



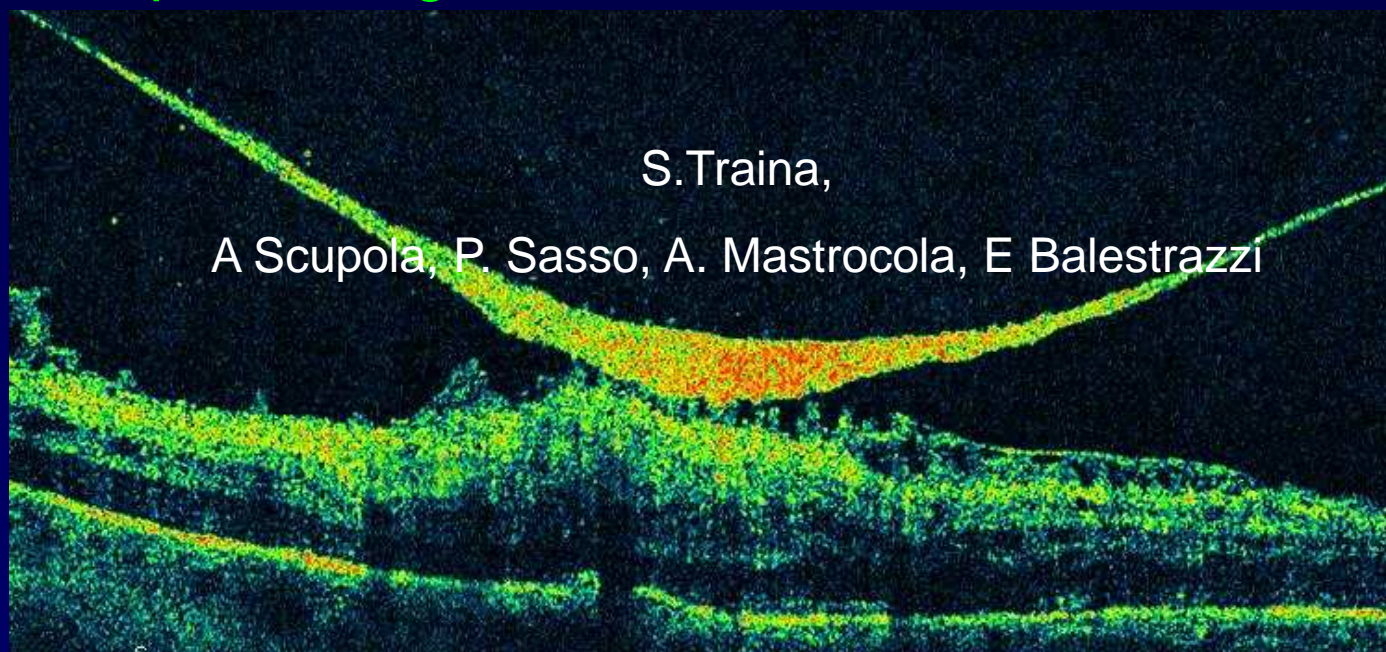
Cattedra di Malattie dell'Apparato Visivo

Direttore: Prof. E. Balestrazzi

Unità Operativa Chirurgia Vitreo-retinica

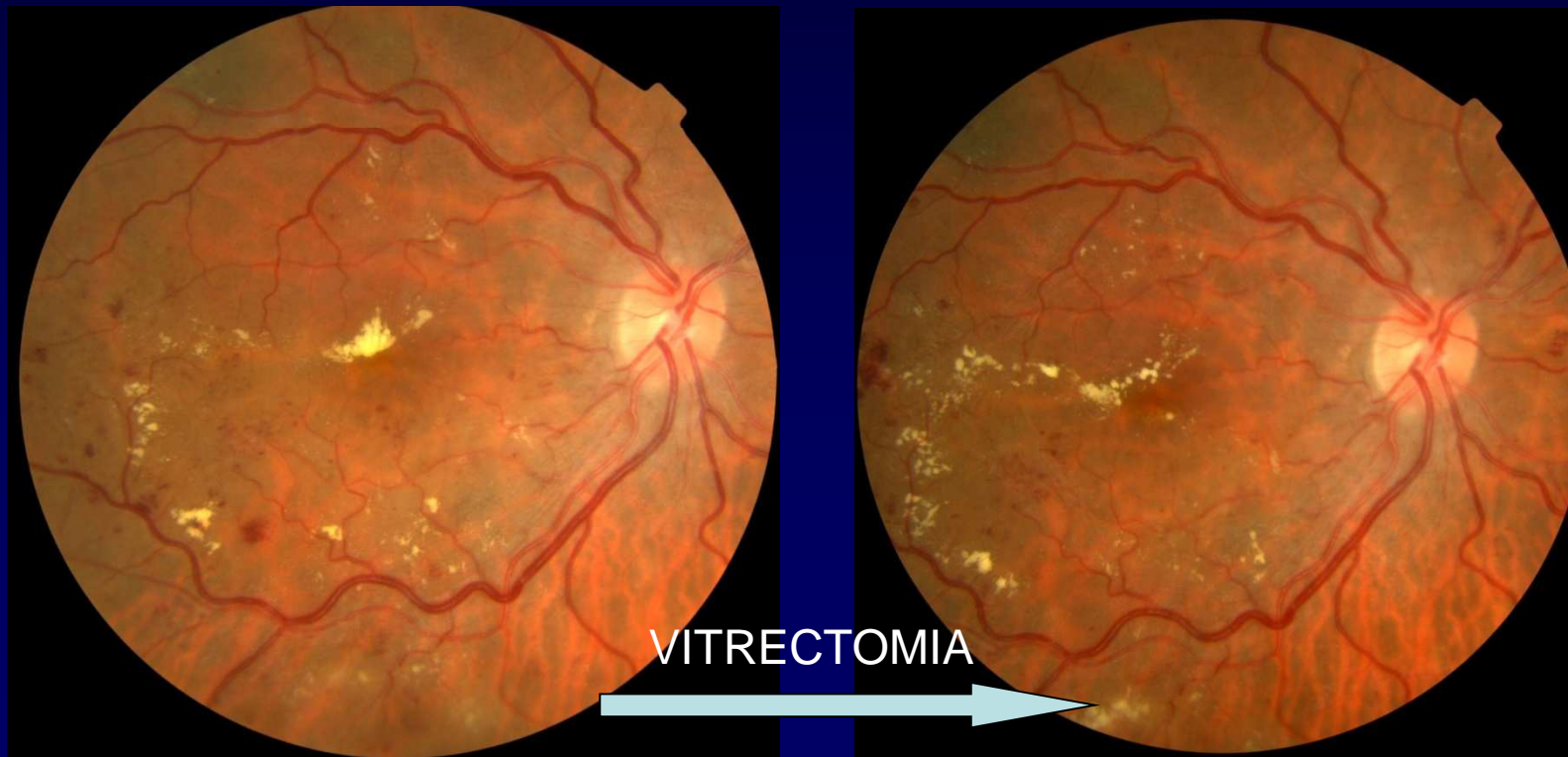
Dir. Prof. F. Focosi

Terapia chirurgica dell'edema maculare diabetico



- **La rimozione del vitreo aumenta** il flusso di fluidi verso la camera vitrea con miglioramento dell'**ossigenazione della retina interna**
- La rimozione della laloide posteriore e della MLI **permette l'allontanamento di macromolecole come il VEGF e di altra molecole proinfiammatorie**

