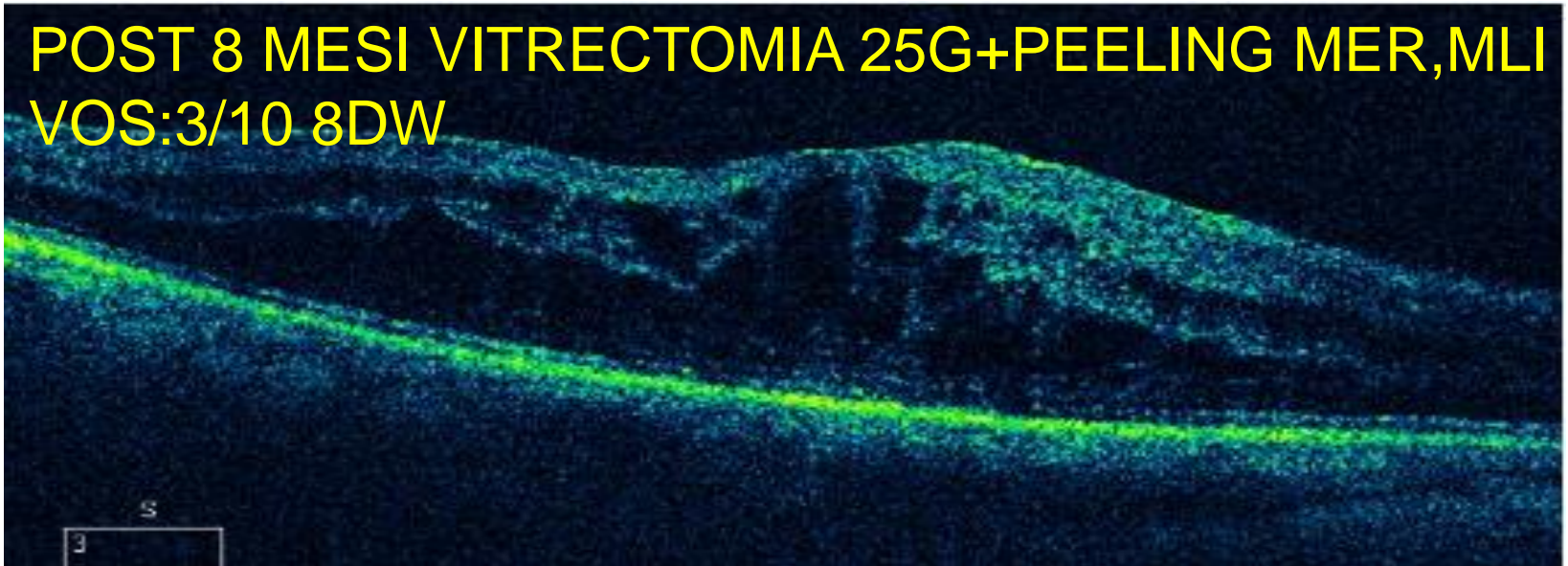
VOS: 3/10 10 DW



PRE OP  
VOS:3/10 10DW MET++

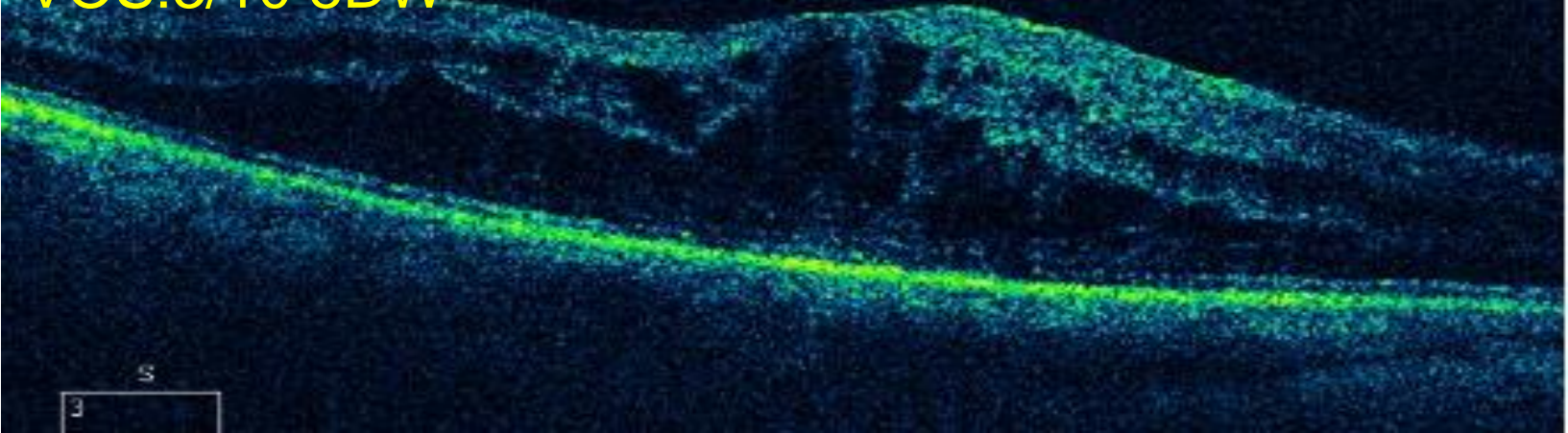


POST 8 MESI VITRECTOMIA 25G+PEELING MER,MLI  
VOS:3/10 8DW

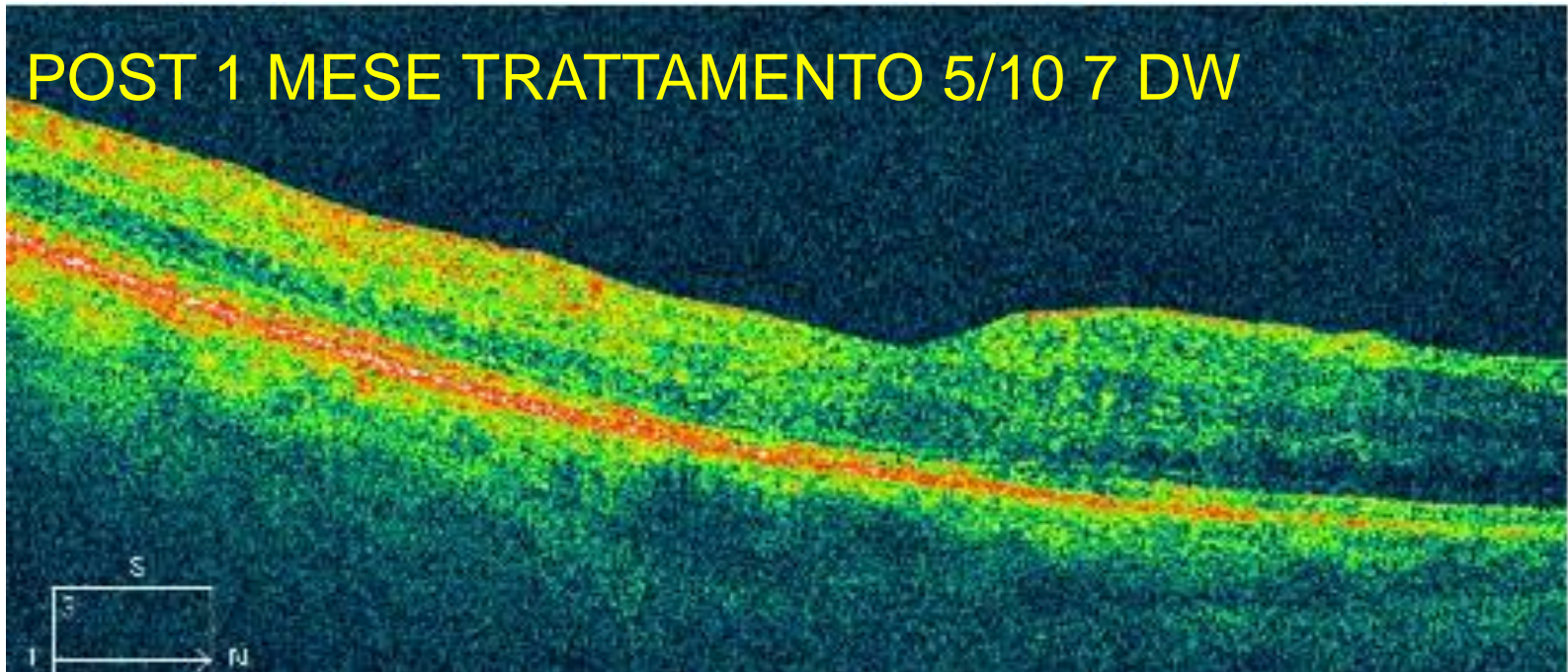




POST 8 MESI VITRECTOMIA 25G+PEELING MER,MLI  
VOS:3/10 8DW



POST 1 MESE TRATTAMENTO 5/10 7 DW



# CALO DEL VISUS BILATERALE OS>OD

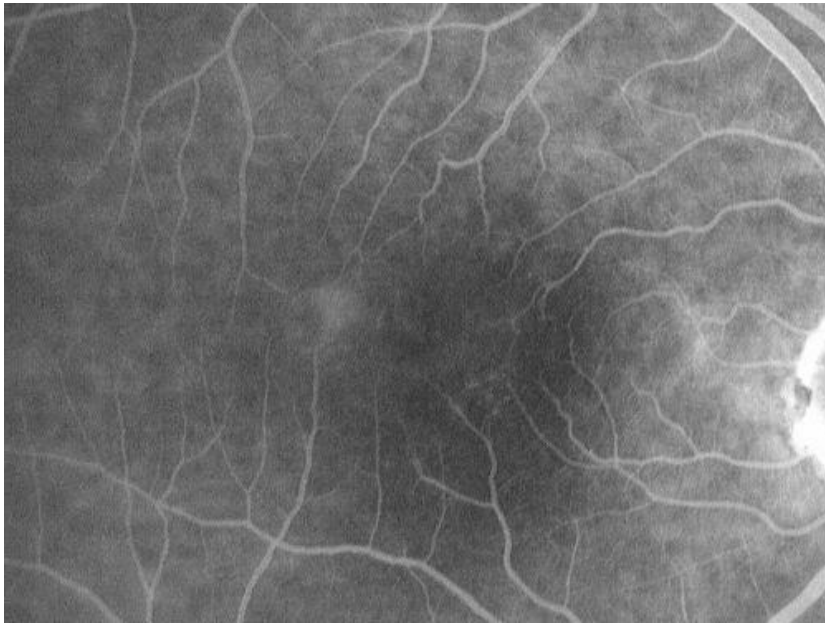
B. G., DONNA 58 ANNI

ANTECEDENTI: IPERTESA IN TERAPIA, NEFROPATIA.

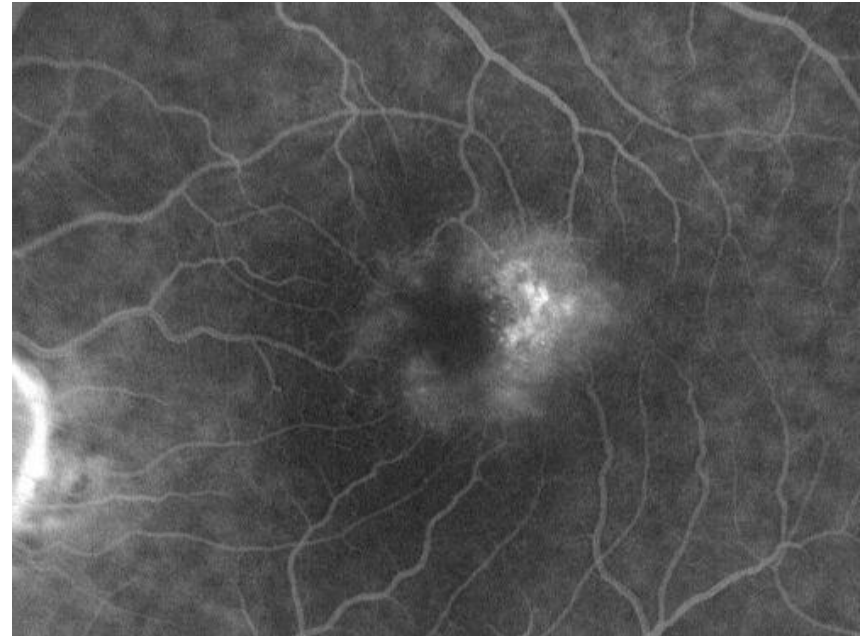
ANTECEDENTI OCULARI: NDR.

