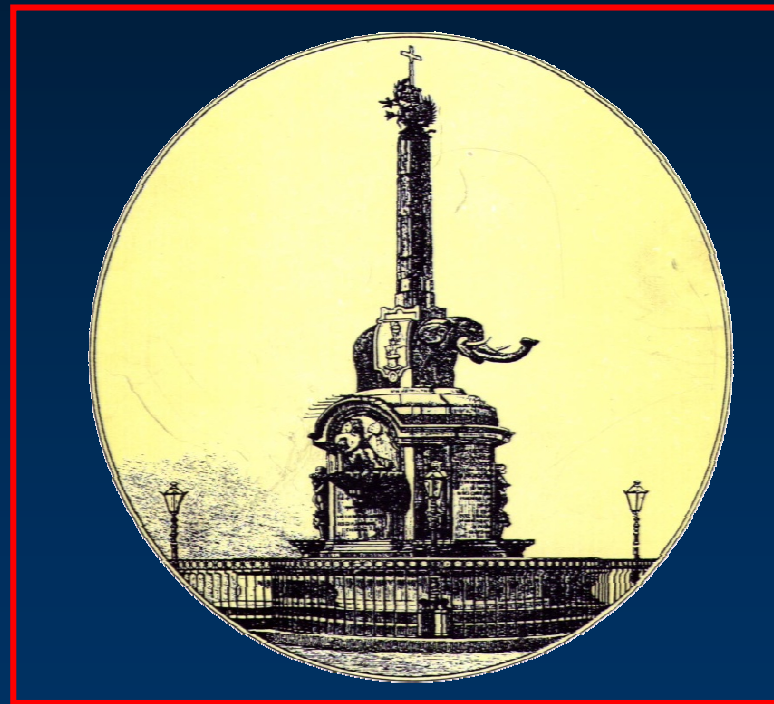


# Azienda Ospedaliera di Rilievo Nazionale e di Alta Specializzazione Garibaldi Catania



Unità Operativa Complessa di Oftalmologia  
*Direttore: Dott. Antonio Rapisarda*

Teleangectasie retiniche  
juxtafoveali idiopatiche (TRJI) e  
terapia intravitreale: nostra  
esperienza