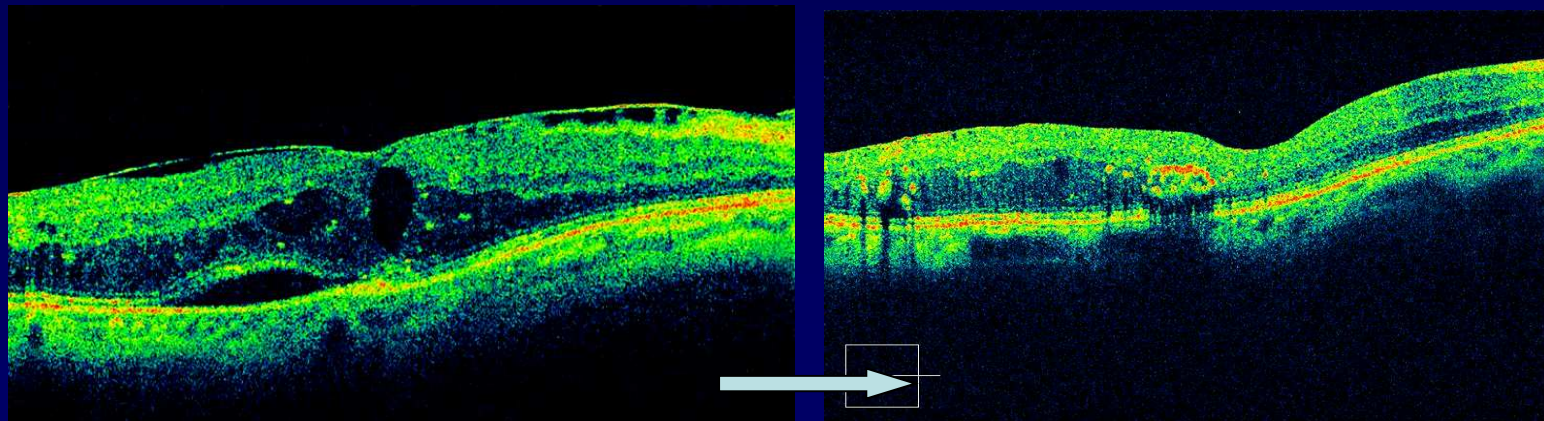
Yang X. CLin Med. J 122,2 , 2784-90, 2009



La vitrectomia con peeling della membrana limitante interna determina riduzione di spessore maculare ma minimi miglioramenti funzionali rispetto ai valori basali

- 25% miglioramento ≥ 2 linee
- 54% nessun miglioramento
- 21% peggioramento AV ≥ 2 linee

Hartley KL, Smiddy WE, Flynn HW Jr, Murray TG.
Retina. 2008 Mar;28(3):410-9.



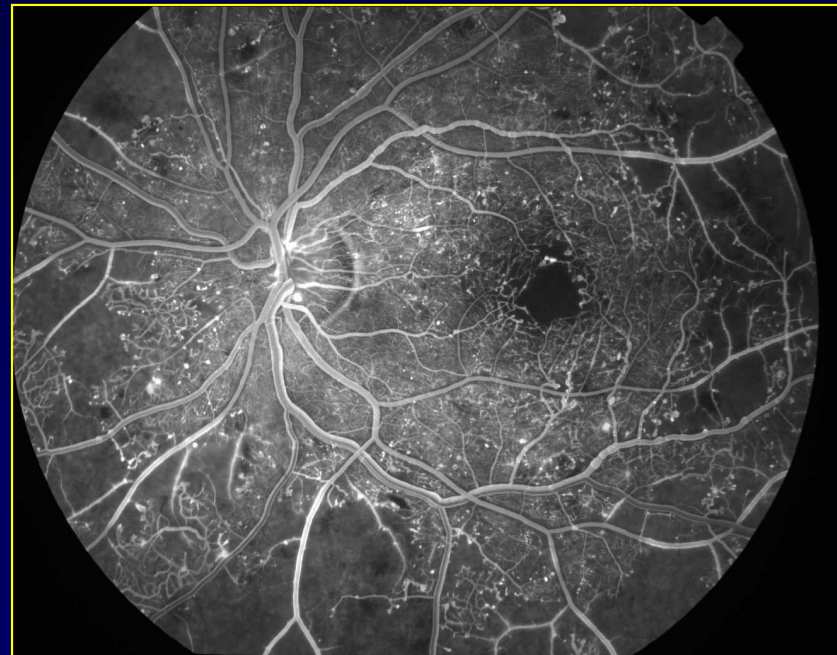
Fluorangiografia



ESSUDATIVA

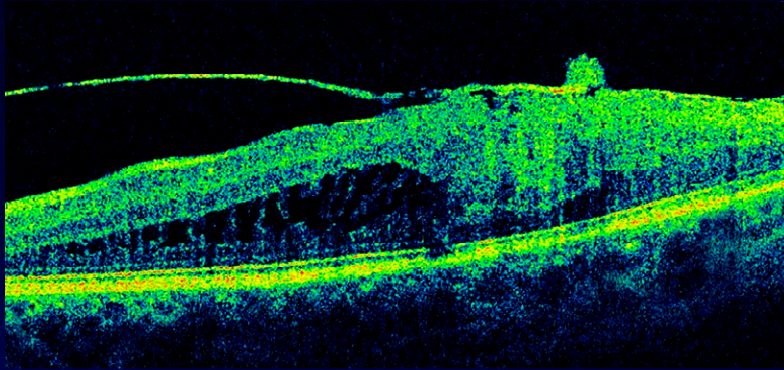


ISCHEMICA

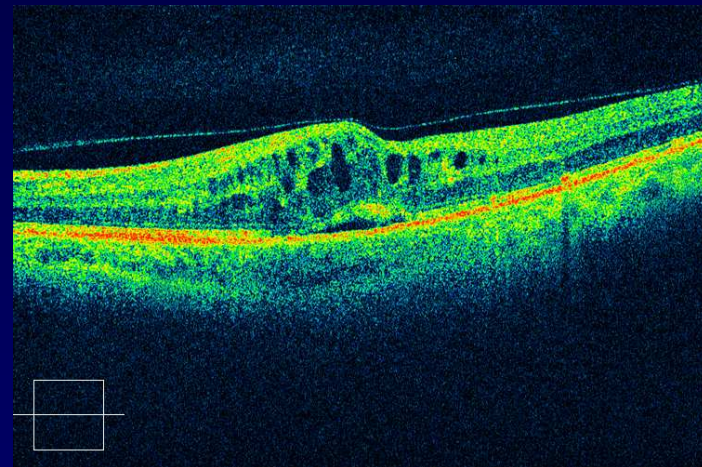


Tomografia a Coerenza Ottica (Spectral OCT)

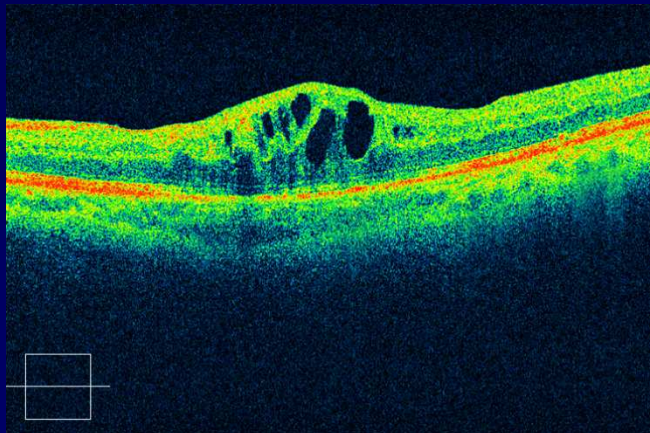
1) Valutazione della componente trazionale