ESAME OBIETTIVO ANTERIORE: NELLA NORMA

VOD: 8/10 DW4



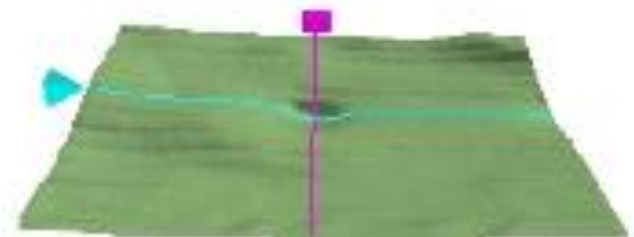
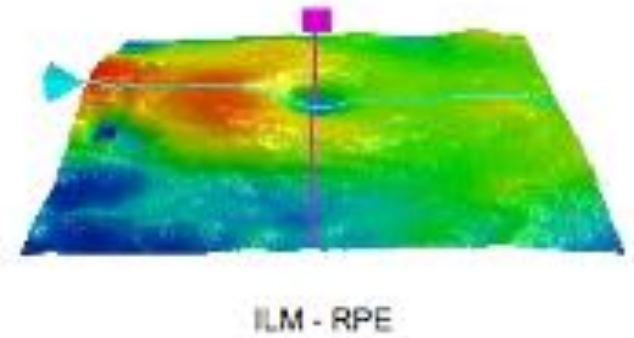
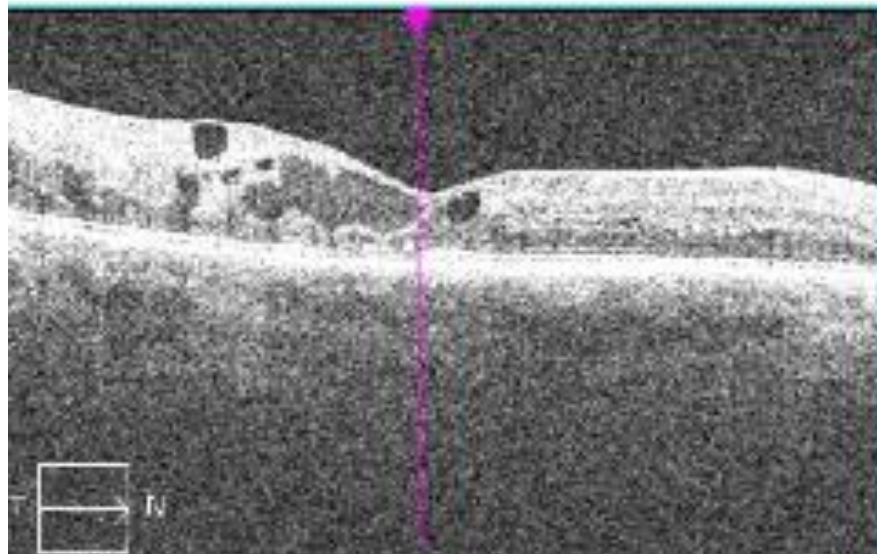
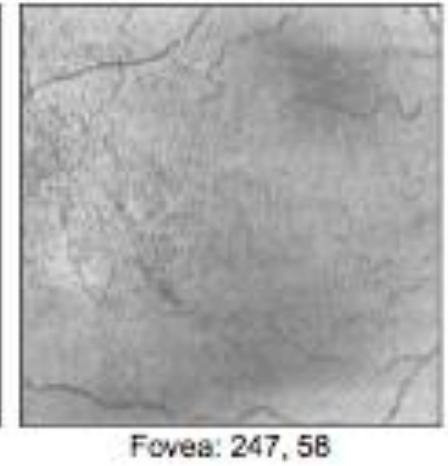
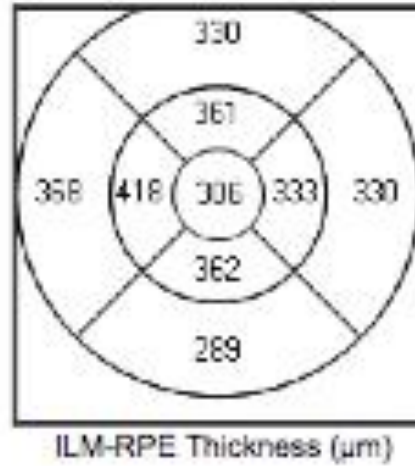
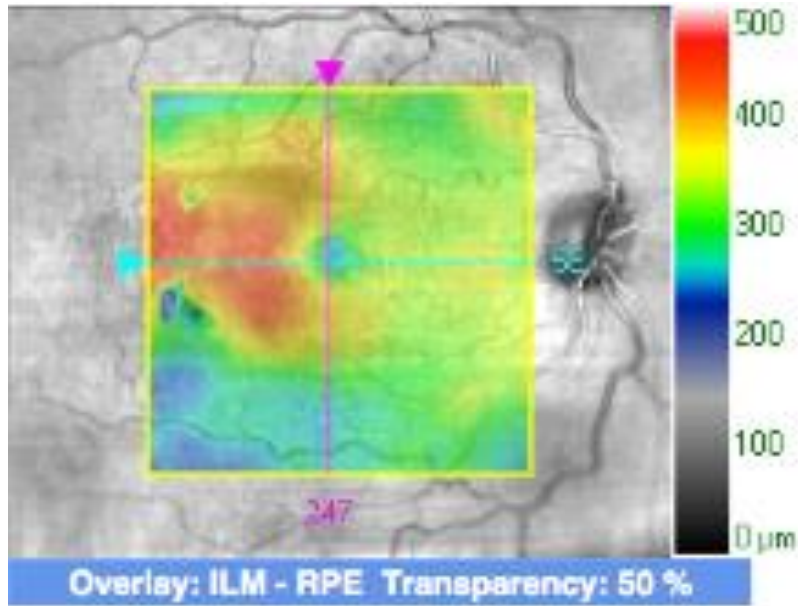
VOS: 6/10 DW6



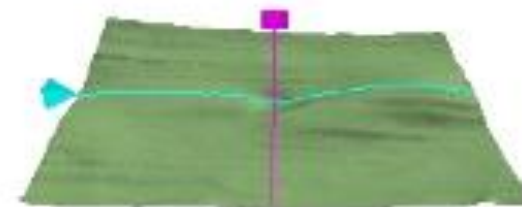
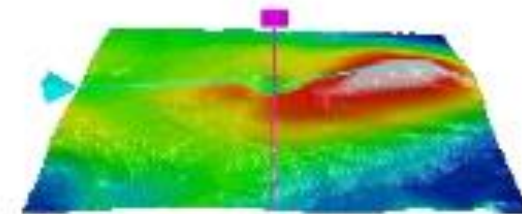
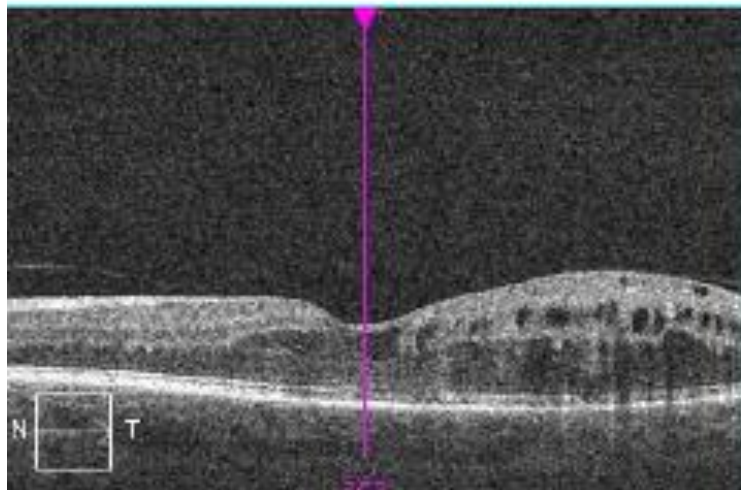
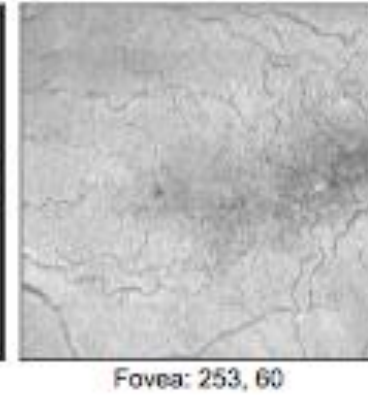
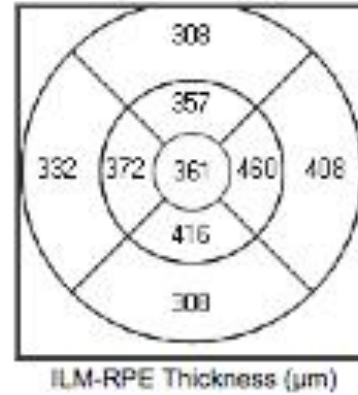
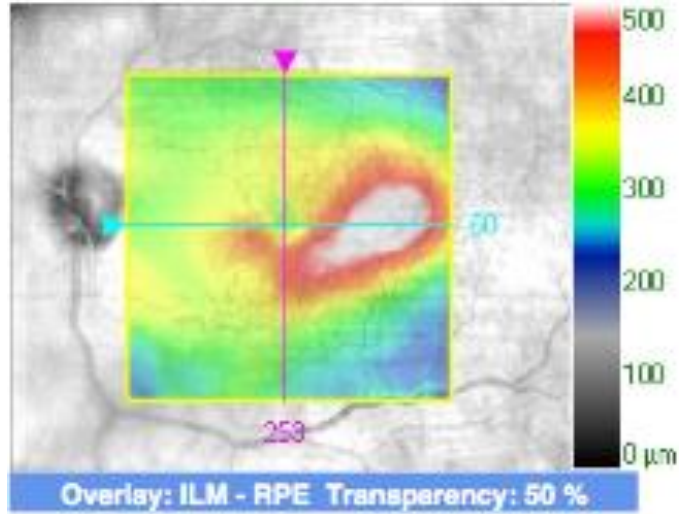
**TELEANGECTASIE MACULARI**



# VOD: 8/10 DW4

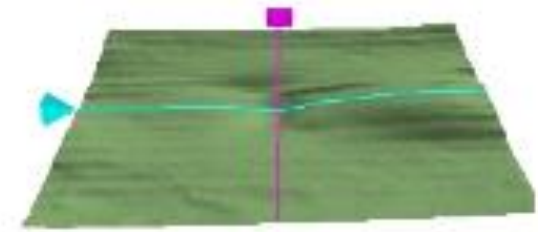
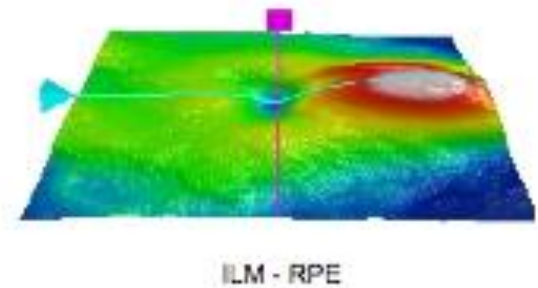
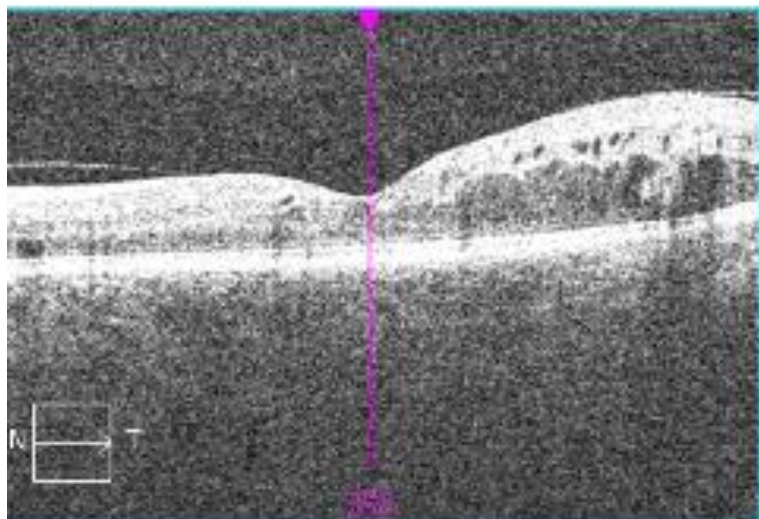
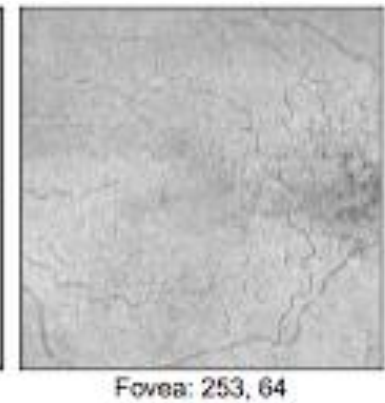
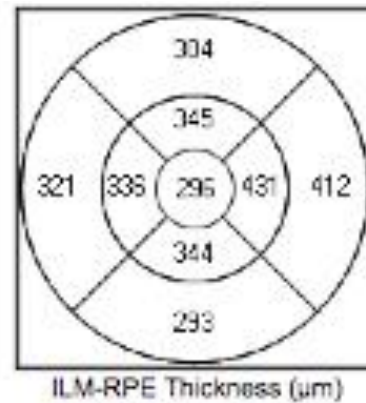
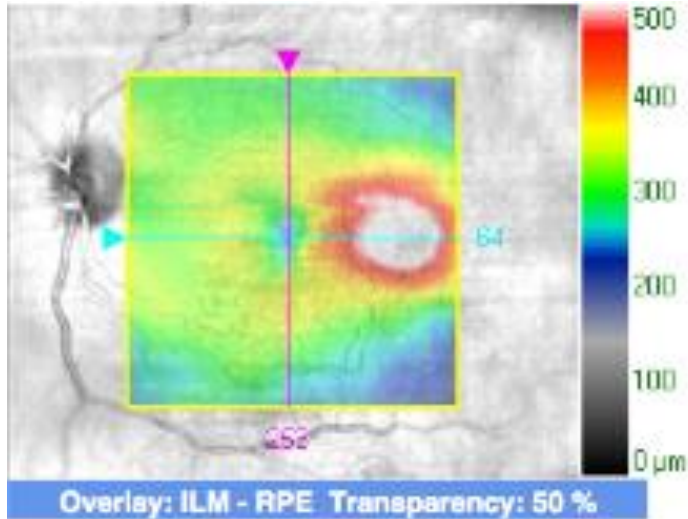