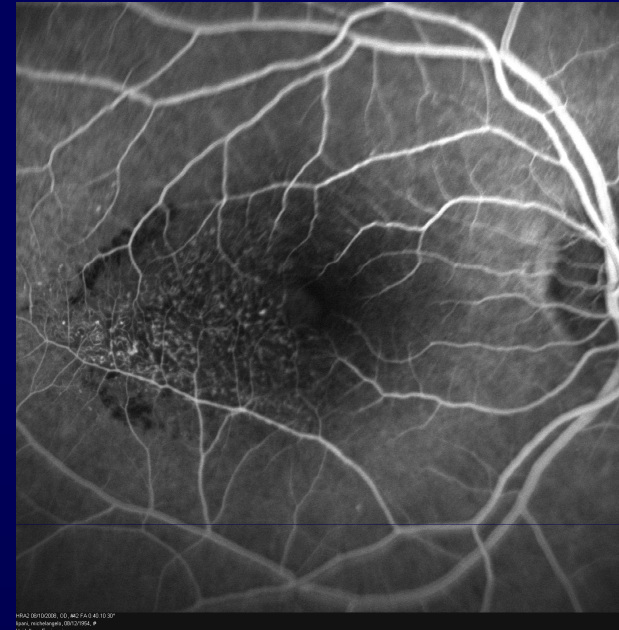
XXXV Congresso S.O.Si

Clara Marino, G. Cascone,  
L. Rapisarda, O. Correnti

# TRJI

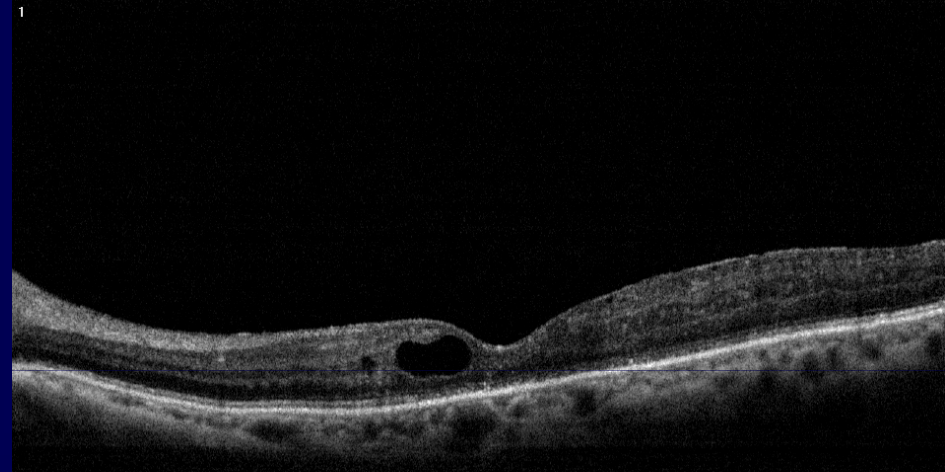
## TIPO 2A:

- Sintomatiche tra 5° e 6° decade
- Teleangectasie temp. alla fovea
- Vene ad angolo retto
- Iperplasia EPR
- Possono associarsi a CNV
- depositi cristallini

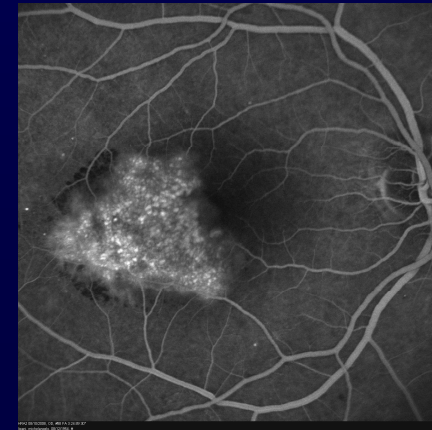
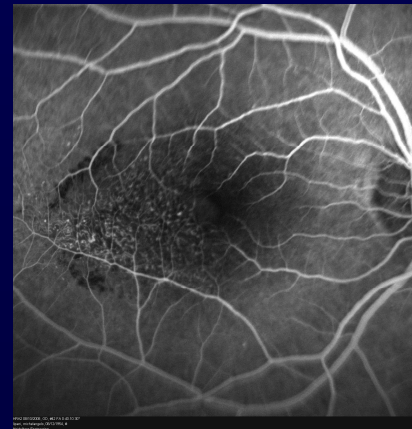


# TRJI

OCT: Cisti sierose  
intraretiniche senza  
aumento dello  
spessore retinico  
(Cohen)



FAG : vasi ectasici temp  
parafoveali e leakage  
di colorante



# TRJI: PATOGENESI

## GASS

1° ipotesi: Iperpermeabilità dei capillari retinici e danno conseguente delle c. di Muller

2° ipotesi anomalia primitiva delle c. di Muller e conseguente rottura della barriera endoteliale

**COHEN** : disfunzione primitiva delle c. di Muller (responsabili della funzione di barriera dell'endotelio) con successiva rottura della BER

# TRJI TIPO 2a classificazione di Gass e Blodi

5 stadi:

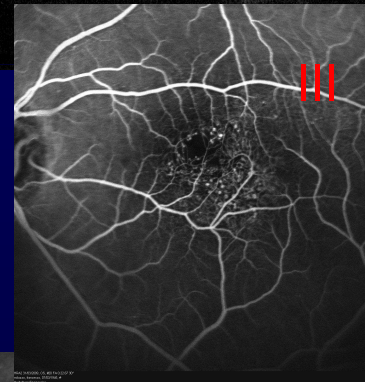
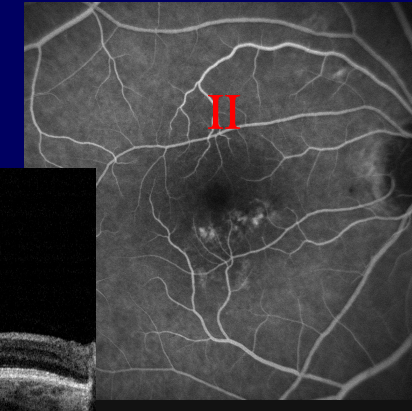
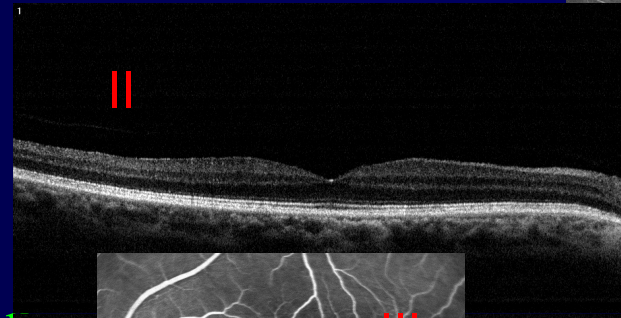
1° asintomatico staining dell'EP (lieve rid CRT)

2° teleangect visible solo in FAG( lieve rid CRT)

3° dilatazioni capillari (lieve aum CRT)

4° vene ad angolo retto cellule stellate EPR

5° proliferativo (MNVSR)



# TRJI tipo 2a non proliferative

## TERAPIA

- PARK (1997)FC LASER : scarsi risultati
- MOON (2007) : IV AVASTIN : buoni risultati
- CHARBEL-ISSA (2008):IV AVASTIN riduzione leakage angiografico, miglioramento dell'acuità visiva, riduzione dello spessore retinico ( nonostante lo spessore iniziale fosse normale)

# TRJI TIPO 2A TERAPIA

RUYS 2007 : IV AVASTIN associata o no a PDT

- KARAGIANNIS (2009) : IV LUCENTIS (3 IV mensili associate o no a PDT)

TRJI proliferative: efficaci nel trattamento della cnv

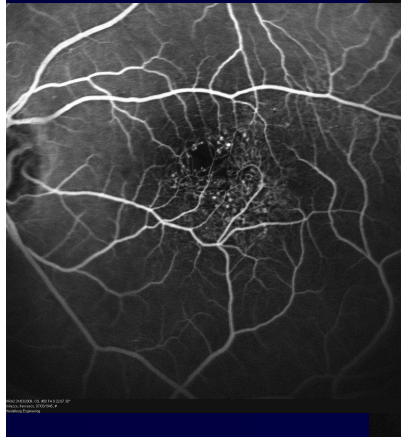


# TRJI TIPO 2A TERAPIA

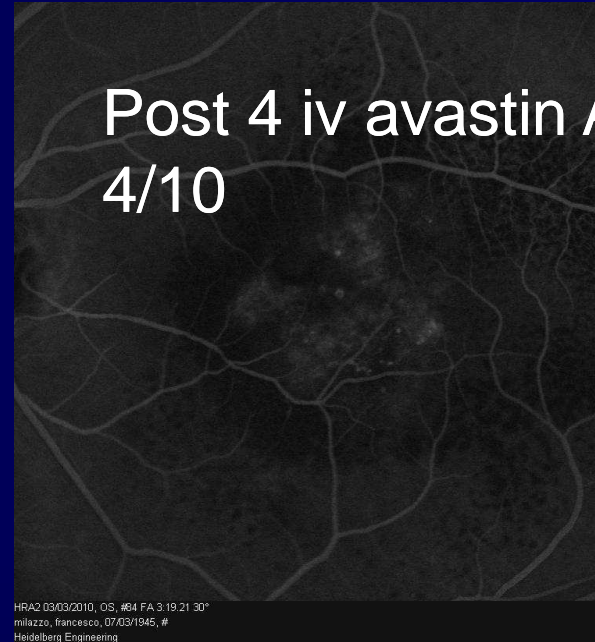
- ROSENFELD (2009) : IV AVASTIN
  - TRJI non proliferative: ridotto leakage FA ma AV e CRT sono invariate
  - TRJI proliferative: ridotto leakage e crescita della CNV con possibile aumento dell'AV