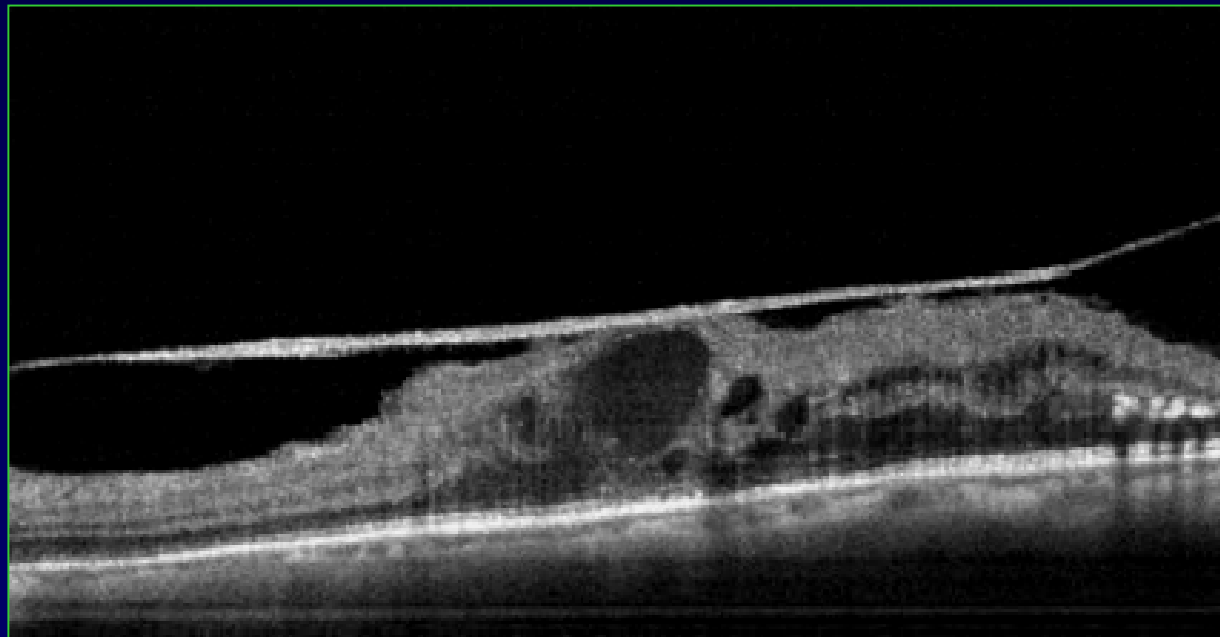
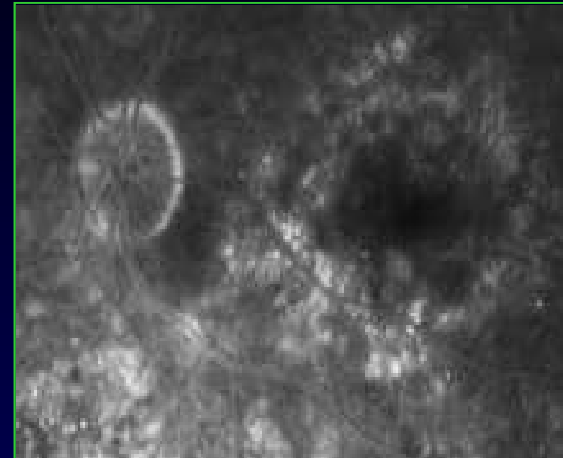
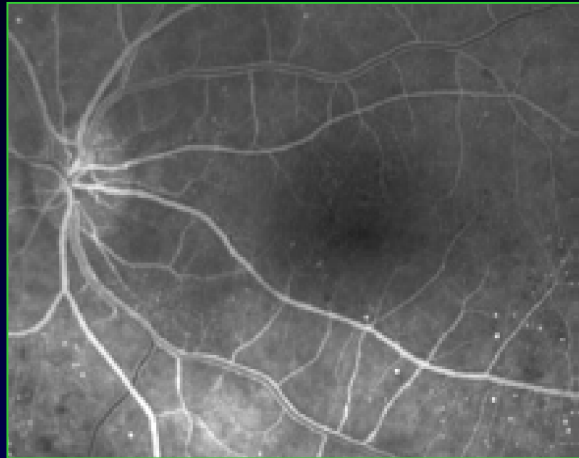
2) Rapporti tra vitreo e retina



3) Stato dei fotorecettori

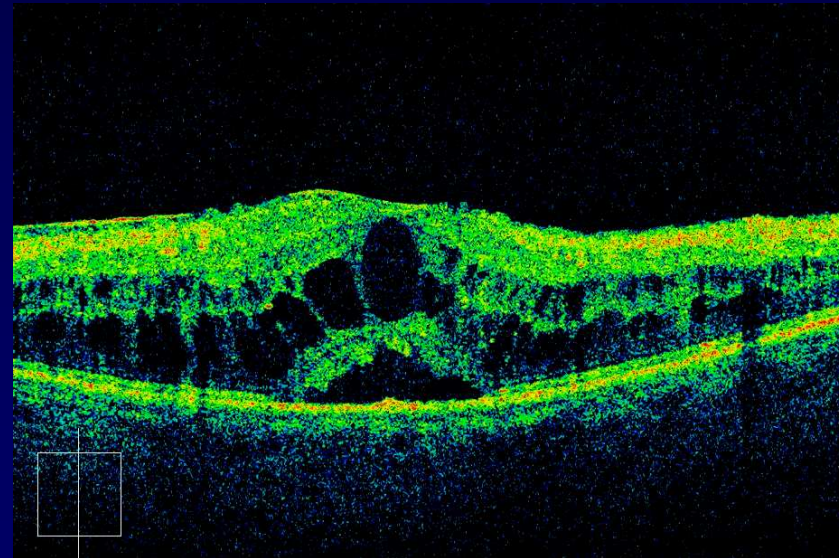
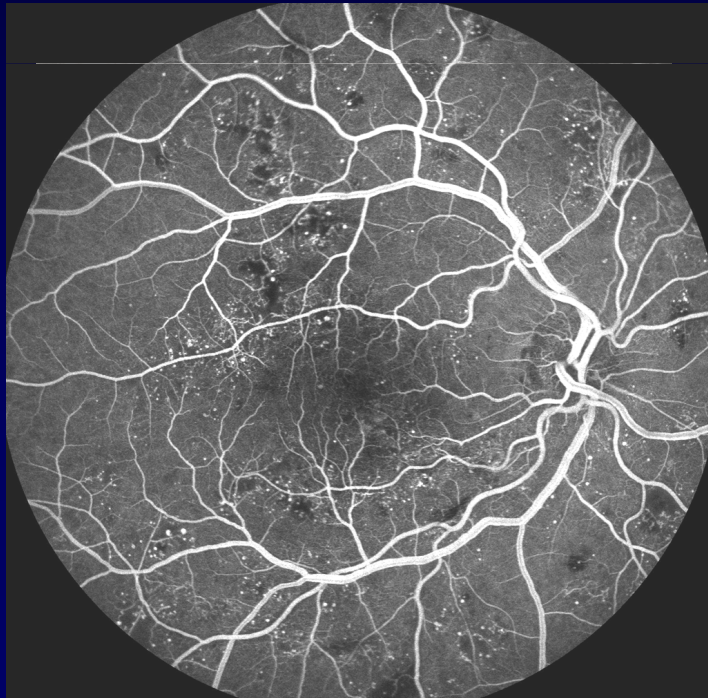