# VOS:6/10 DW6 PRE INIEZIONE





# DOPO 1 MESE VOS:7/10 DW5



# EDEMA MACULARE DIABETICO



B. G., DONNA, 45 ANNI

ANTECEDENTI GENERALI: **DIABETE** INSULINO DIP 20 ANNI, **HB 10%**

ANTECEDENTI OCULARI: PANFOTOCOAGULAZIONE ,3 IVT LUCENTIS

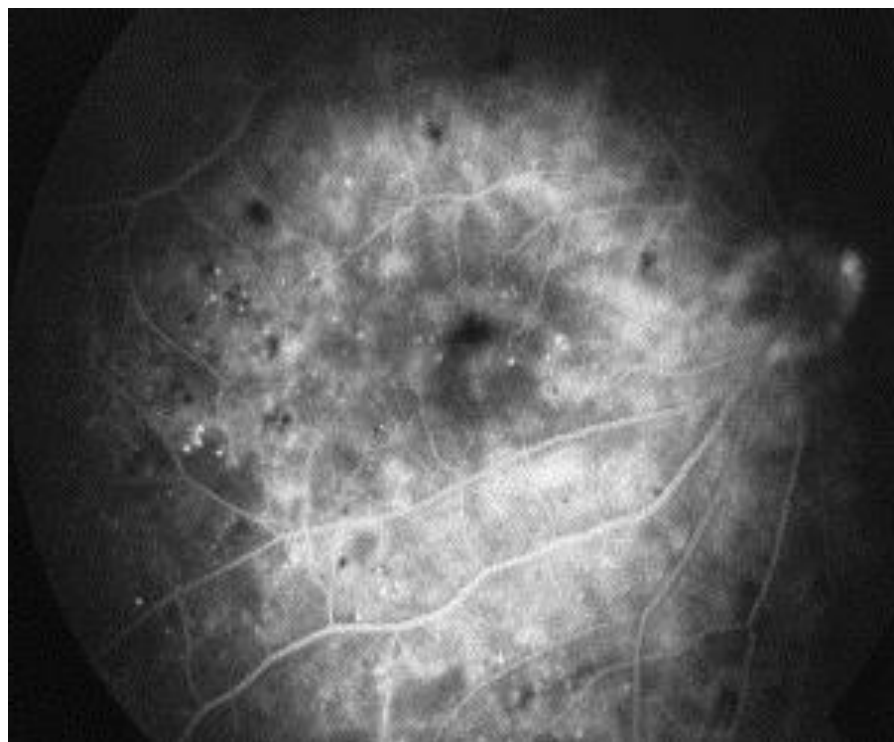
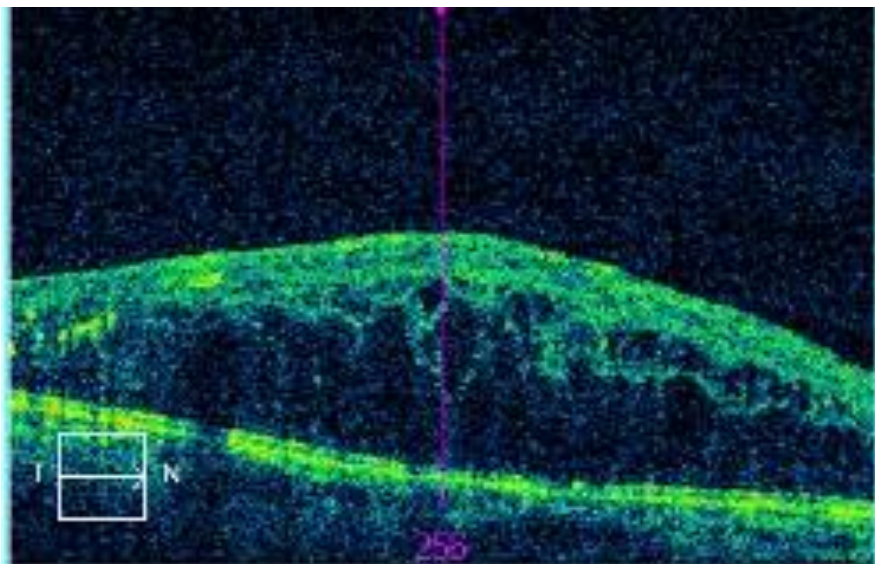
OO FACO+IOL

ANGIOGRAFIA: AREE ISCHEMICHE PERIFERICHE BEN TRATTATE, EDEMA  
MACULARE CON MODERATA ISCHEMIA

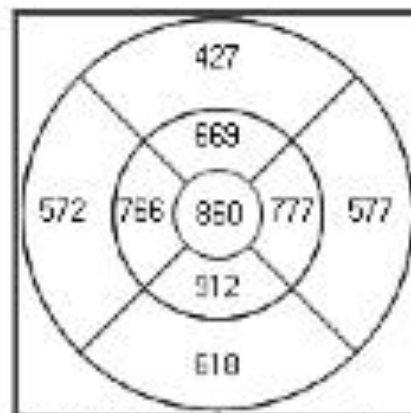
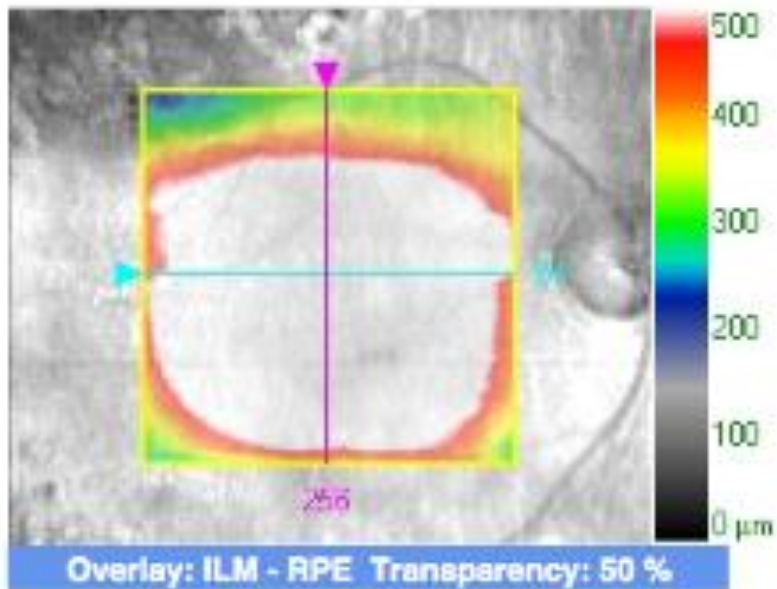
OCT: EDEMA MACULARE 800NM

VOD: 1/50 15 DW

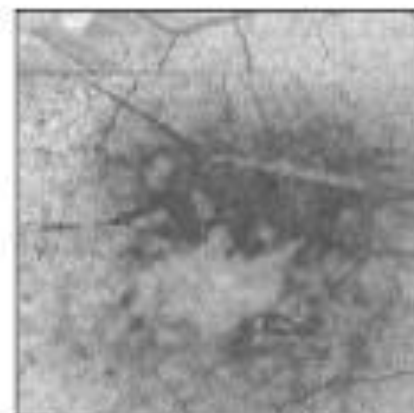




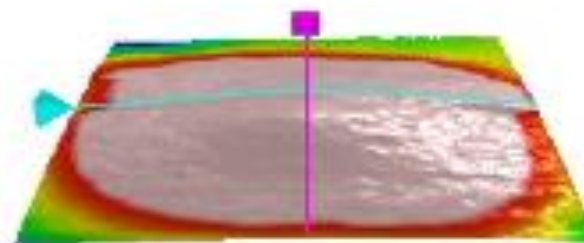
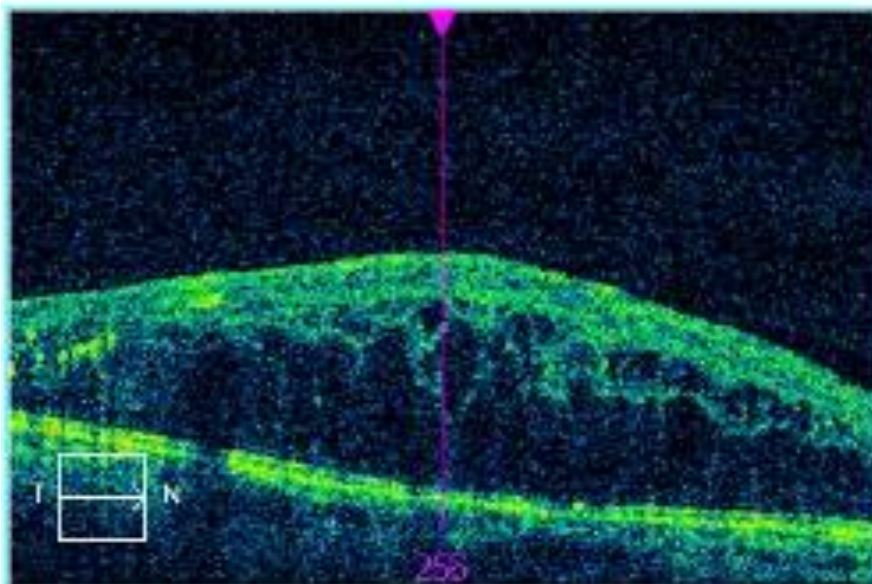
# PRE VOD:1/50 15DW



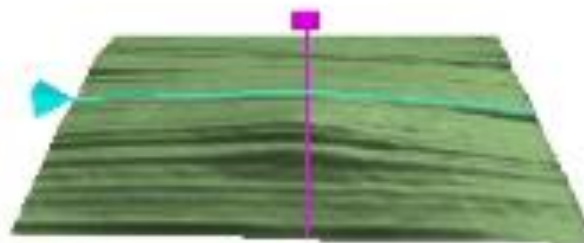
ILM-RPE Thickness ( $\mu\text{m}$ )