M. F. a.65

Pre A.V 2/10

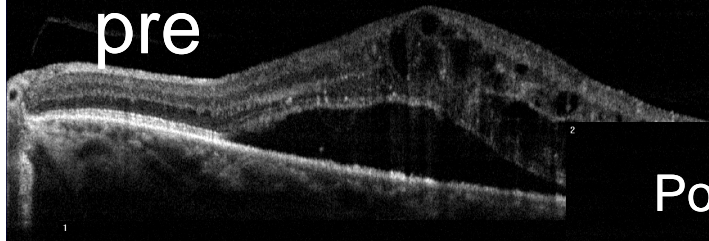


Post 4 iv avastin A.V.  
4/10

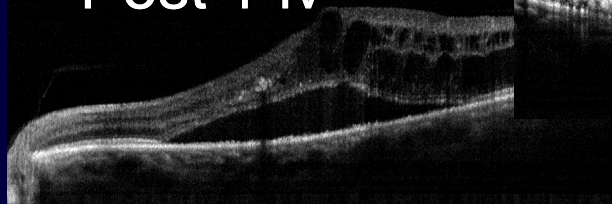


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milazzo, francesco, 07/03/1945, #  
Heidelberg Engineering

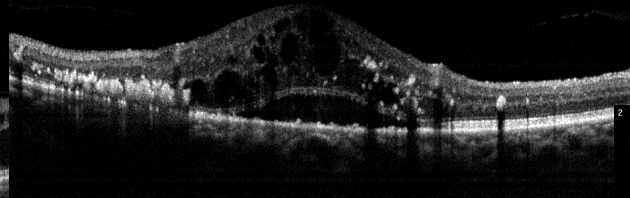
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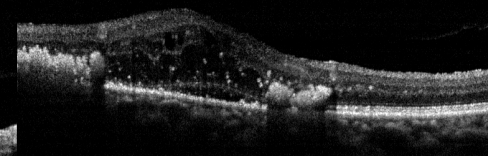
Post 1 iv