1) valutazione della componente trazionale



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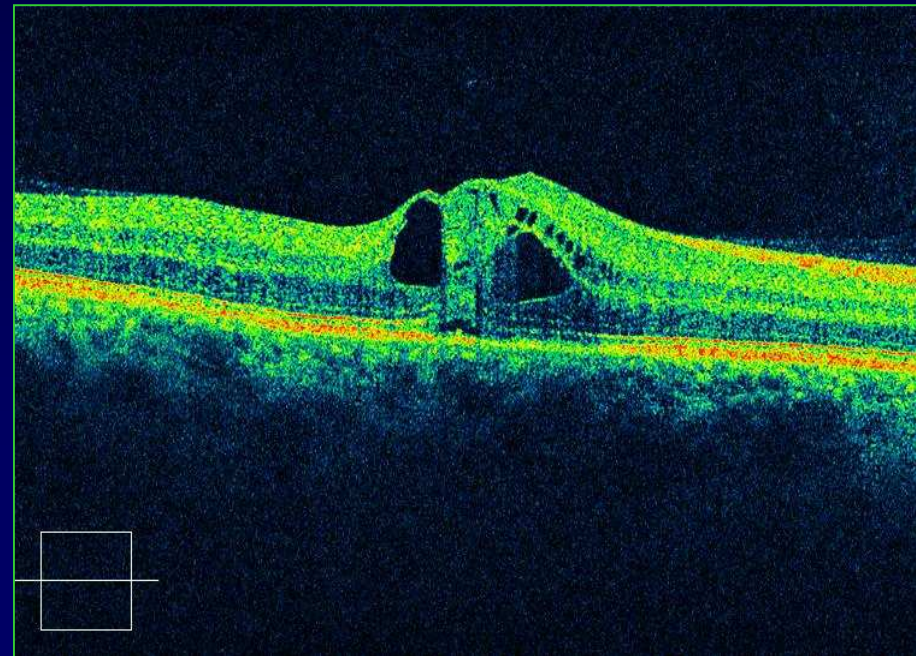
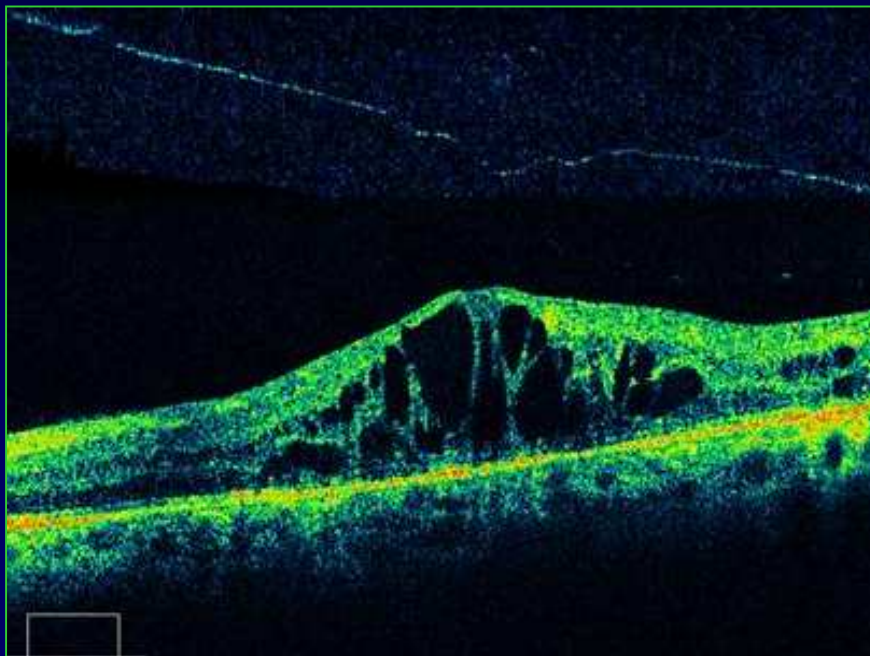
difficile determinazione del trattamento più idoneo nei casi di etiopatogenesi diverse e concomitanti



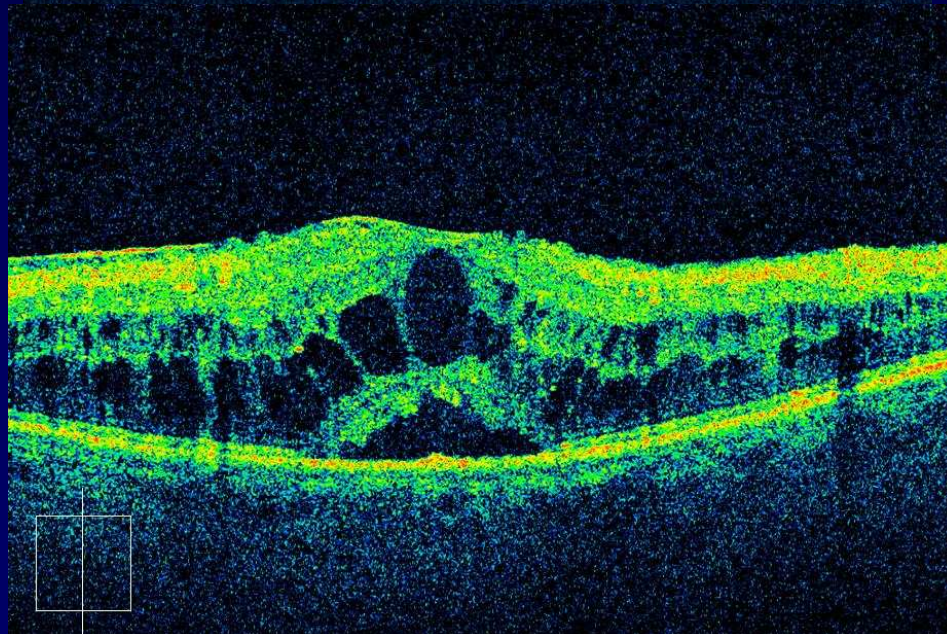
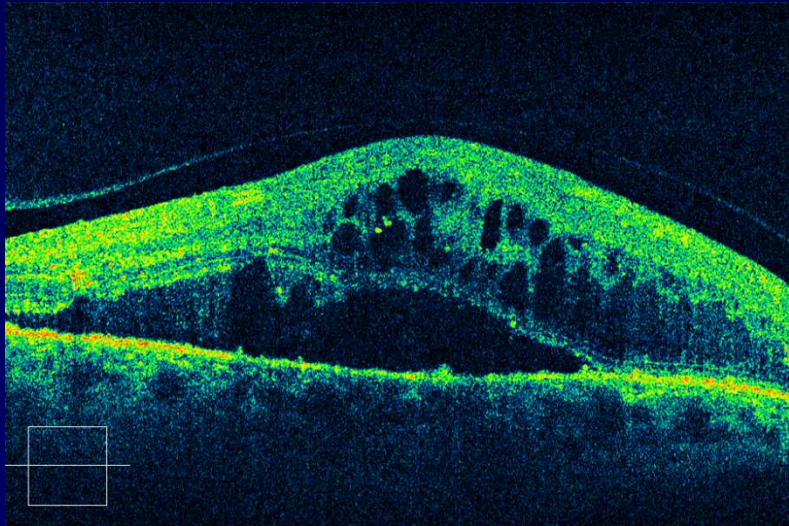
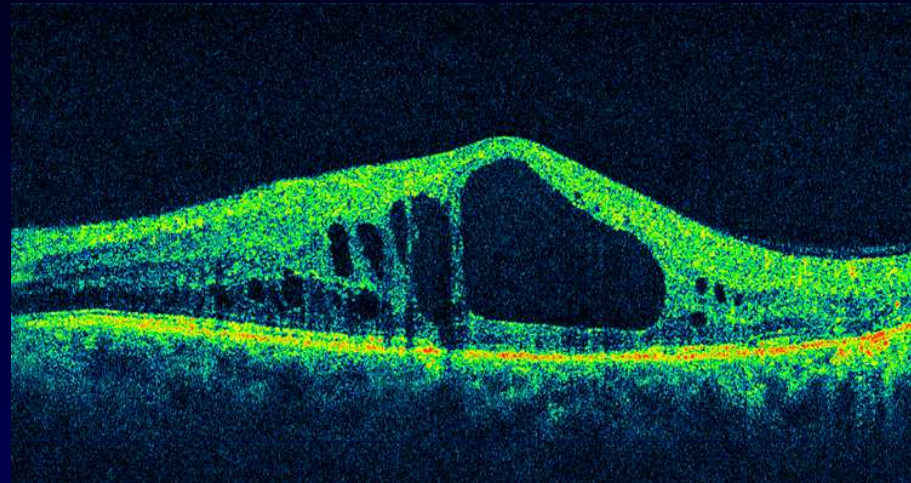
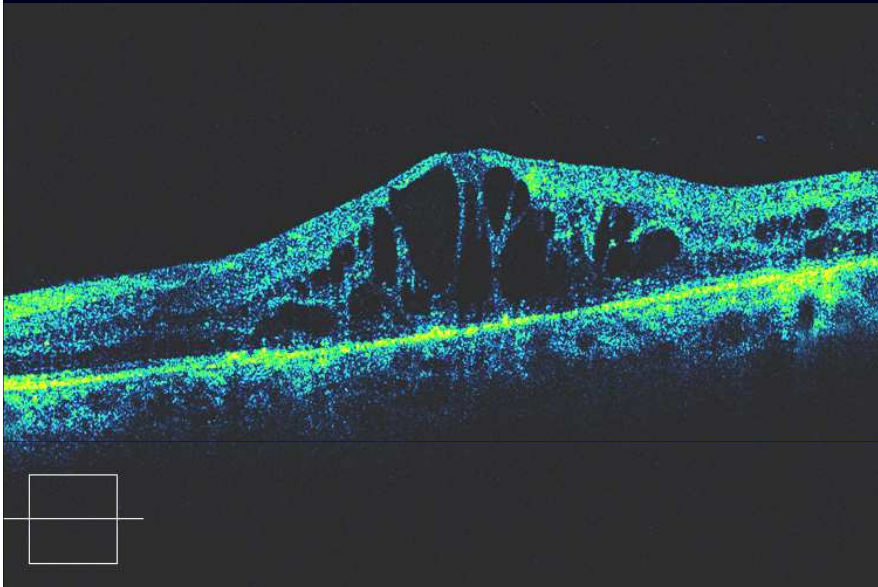
2) Rapporti tra vitreo e retina