Fovea: Fovea not found

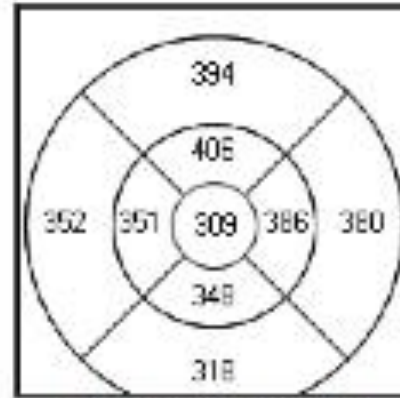
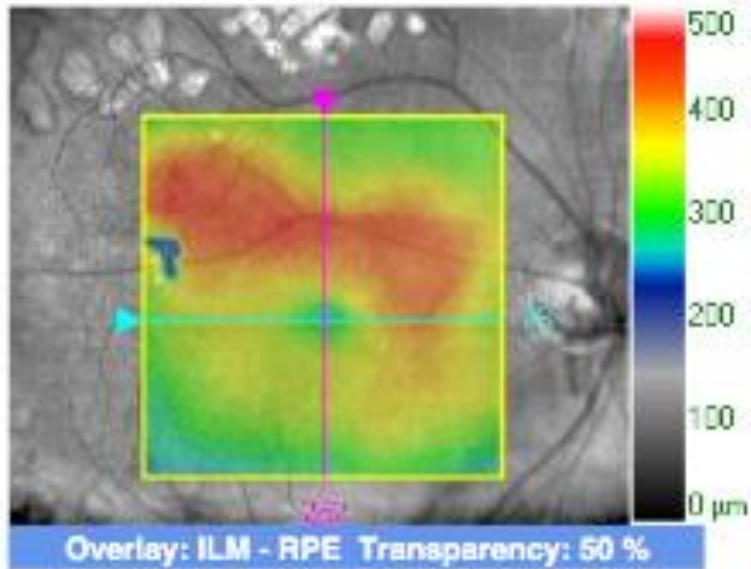


ILM - RPE

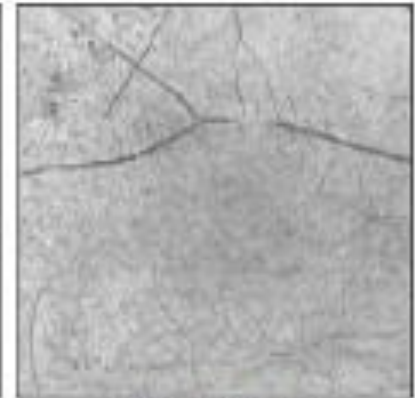




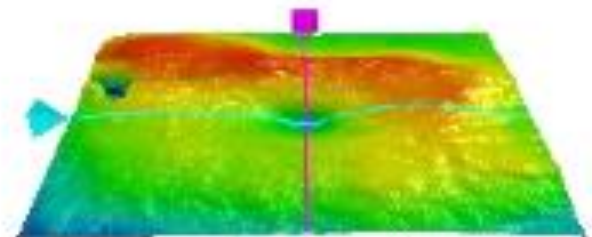
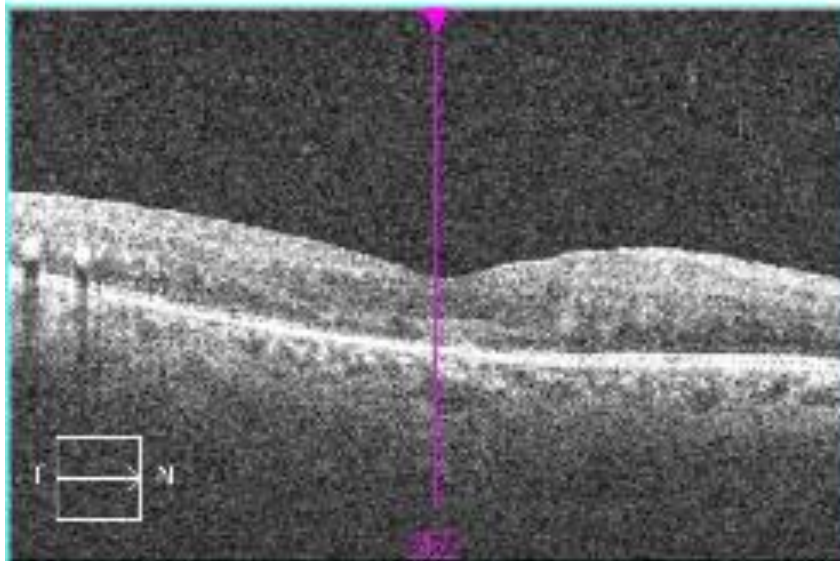
# POST 1 MESE VOD:1,6/10 8DW



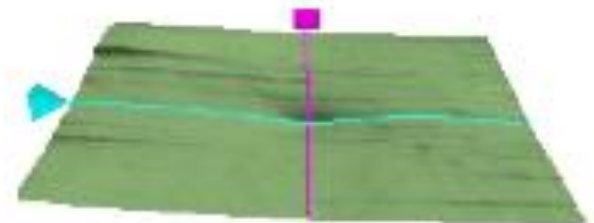
ILM-RPE Thickness ( $\mu\text{m}$ )



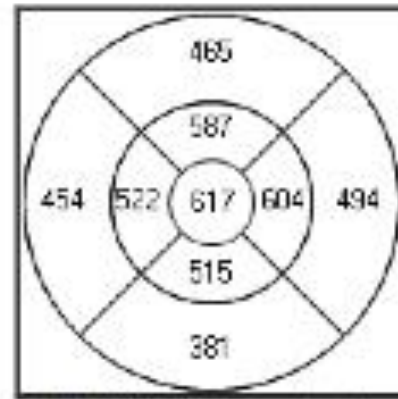
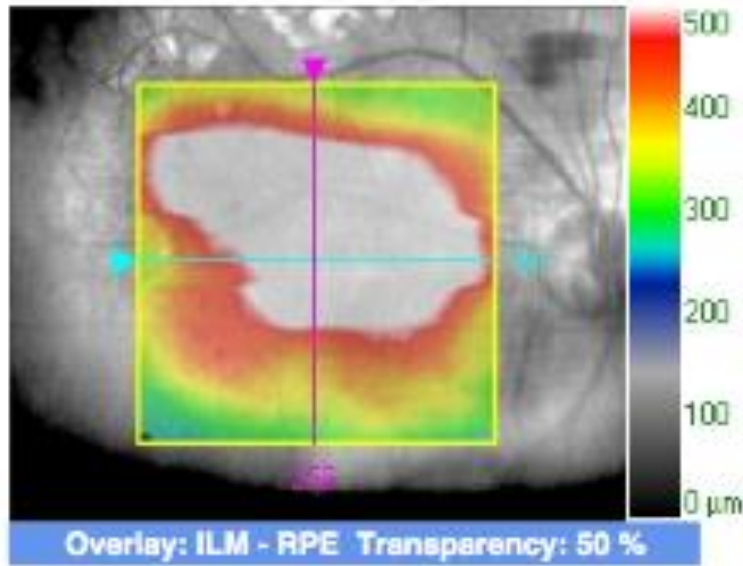
Fovea: 262, 73



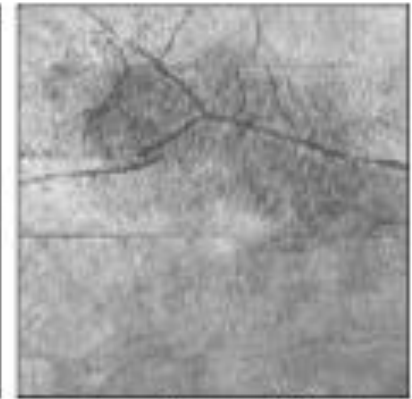
ILM - RPE



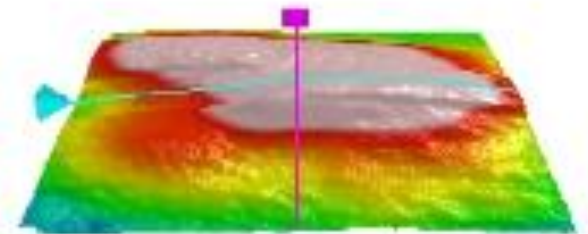
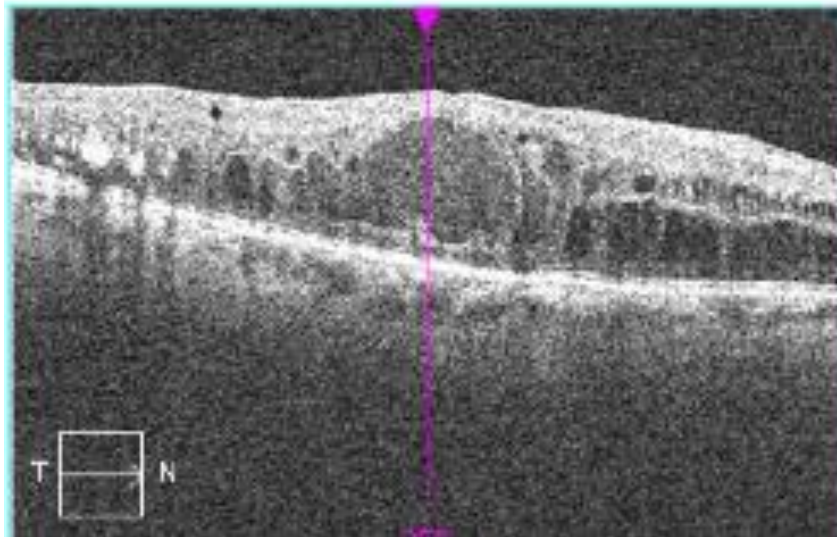
# POST OD 6 MESI VOD:2/50 10DW



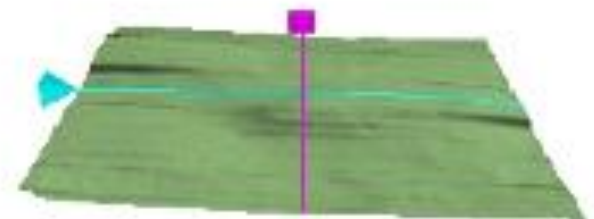
ILM-RPE Thickness ( $\mu\text{m}$ )



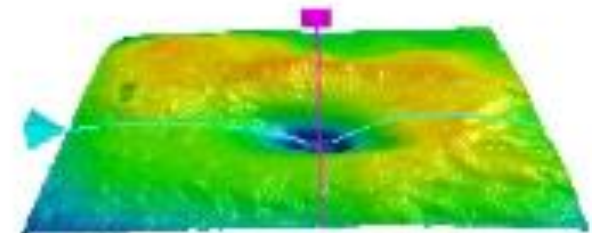
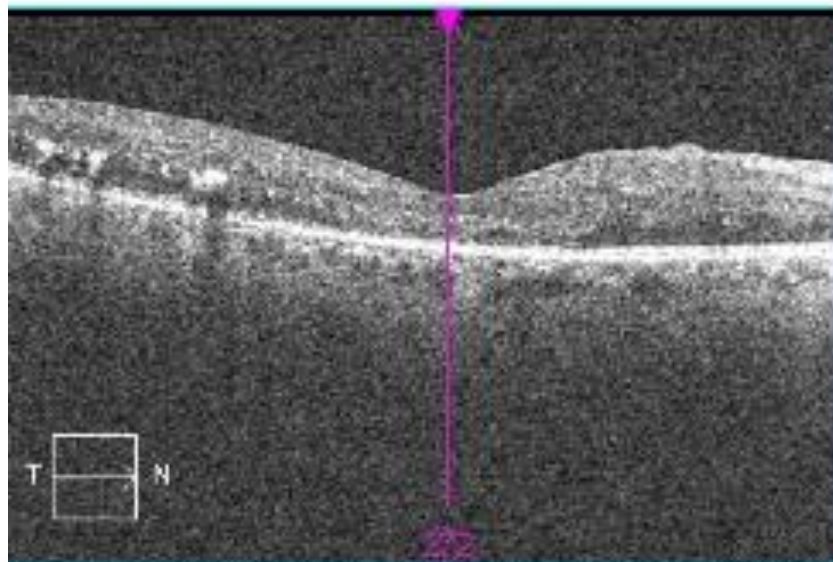
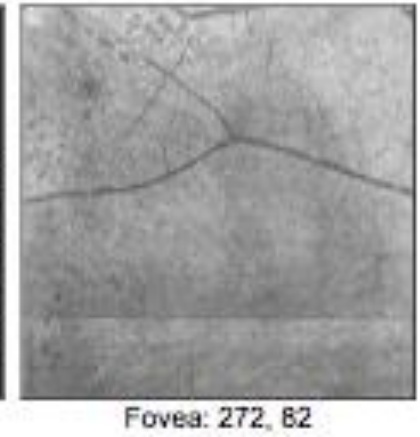
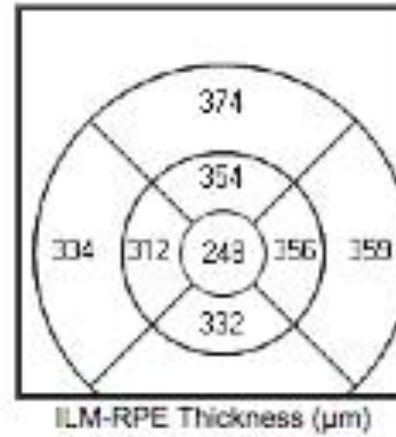
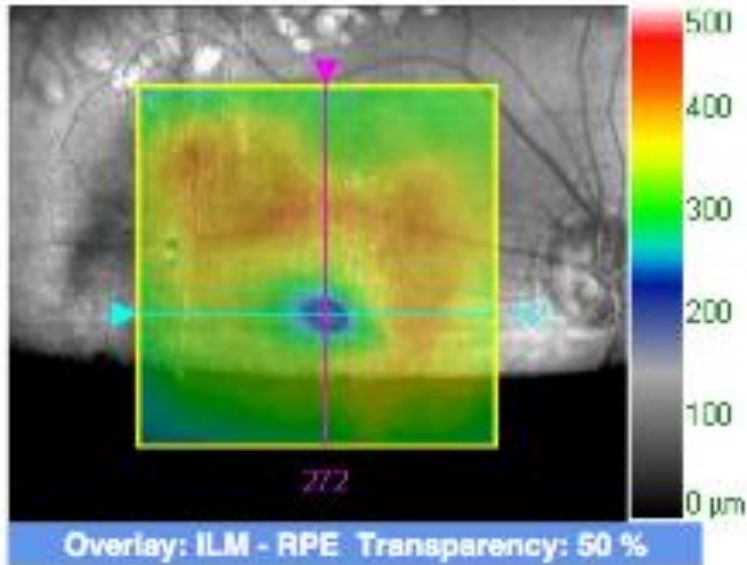
Fovea: Fovea not found