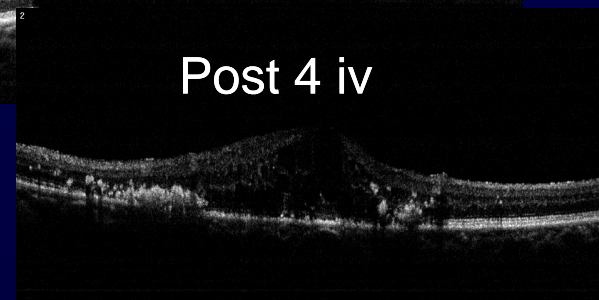
Post 2iv



Post 3 iv



Post 4 iv



M.M. a 59

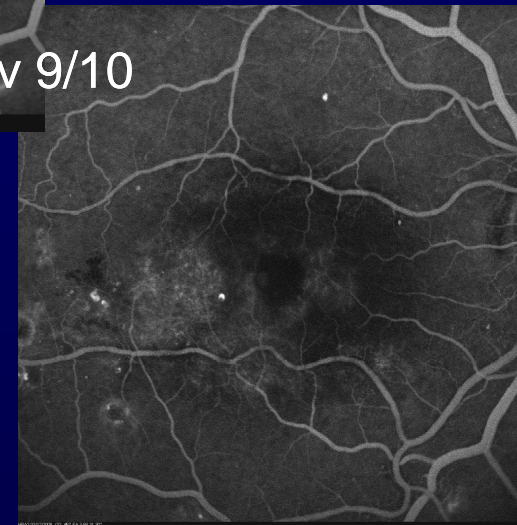
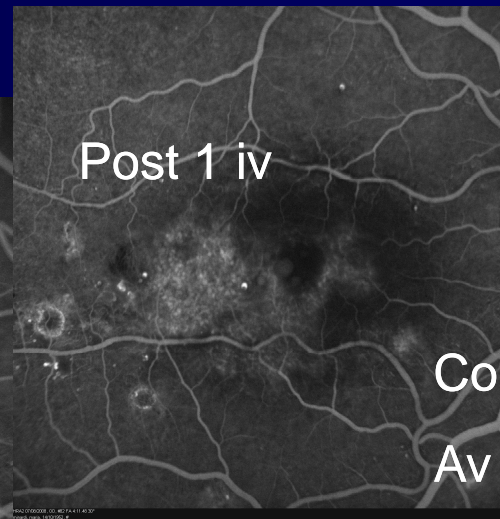
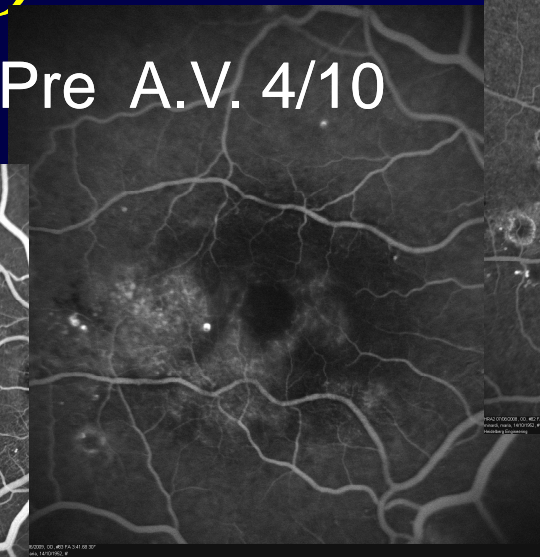
OD

Pre A.V. 4/10

Post 1 iv

Controllo 18 mesi

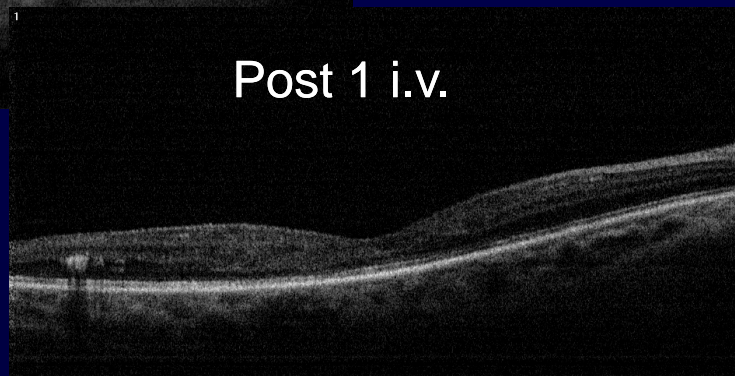
Av 9/10



pre



Post 1 i.v.