- La rimozione della laloide posteriore e della MLI permette l'allontanamento di macromolecole come il VEGF e di altra molecole proinfiammatorie

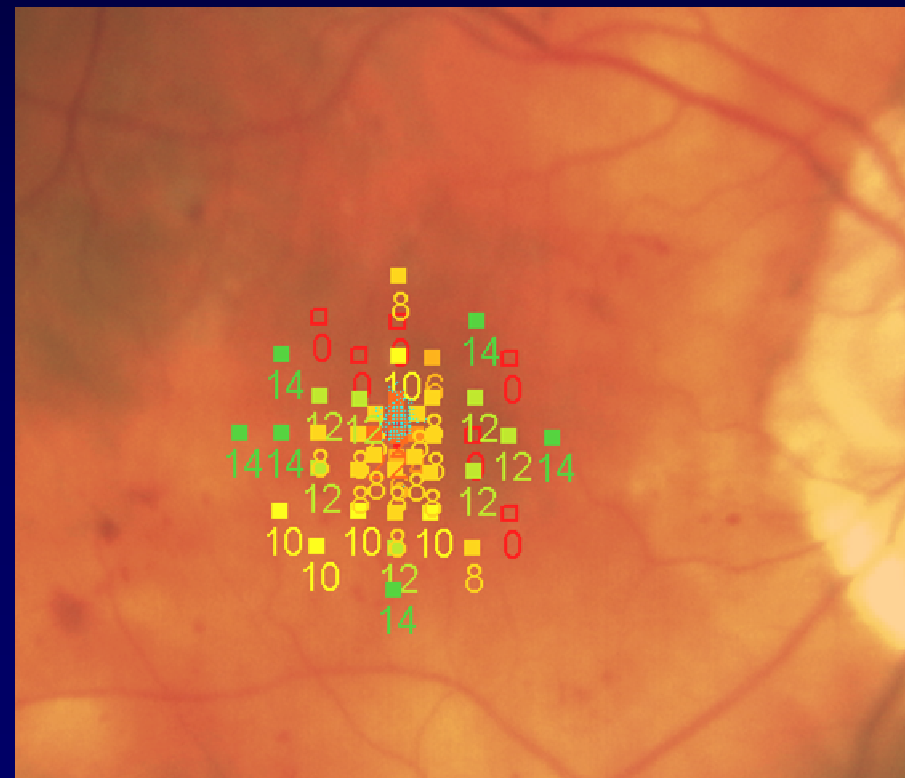
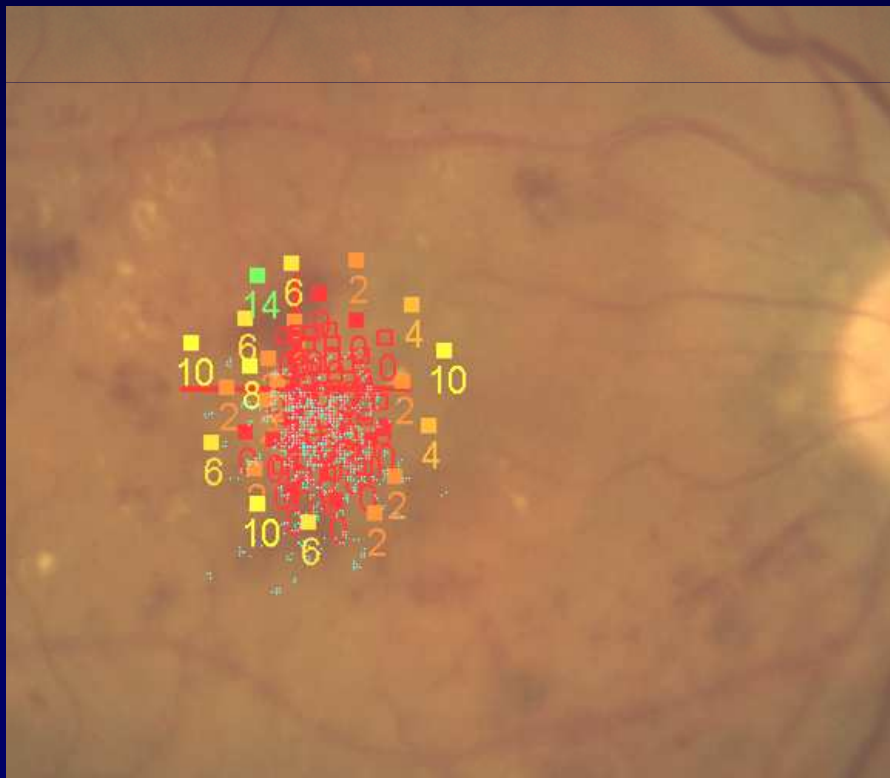
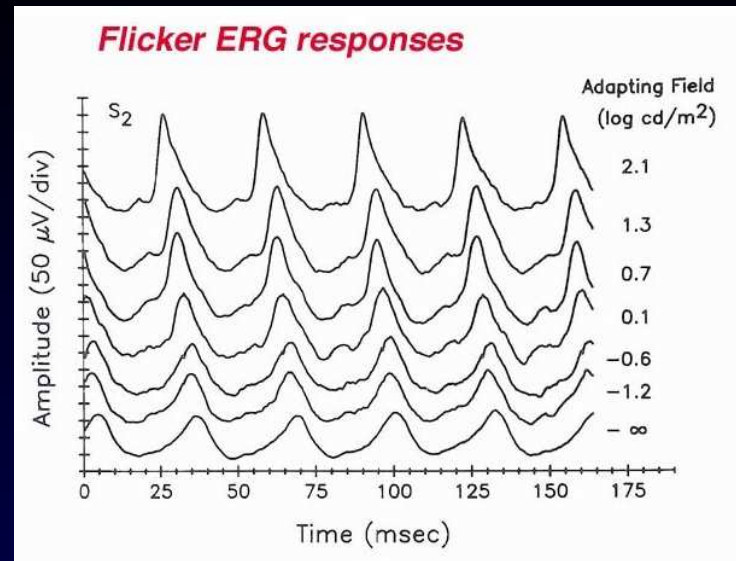
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3) Stato dei fotorecettori