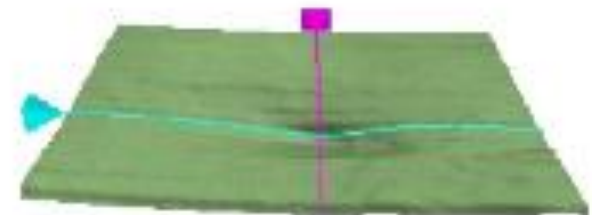
ILM - RPE



# POST OD 7 MESI (1 MESE RITRATTAMENTO) VOD:2/10 5DW

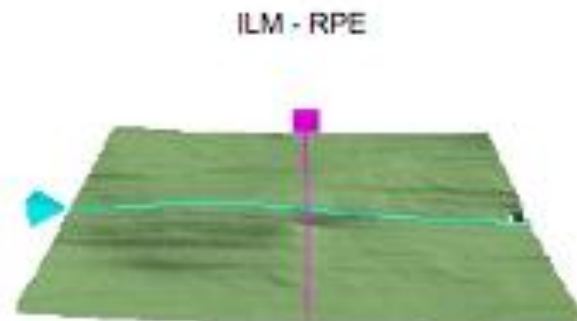
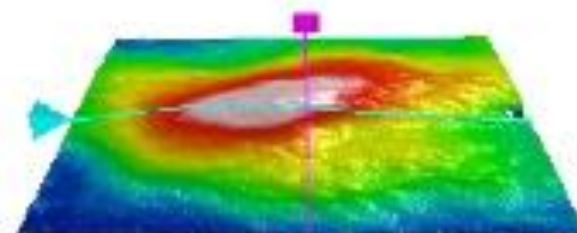
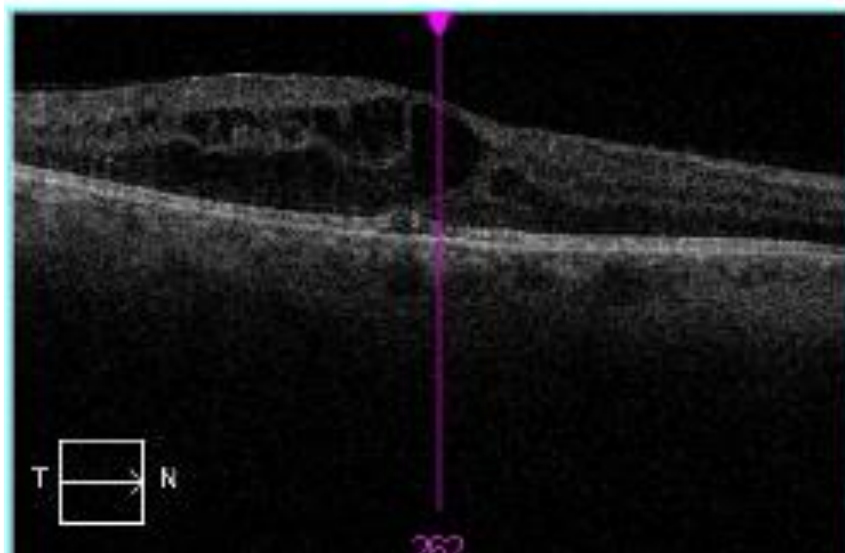
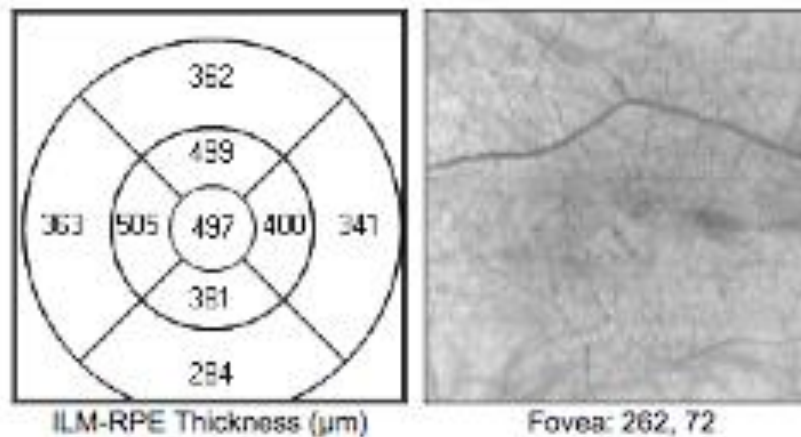
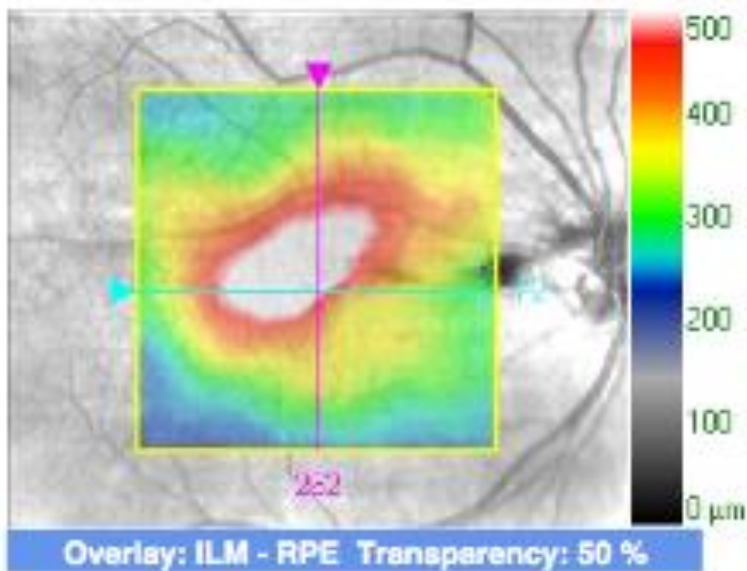


ILM - RPE





# POST OD 9 MESI (3 MESI RITRATTAMENTO) VOD:1,6/10 P5





# TROMBOSI DI BRANCA VENOSA IN RAGAZZA DI 28 ANNI



M.G., DONNA, 28 ANNI

ANTECEDENTI GENERALI: ACNE SEBORROICA TRATTATA CON PILLOLA CONTRACCETTIVA (ESTROPROGESTINICO).

ANTECEDENTI OCULAIRI: RAS

VOS: 3/10 8 DW







- VISITA CARDIO+ECO+DOPPLER TSA:NDR
- HOLTER PRESSORIO: NDR
- RM ENCEFALO: NDR
- ESAMI GENETICI PER LA RICERCA DI TROMBOFILIA O ALTRE COAGULOPATIE: NDR
- RICERCA DI MALATTIE AUTOIMUNITARIE:NDR
  
- FLUORANGIOGRAFIA: CONFERMA DELLA FORMA EDEMATOSA SENZA ISCHEMIA.

Emocromo con formula  
Ematocrito  
Glicemia a digiuno  
Colesterolo totale,HDL- Colesterolo, trigliceridi, calcolo LDL-  
colesterolo.  
Transaminasi, Gamma-GT,bilirubina, Fosfatasi Alcalina.  
Creatininemia  
Uricemia  
Velocità di eritrosedimentazione  
PT, PTT,Fibrinogeno  
Conteggio piastrine  
Proteina C Reattiva  
Omocisteinemia  
Dosaggio dei fattori VIII, IX, XI.  
Antitrombina 3  
Proteina C  
Proteina S  
Resistenza alla Proteina C Attivata  
Anticorpi Antinucleo e anti DNA  
Crio globuline  
VDRL, tpha  
Elettroforesi delle proteine con picco  
Anticorpi antifosfolipidi  
Anticorpi anticardiopina

Visita cardiologica ( da valutare Holter ritmico, ECG ,  
Ecocardiogramma )  
Ecodoppler dei tronchi sovraortici e vasi del collo  
Valutare la pressione arteriosa



# M Santé

SANTÉ

[Accès aux soins](#)[Addictions](#)[Financement de la santé](#)[Fin de vie](#)[Maternité](#)[Nutrition](#)[Patholo](#)ÉDITION  
ABONNÉS

## Alerte sur la pilule de 3e et 4e génération

LE MONDE | 14.12.2012 à 11h26 • Mis à jour le 15.01.2013 à 09h11

Par Sandrine Cabut, Pascale Krémer et Pascale Santi

Abonnez-vous  
à partir de 1 €

Réagir



Classer



Imprimer



Envoyer

Partager

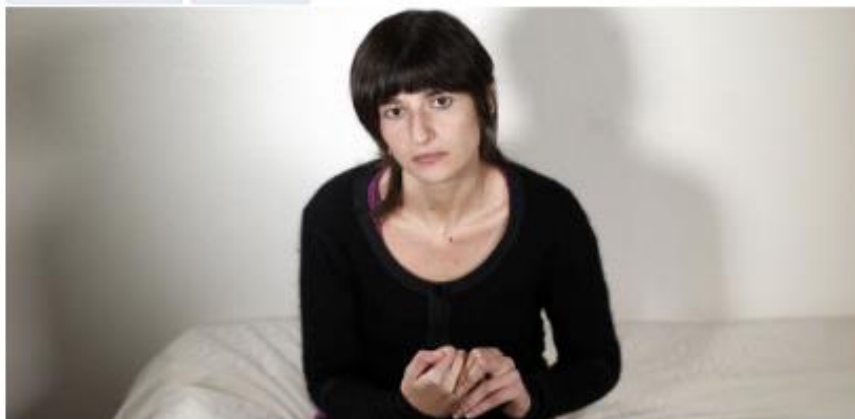


Recommander

Envoyer



500 personnes le recommandent.



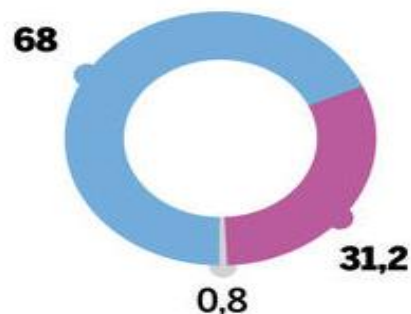
C'est une première en France que cette plainte au pénal contre une pilule contraceptive. Une jeune femme lourdement handicapée, Marion Larat, accuse la pilule de troisième génération Meliane, fabriquée par le géant pharmaceutique allemand Bayer, d'avoir provoqué son accident vasculaire cérébral. Vendredi 14 décembre, elle devait déposer plainte pour "atteinte involontaire à l'intégrité de la personne humaine" contre le directeur général de Bayer Santé, auprès du procureur de Bobigny (Seine-Saint-Denis). Plainte qui vise également le directeur général de l'Agence nationale de sécurité du médicament (ANSM), qui n'a pas demandé le retrait de cette pilule du marché, "en violation manifestement délibérée du principe de précaution".