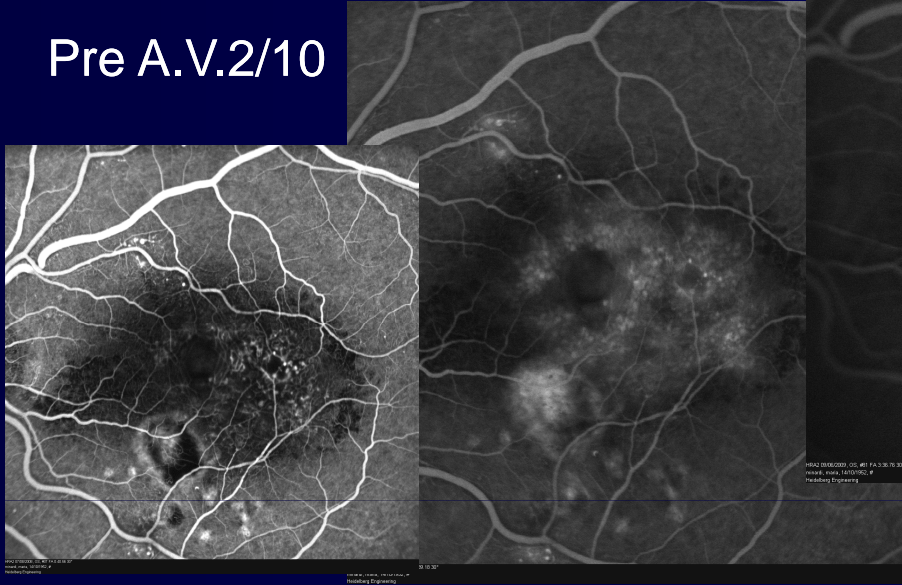


Controllo 18 mesi

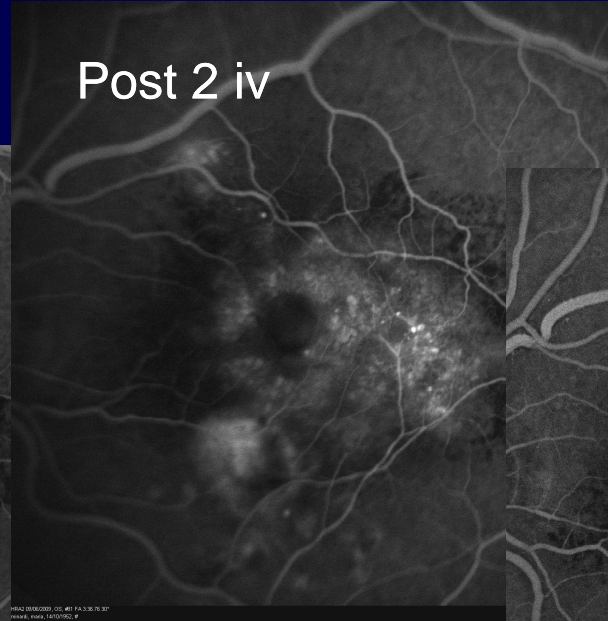


# M.M. a 59 OS

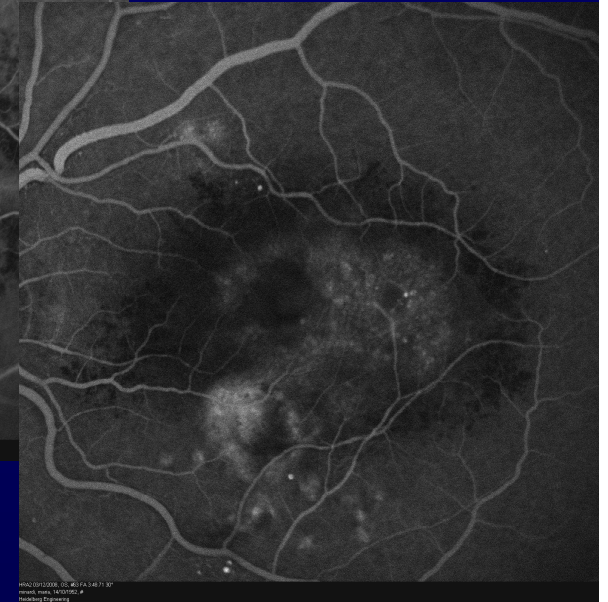
Pre A.V.2/10



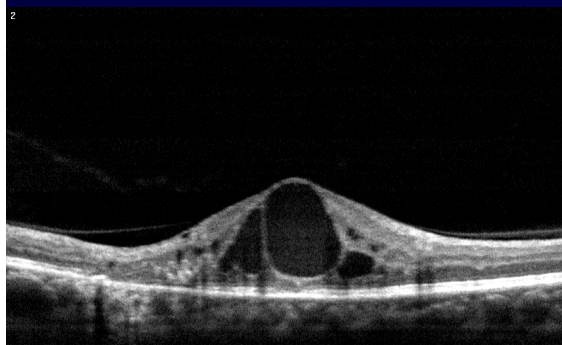