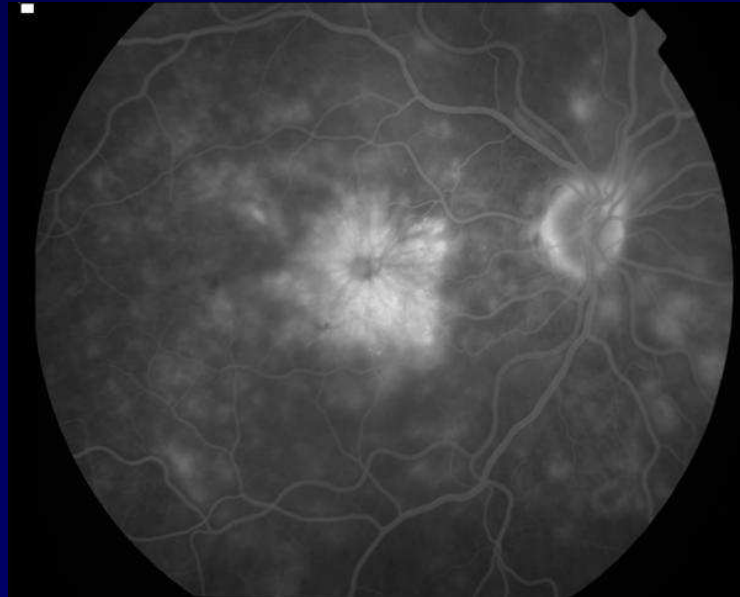


MICROPERIMETRIA ESAMI ELETTROFISIOLOGICI

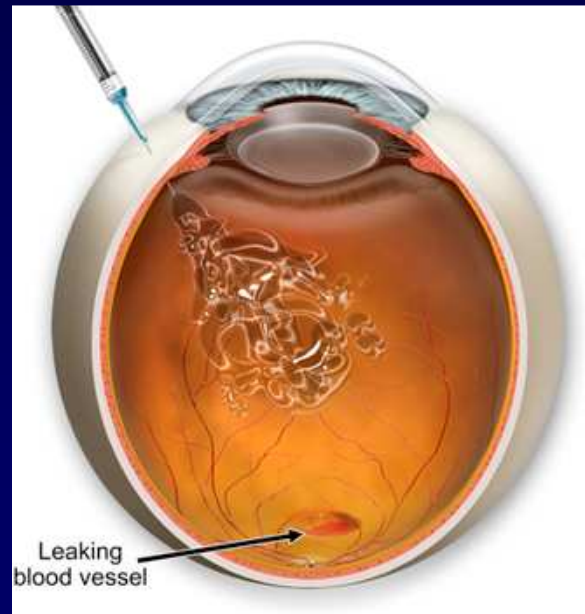


Caso Clinico

- Paziente di sesso maschile di 58 aa, diabetico dal Gennaio 2008 in tp con ipoglicemizzanti orali
- Diagnosi di retinopatia diabetica e maculopatia diabetica OO (Marzo 2008)

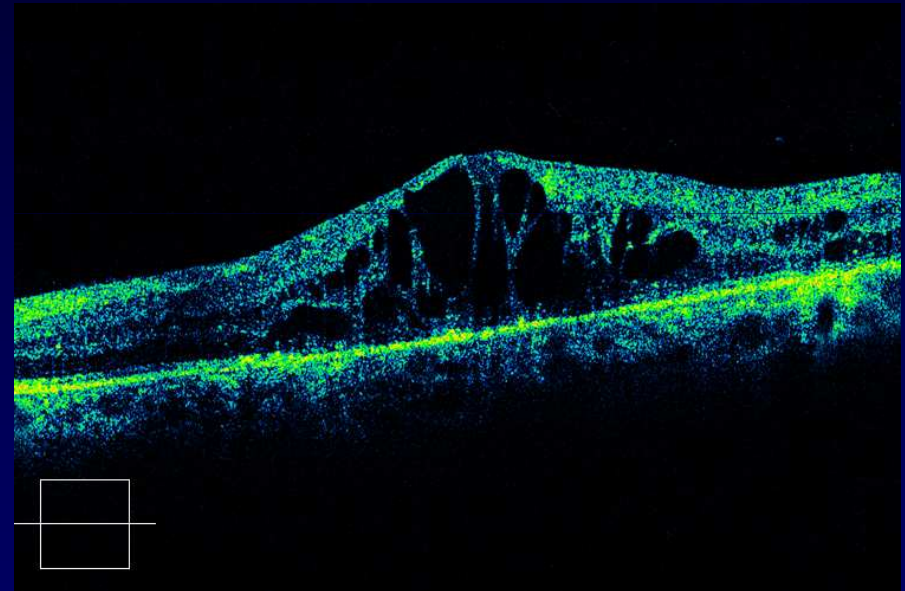


- PFCL + Griglia maculare OO nel Marzo 2008
- Dopo quattro mesi intravitreale bevacizumab OO



- Settembre 2008: riduzione del visus OS
- Visus OD: 47 lettere ETDRS
Visus OS: 30 lettere ETDRS
- TOO nei limiti
- SA OO: Pseudofachia chirurgica

- F OO: maculopatia diabetica essudativa
OS>OD



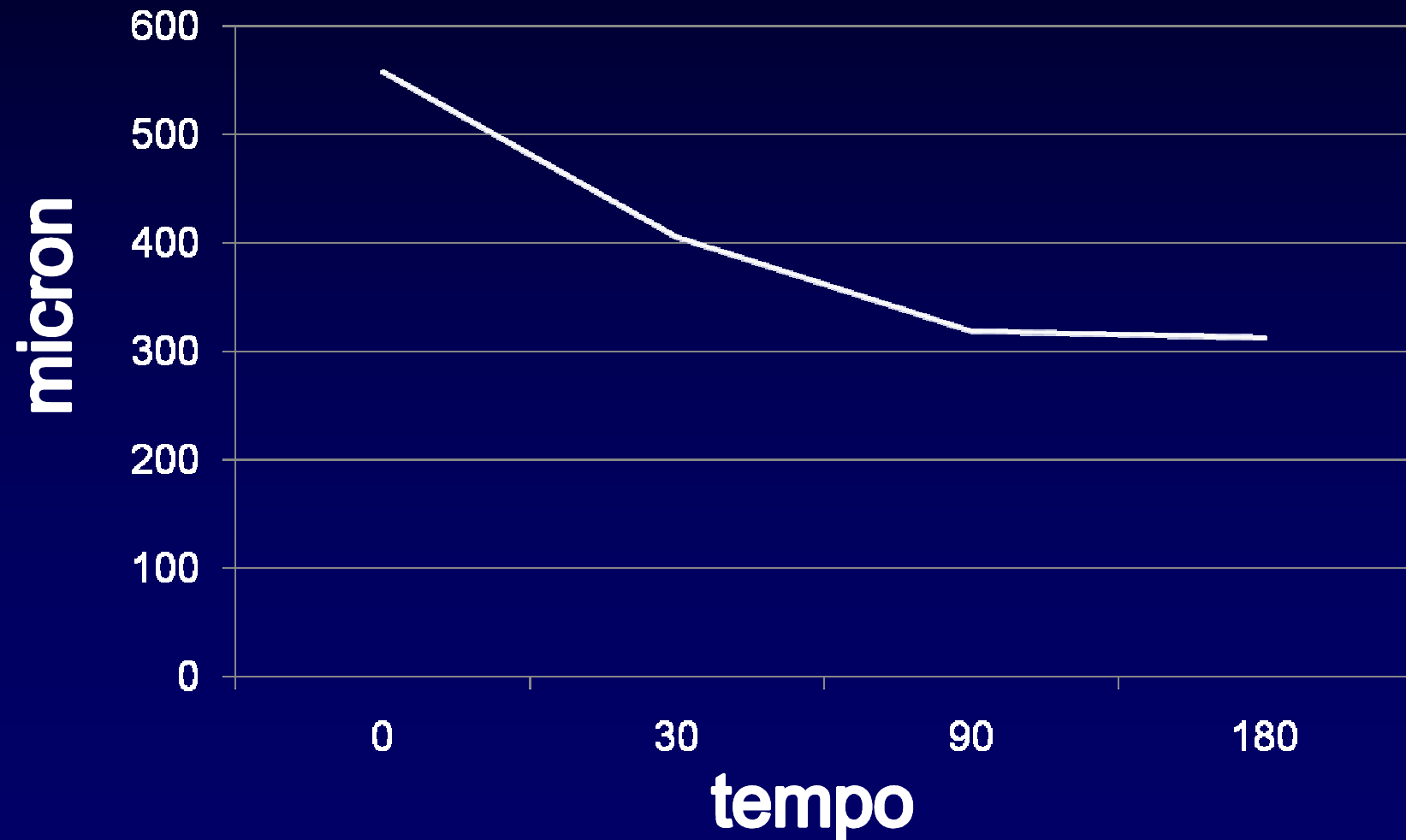
Intervento chirurgico

Vitrectomia standard a tre vie + rimozione della ialoide posteriore + peeling membrana limitante interna previa colorazione con triamcinolone acetone