## LES PRESCRIPTEURS DE CONTRACEPTIFS ORAUX EN 2011

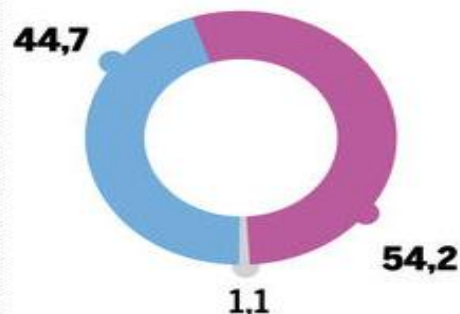
en %

● Généraliste ● Gynécologue ● Autres

**2<sup>e</sup> génération**



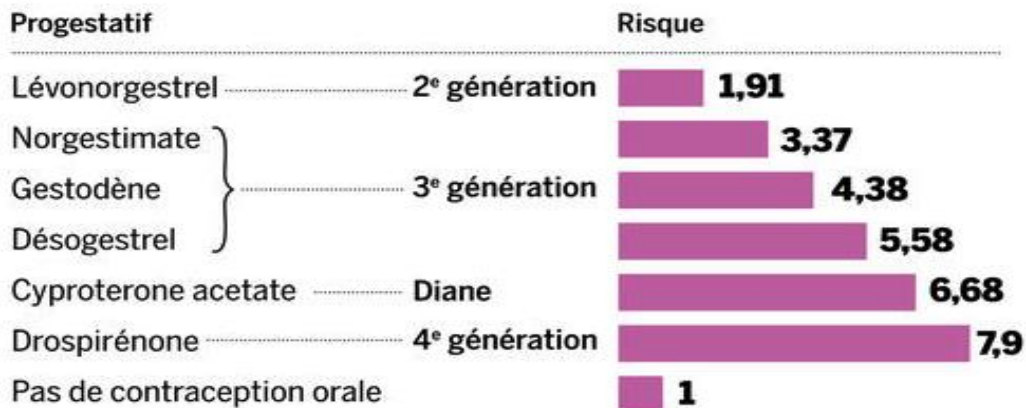
**3<sup>e</sup> génération**



## RISQUE THROMBOEMBOLIQUE VEINEUX SELON LE PROGESTATIF \*

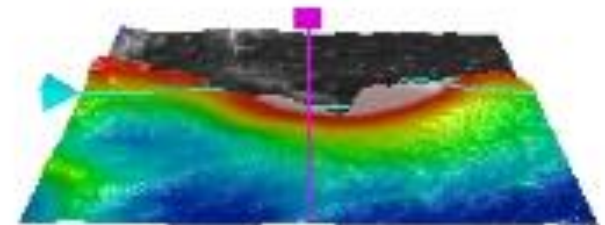
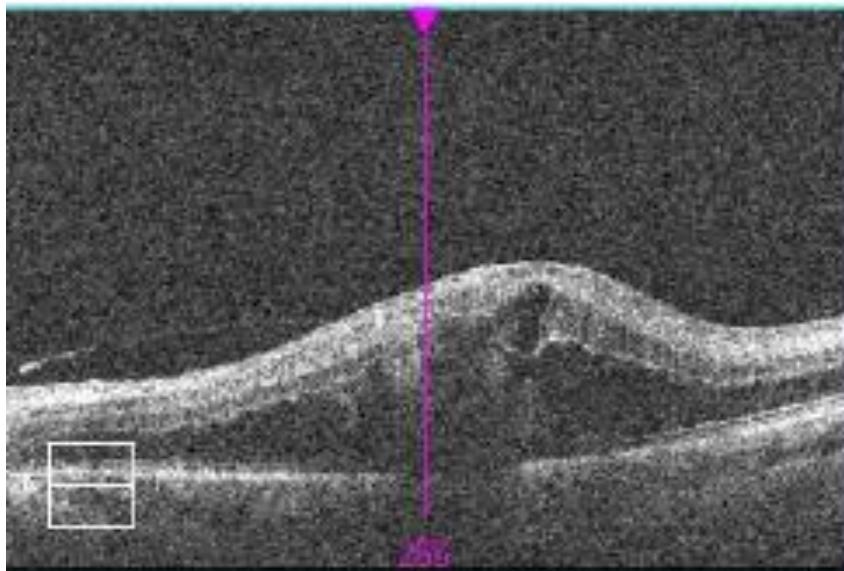
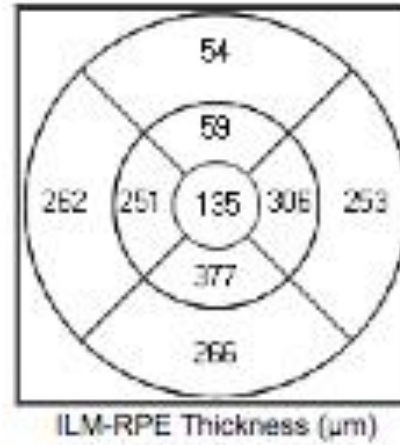
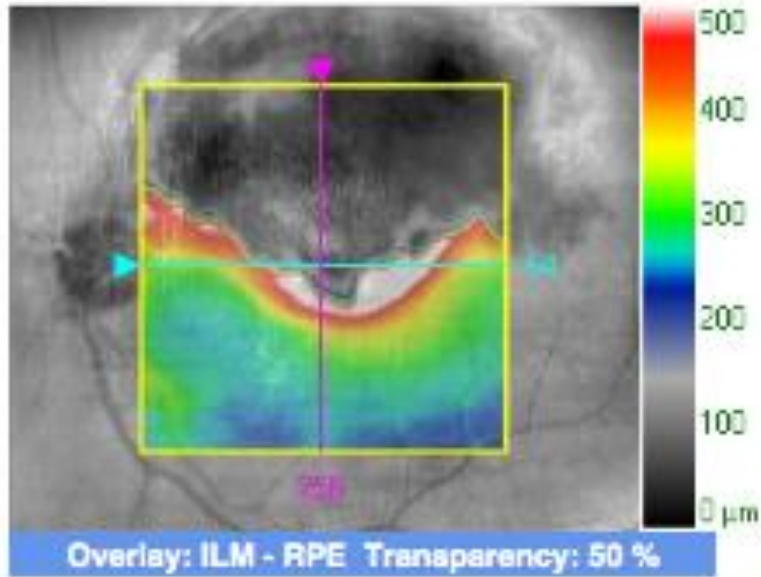
lors de la première année d'utilisation

*Lecture : il y a 1,91 fois plus de risque thromboembolique veineux avec l'utilisation de Lévonorgestrel que sans contraception orale (risque de 1).*



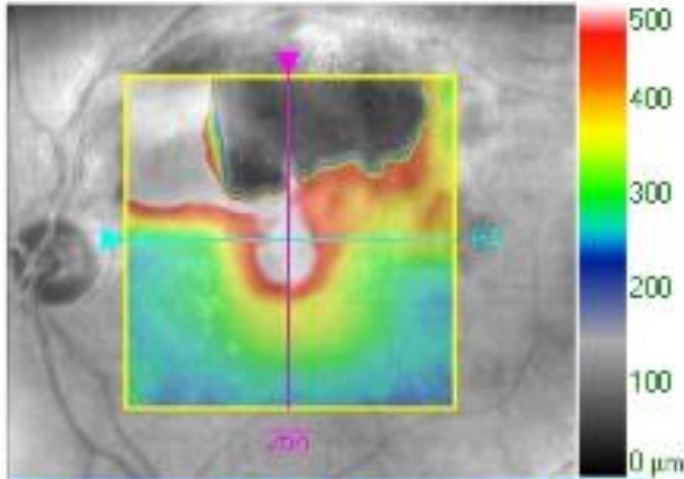
\* pour des pilules dosées à 30 ou 40 microgrammes d'éthinylestradiol

# PRE VOS:3/10 8DW

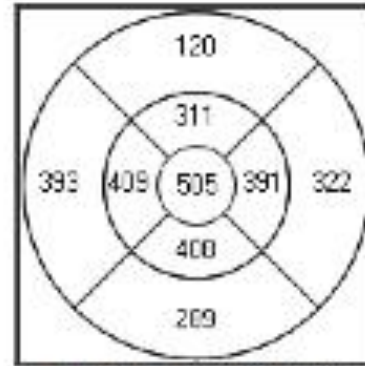




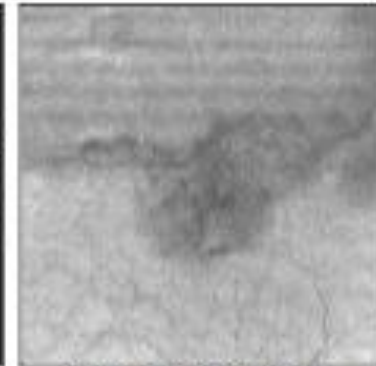
# POST 1 MESE VOS: 5/10 5DW



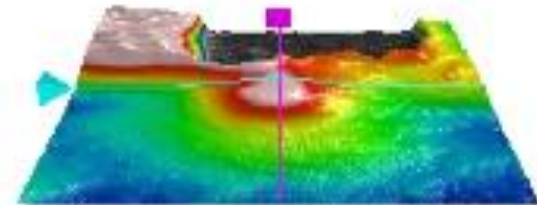
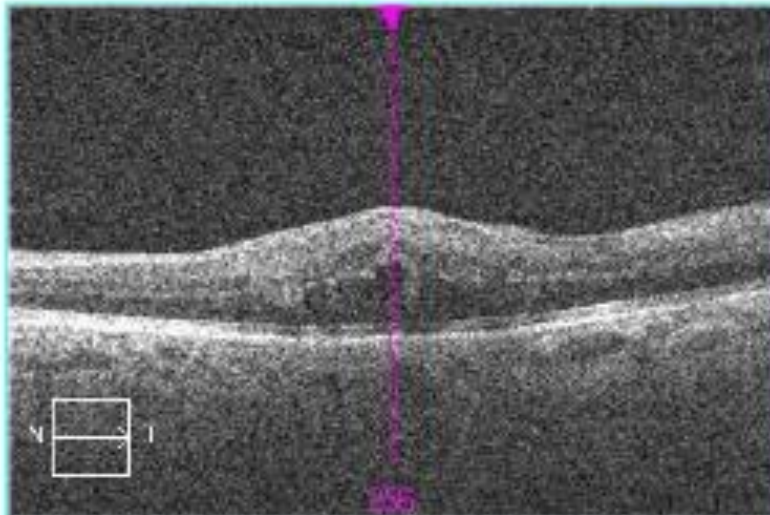
Overlay: ILM - RPE Transparency: 50 %



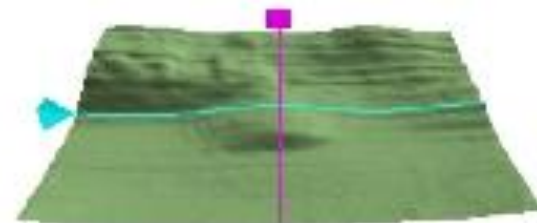
ILM-RPE Thickness ( $\mu\text{m}$ )