Post 2 iv



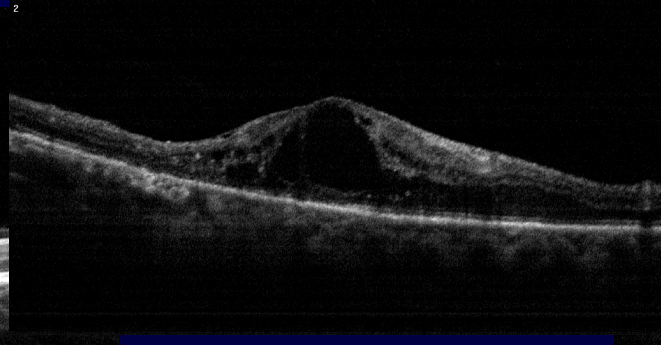
Post 3 iv



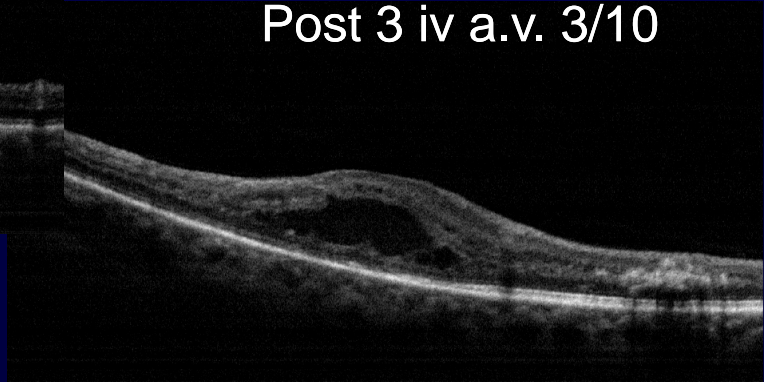
pre



Post 1 iv

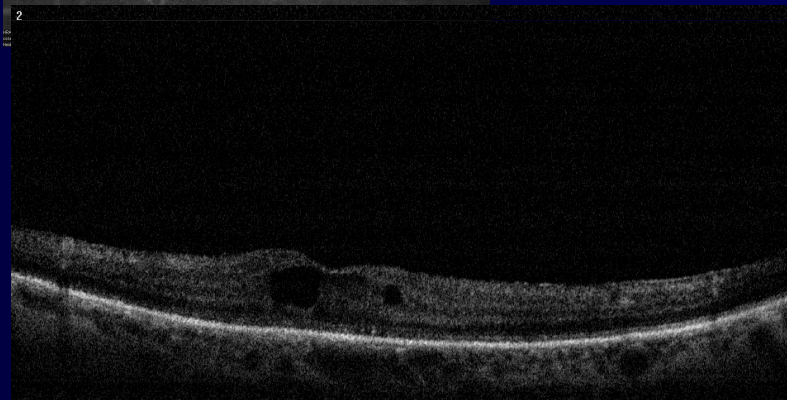
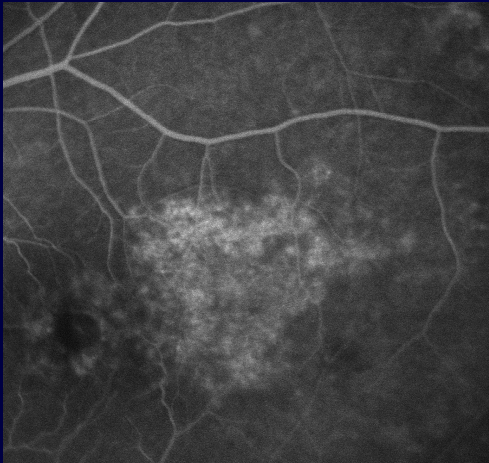