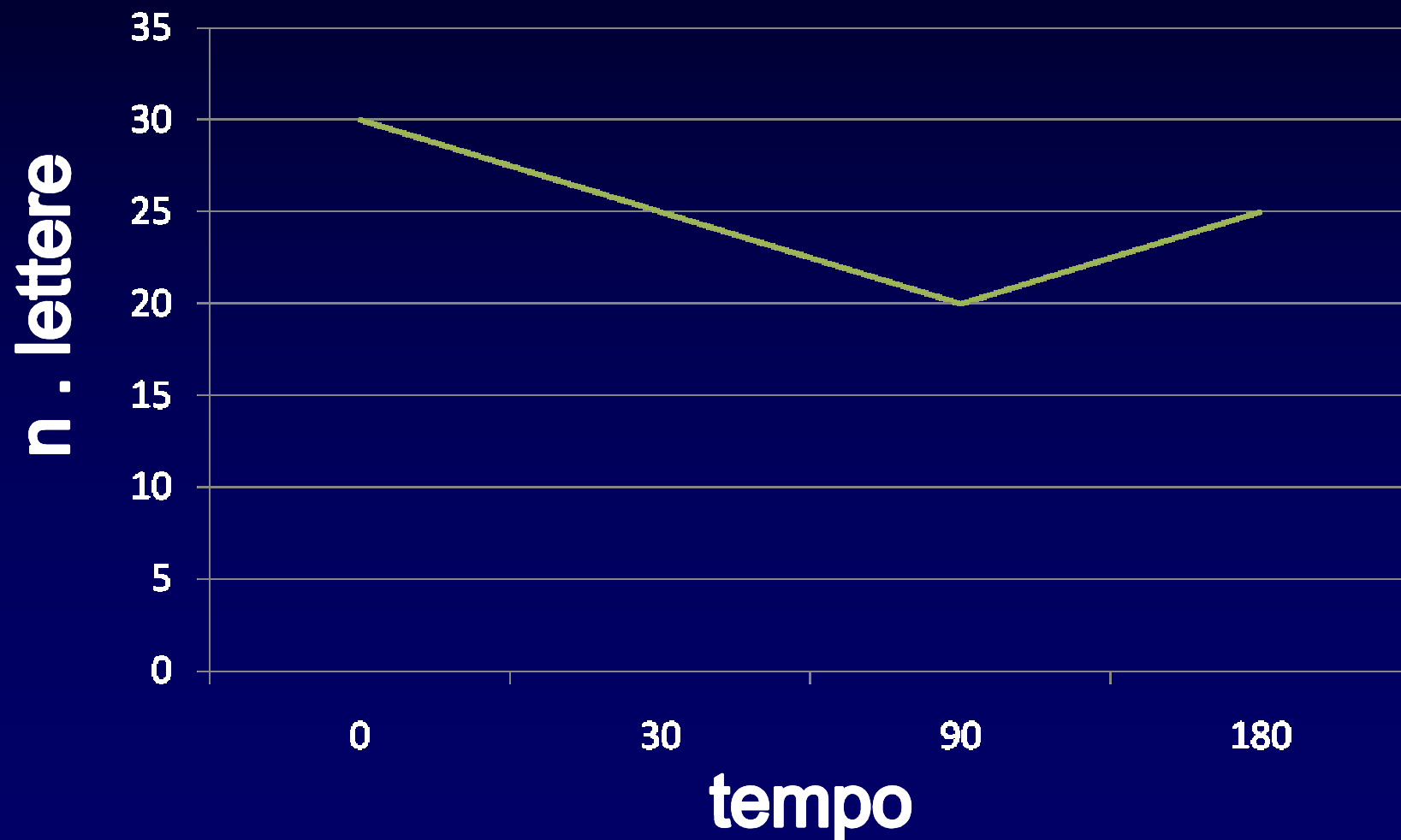
Risultati (1)

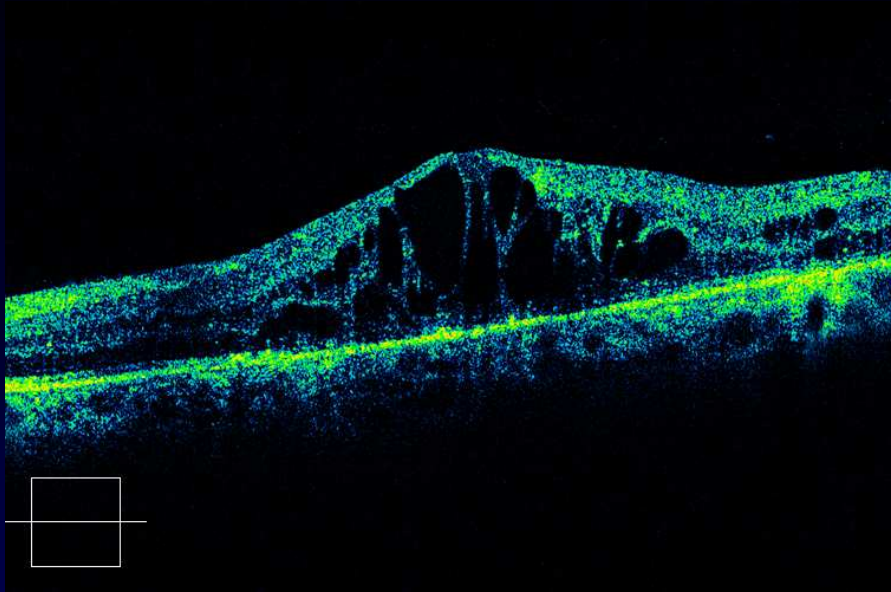
Spessore Maculare



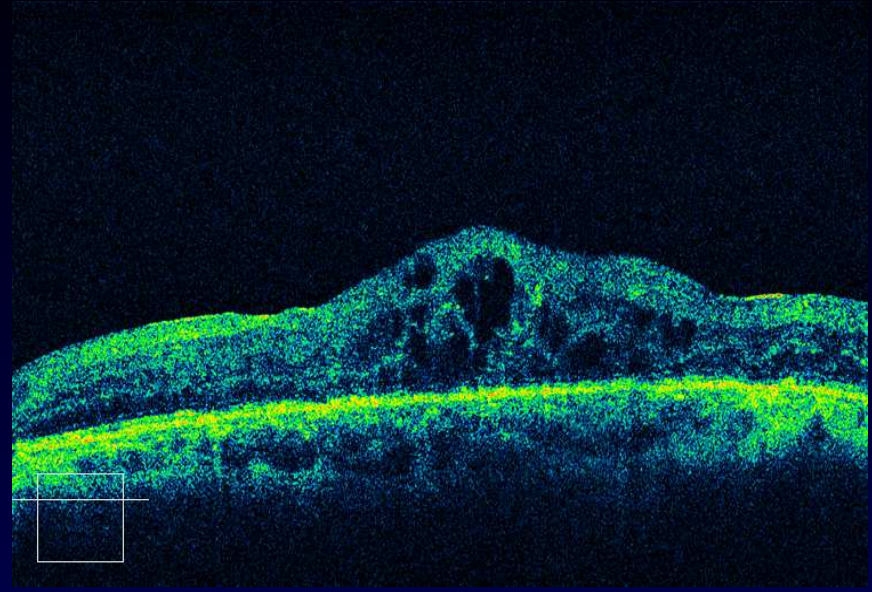
Risultati (2)