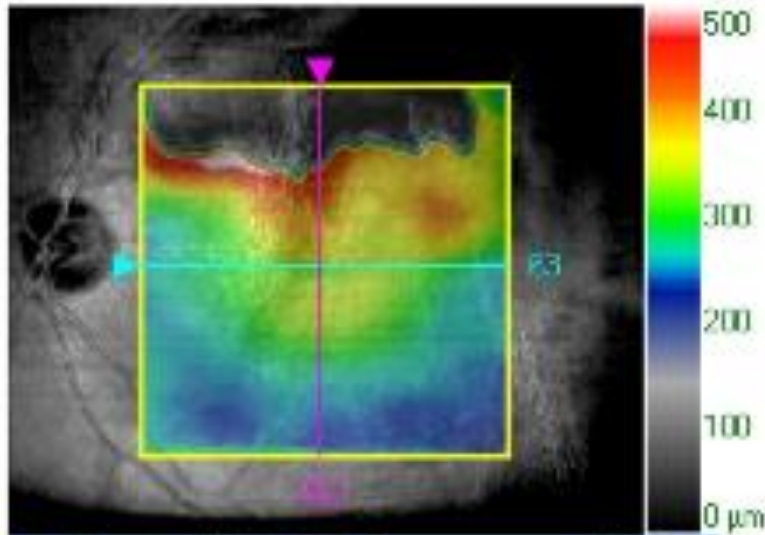
Fovea: Fovea not found



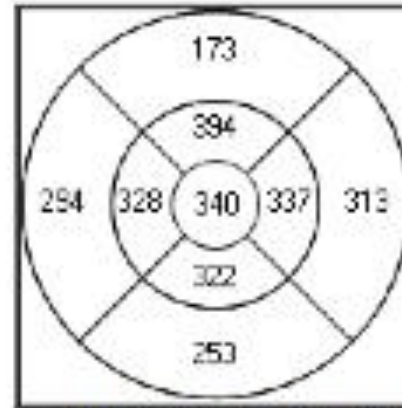
ILM - RPE



# POST 3 MESI VOS: 7/10 DW



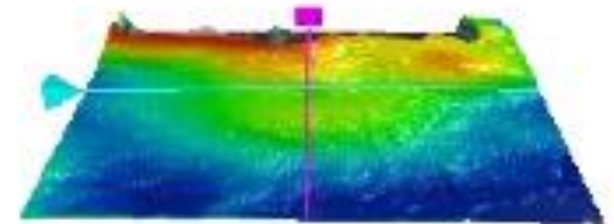
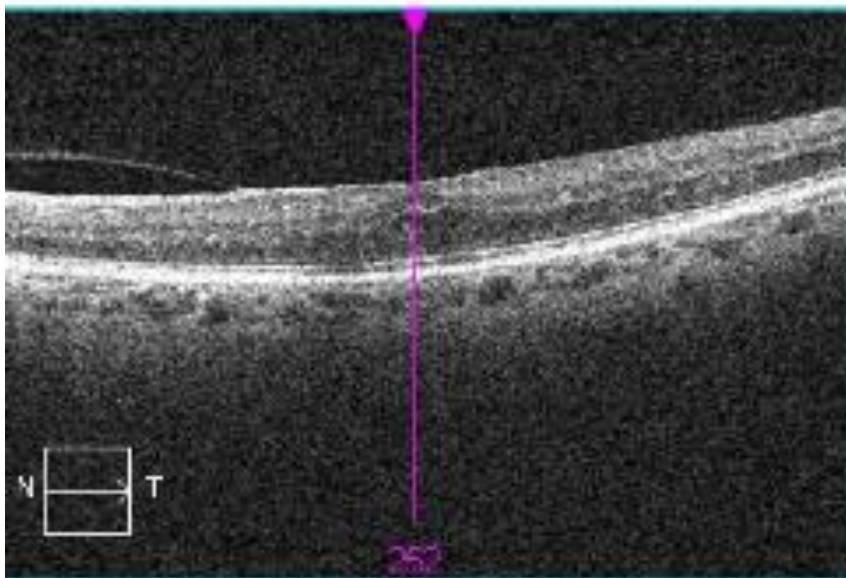
Overlay: ILM - RPE Transparency: 50 %



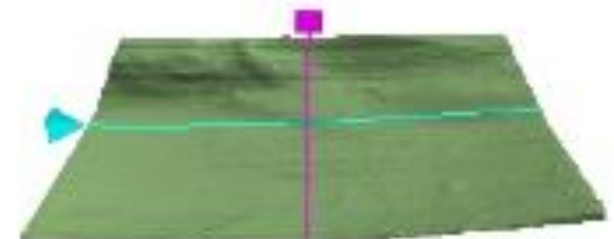
ILM-RPE Thickness ( $\mu\text{m}$ )



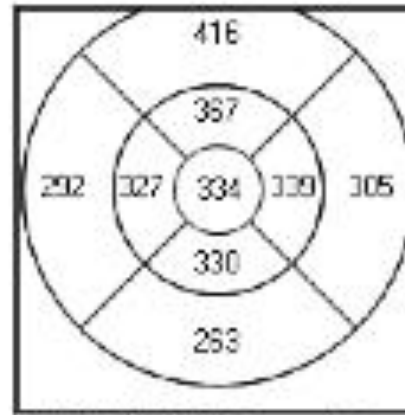
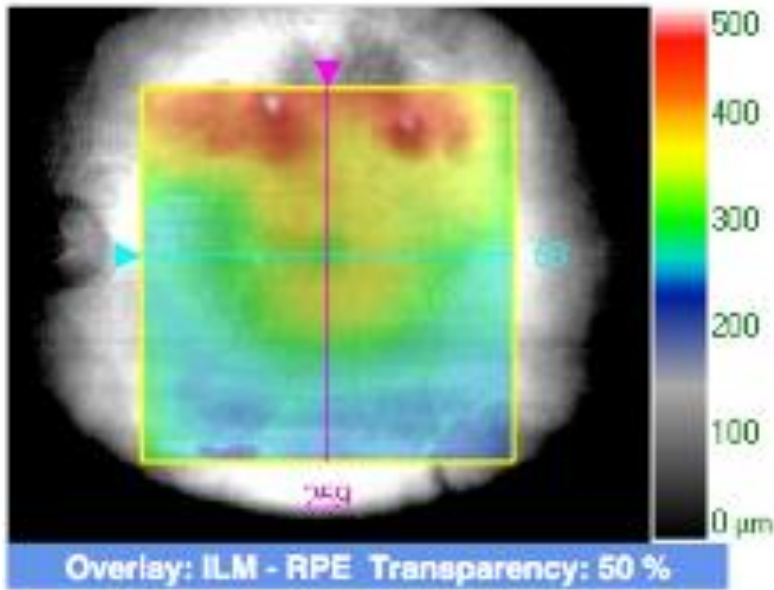
Fovea: 252, 63



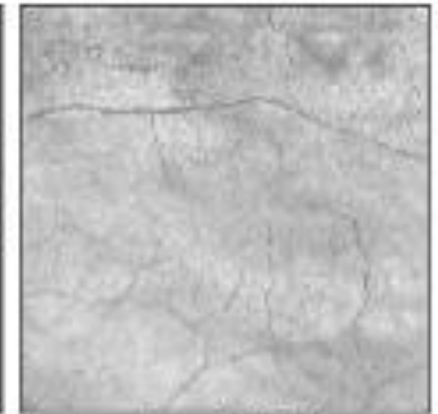
ILM - RPE



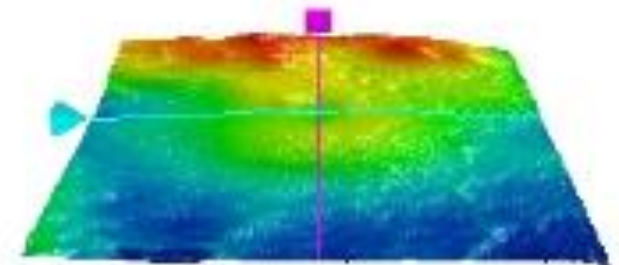
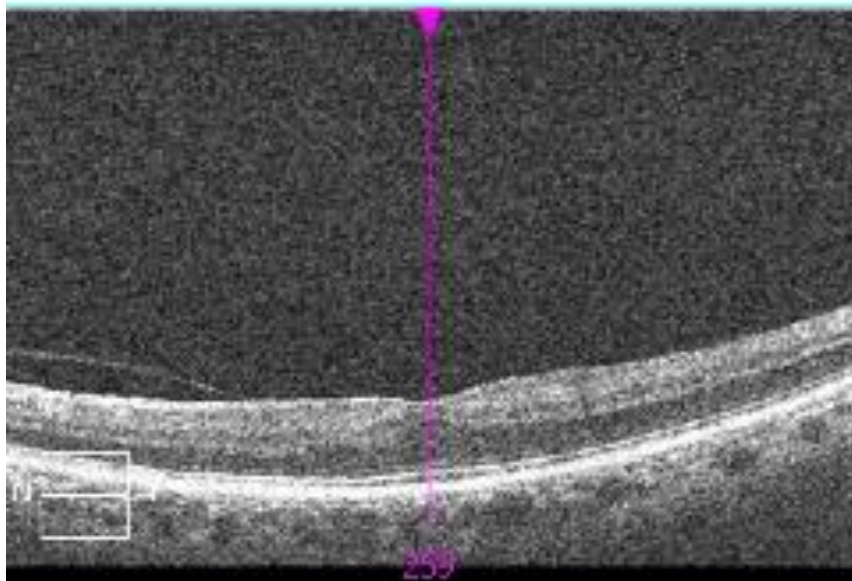
# POST 10 MESI VOS:8/10 DW



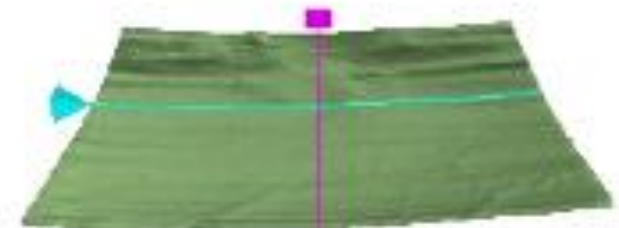
ILM-RPE Thickness ( $\mu\text{m}$ )



Fovea: 259, 58

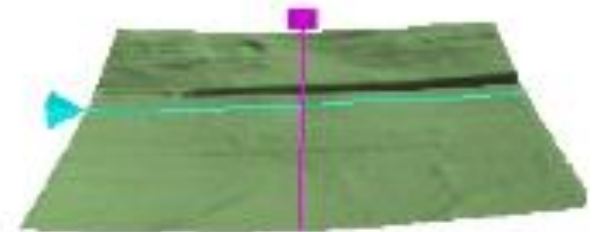
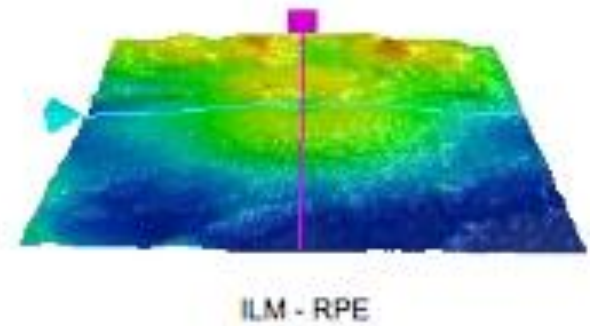
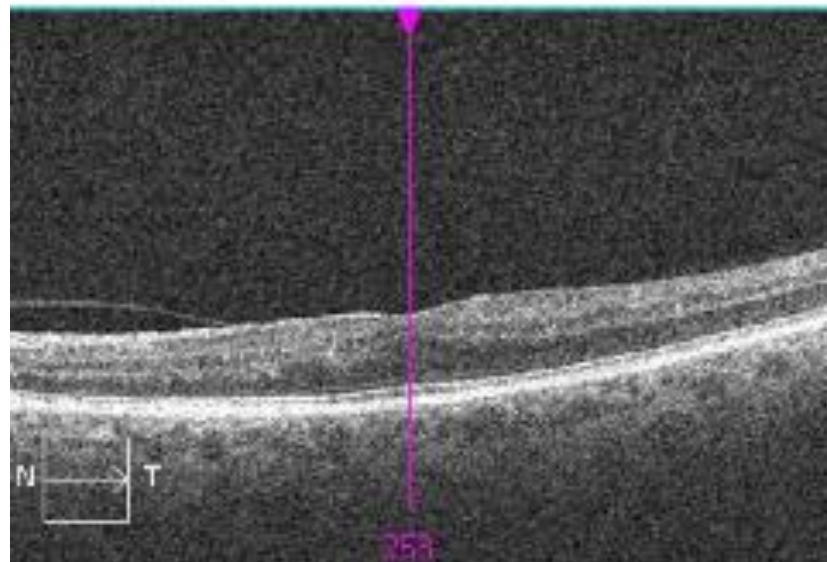
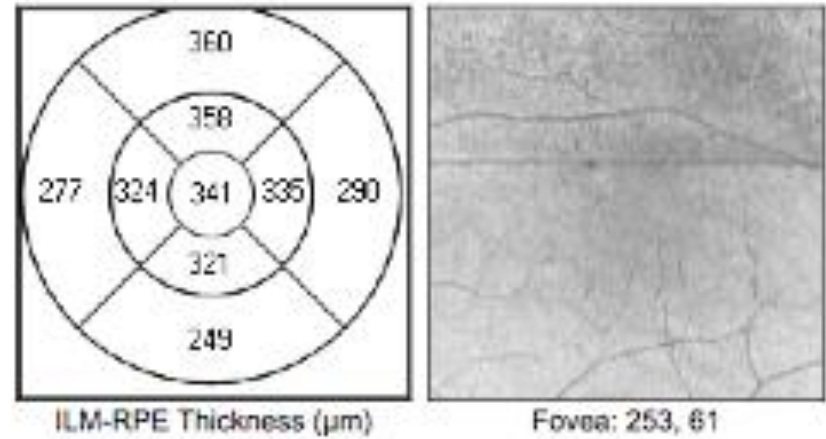
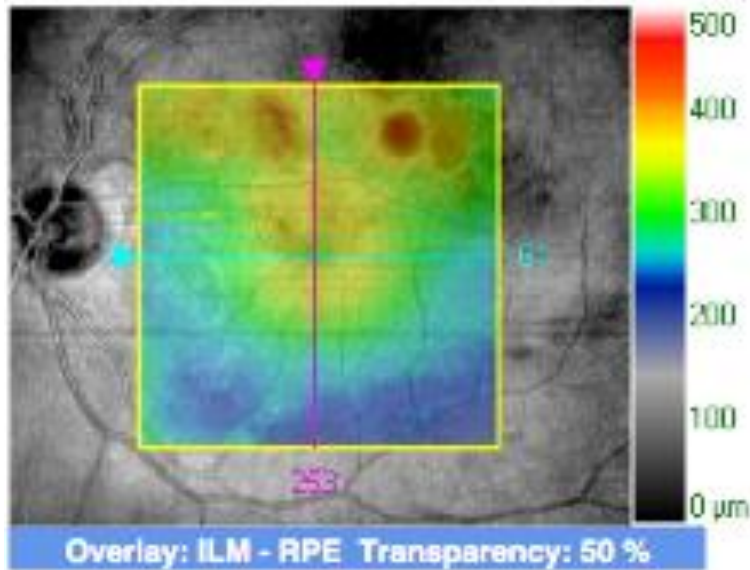


ILM - RPE

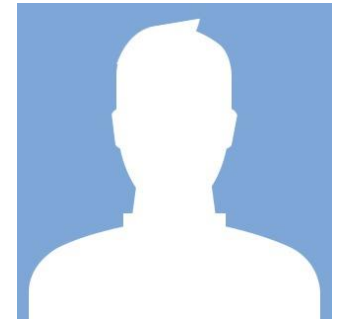




# POST 1 ANNO VOS: 8-9/10 3DW



L.C,UOMO,54 ANS



ANTECEDENTI GENERALI:

IPERTESO , DIABETE IDIP HB 9,5 %.