Post 3 iv a.v. 3/10

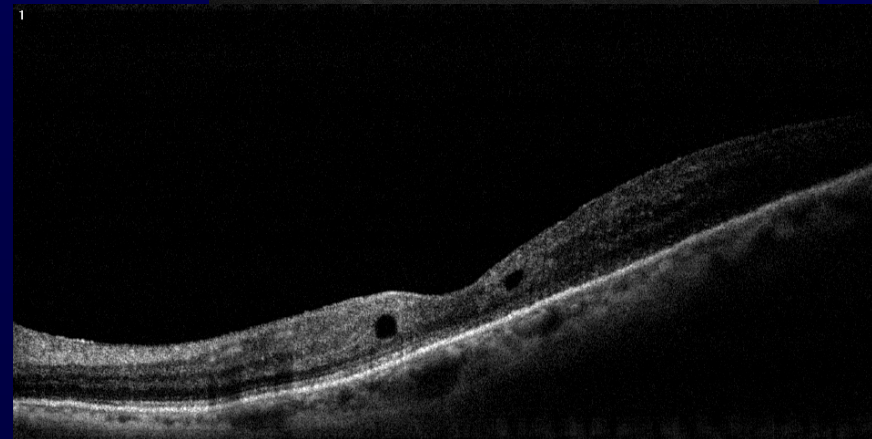


# C.C. a 68a

Pre A.V. 2/10

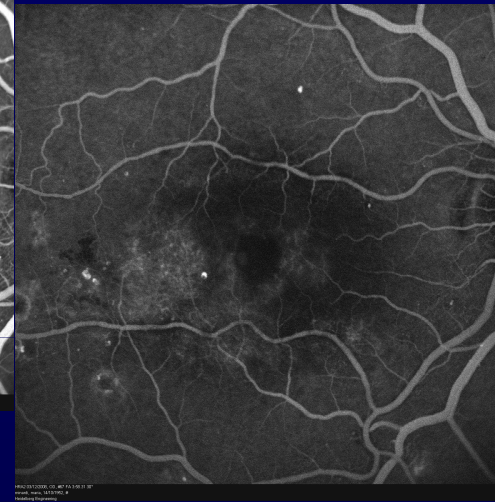
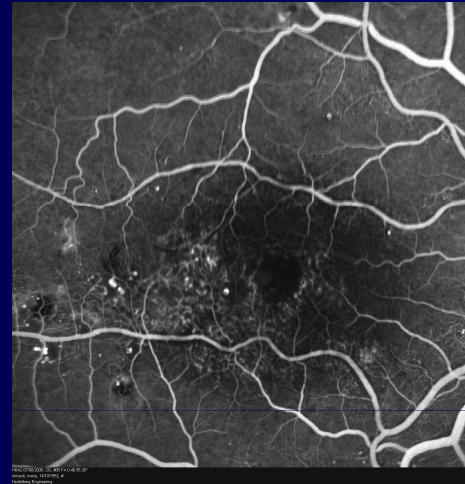


Post 2 iv A.V.2/10



# CONCLUSIONI

- **TERAPIA I.V.:**
  - Riduzione del leakage angiografico
  - riduzione dello spessore retinico centrale
  - miglioramento soggettivo e in alcuni casi dell'A.V. (probabilmente degli stadi intermedi)
  - efficace nel controllo delle MNVSR



**GRAZIE**