Acuità Visiva

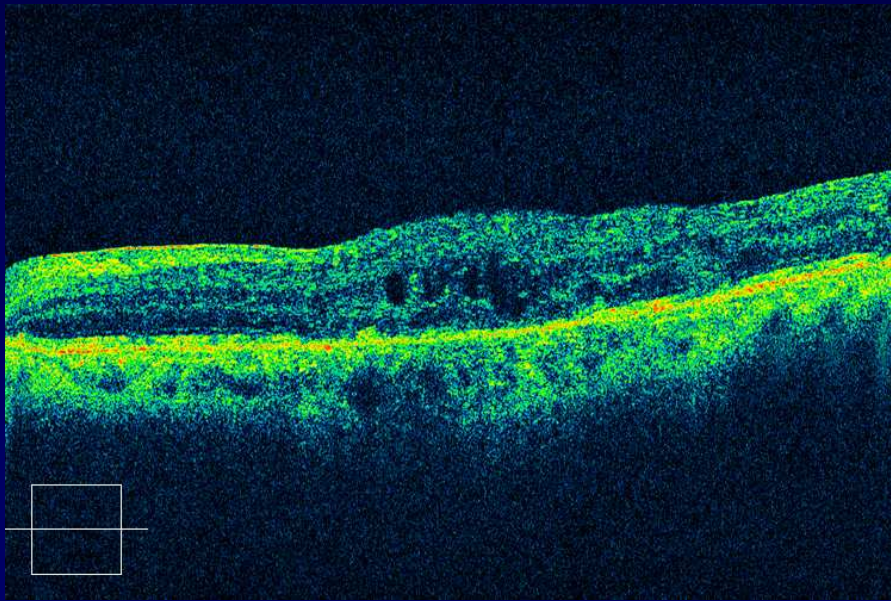




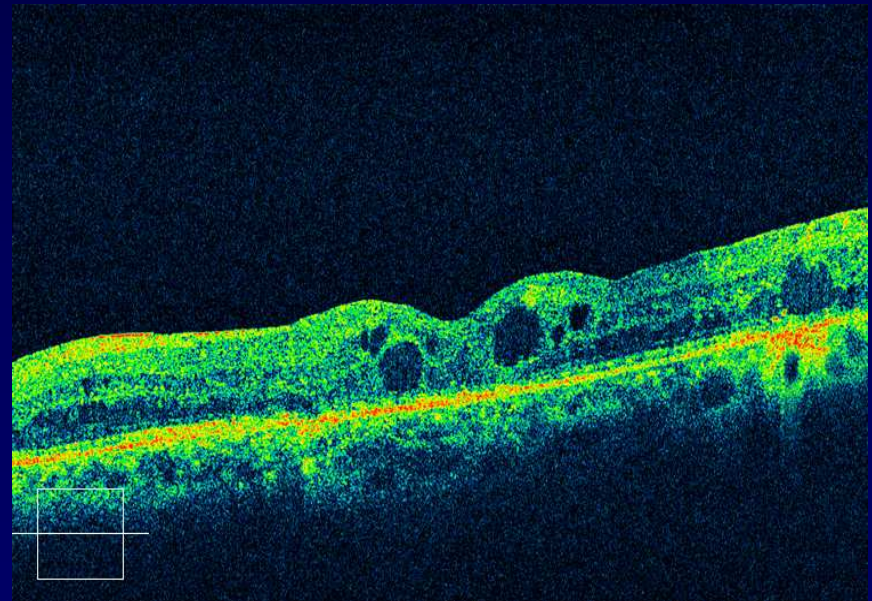
Pre



1 mese



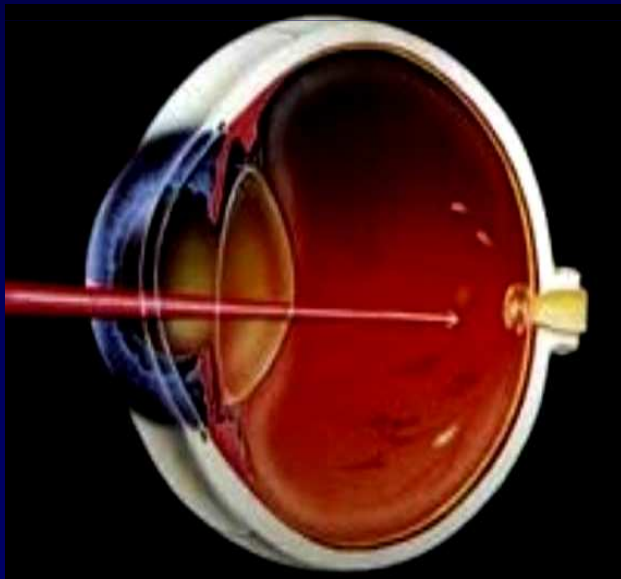
3 mesi



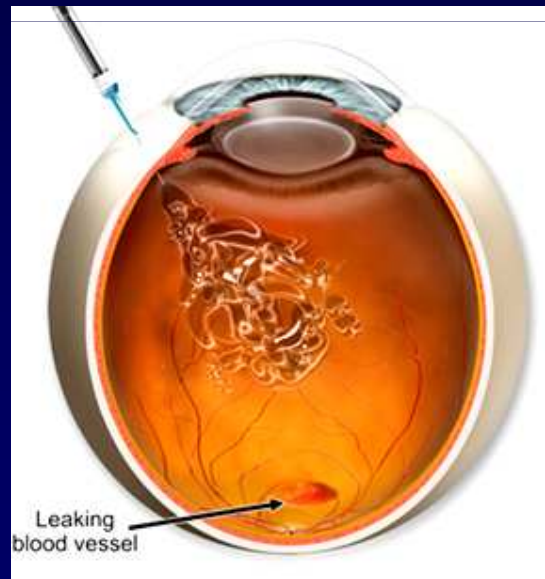
6 mesi

CONCLUSIONI

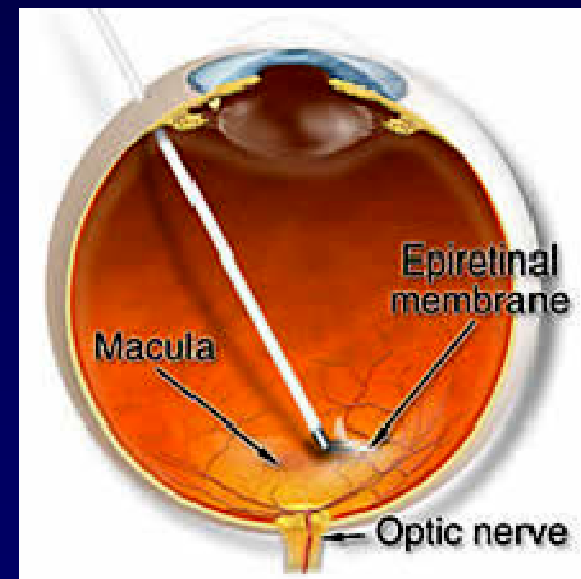
- TRAZIONE
- ADESIONE VITREOMACULARE
- CONDIZIONI MORFOFUNZIONALI DEI FR
- EDEMI REFRATTARI



LASER



Terapia
farmacologica IV



Vitrectomia

Grazie per l'attenzione!