ANTECEDENTI OCULARI:

**RETINOPATIA DIABETICA PROLIFERANTE**

ESITI DI PANFOTO PERIFERICA,FACO+IOL,

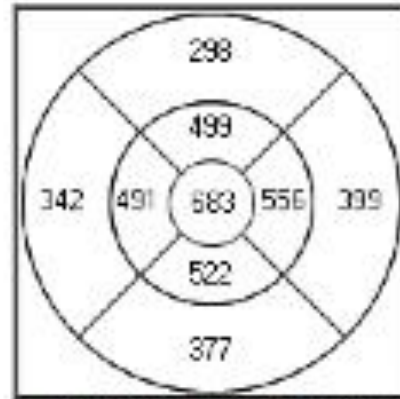
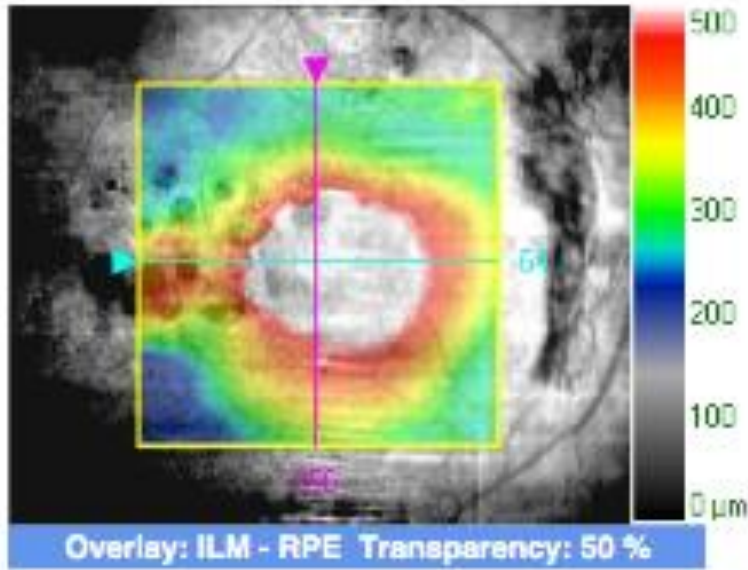
EDEMA MACULARE CON COMPONENTE ISCHEMICA+++

SETTEMBRE 2014 VOD: 1/10 15 DW (EDEMA 540NM)

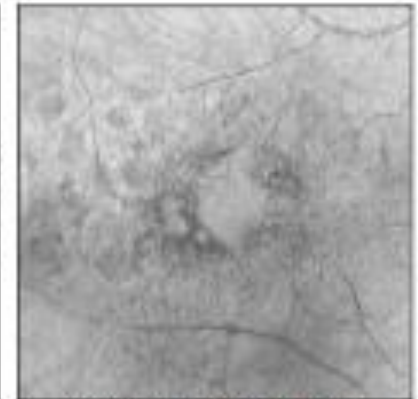
DICEMBRE 2014 VOD: MOTU MANUS (**EMOVITREO**)

GENNAIO 2015: VITRECTOMIA 25G+DISSEZIONE PROLIFERANTE+PEELING  
MLI+ENDOLASER FOCALE+TRIAMCINOLONE INTRAVITREALE

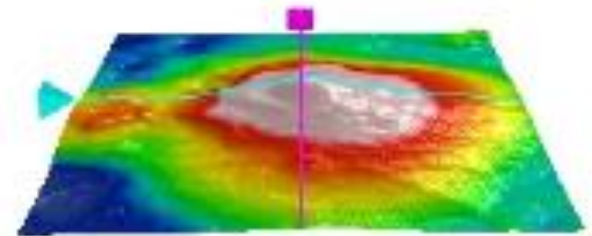
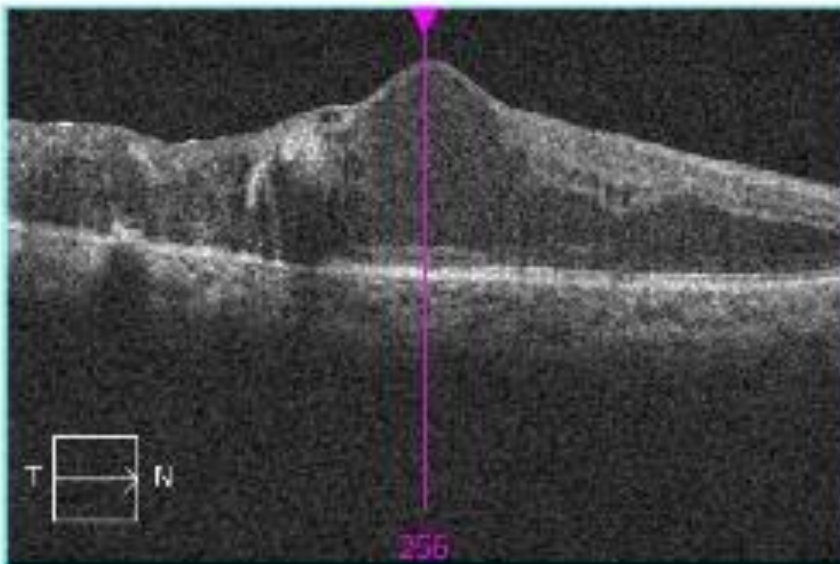
# PRE EMOVITREO VOD:1/10 15DW



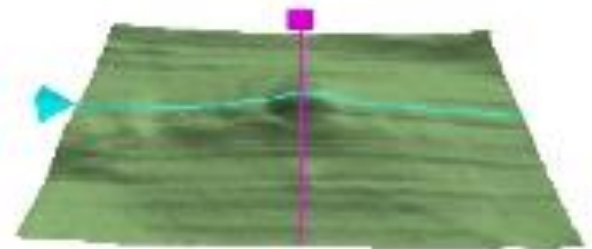
ILM-RPE Thickness (μm)



Fovea: Fovea not found

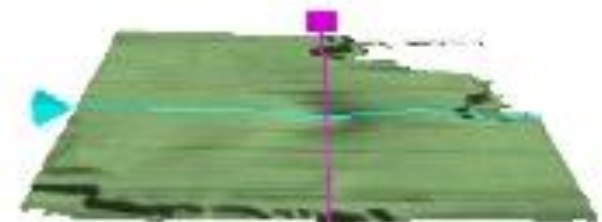
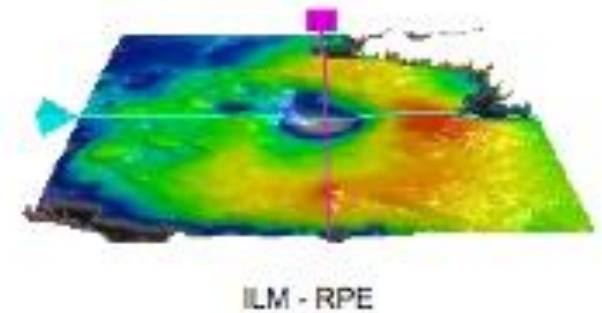
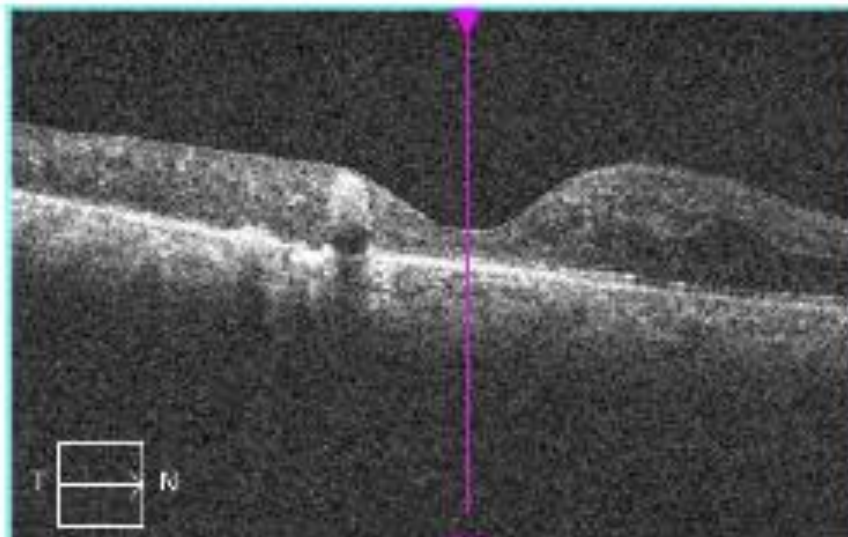
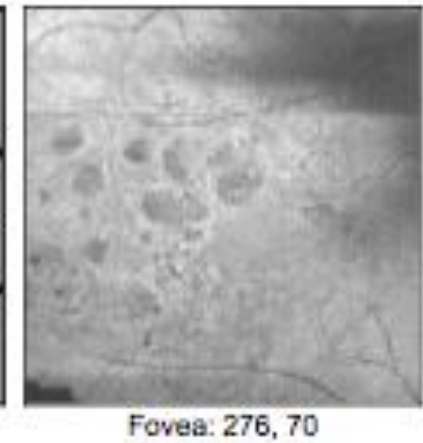
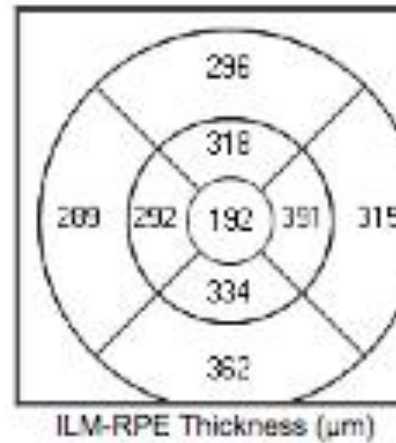
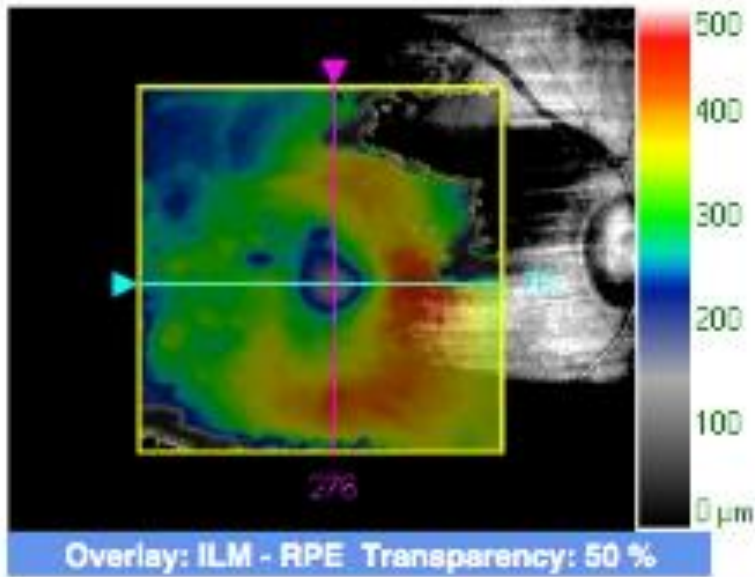


ILM - RPE





# POST 2 MESI VOD:1.6/10 10DW





**KEEP  
CALM**

**AND**

**THANK YOU FOR  
YOUR ATTENTION**