



LEBEROVA MILIÁRNA ANEURYZMÓZA

Herle D., Štubňa M., Alexík M.

Očné oddelenie FNsP Žilina

Primár MUDr. Michal Štubňa, PhD.

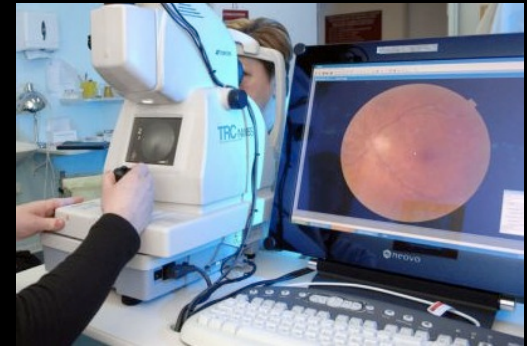
17. november 2015

KAZUISTIKA

- 15 ročný chlapec, V 180 cm, M 80 kg
- Preventívna prehliadka u pediatra – zhoršenie zraku



- Detská očná ambulancia – hypermetropia
ložisko na sietnici PO

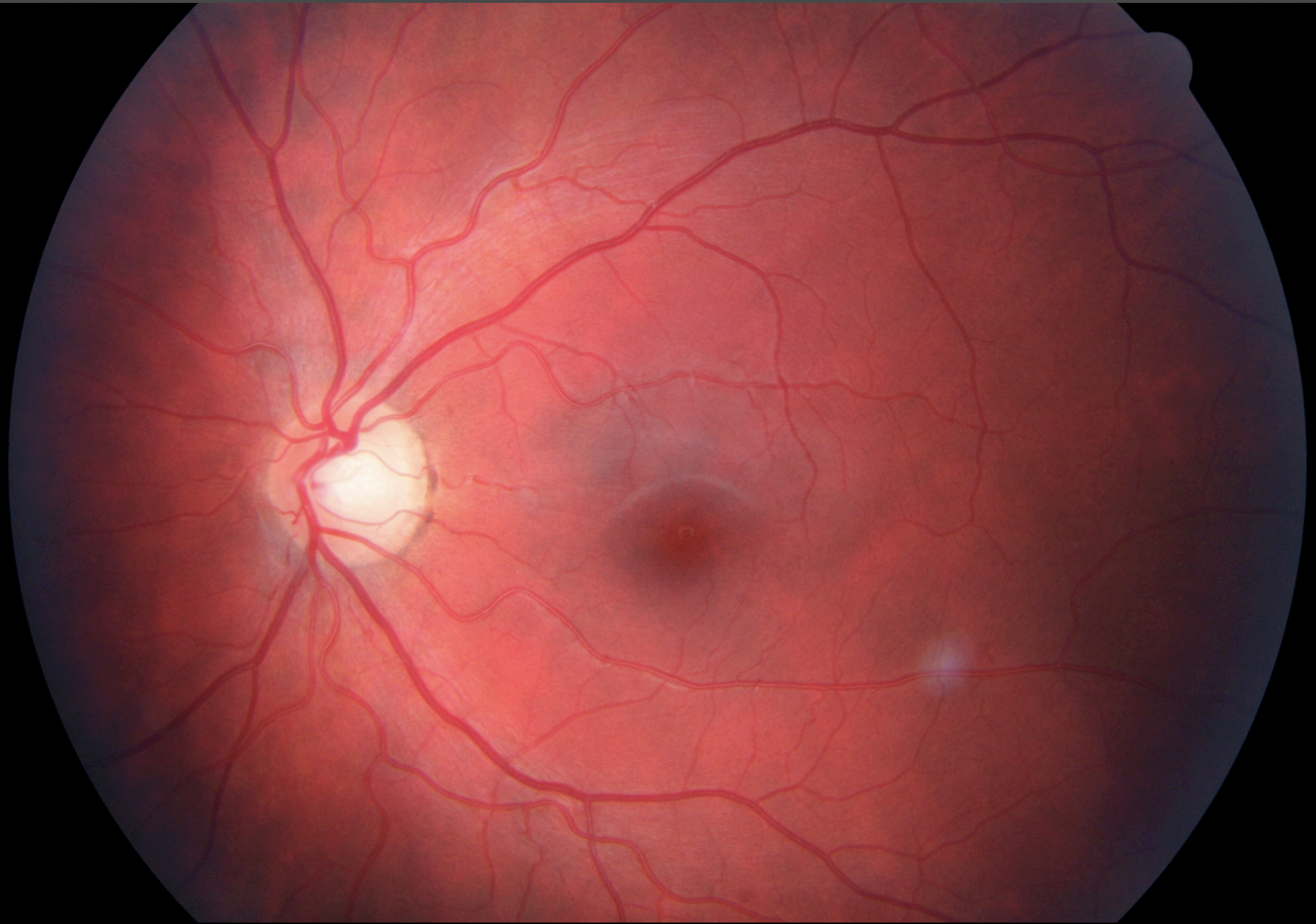


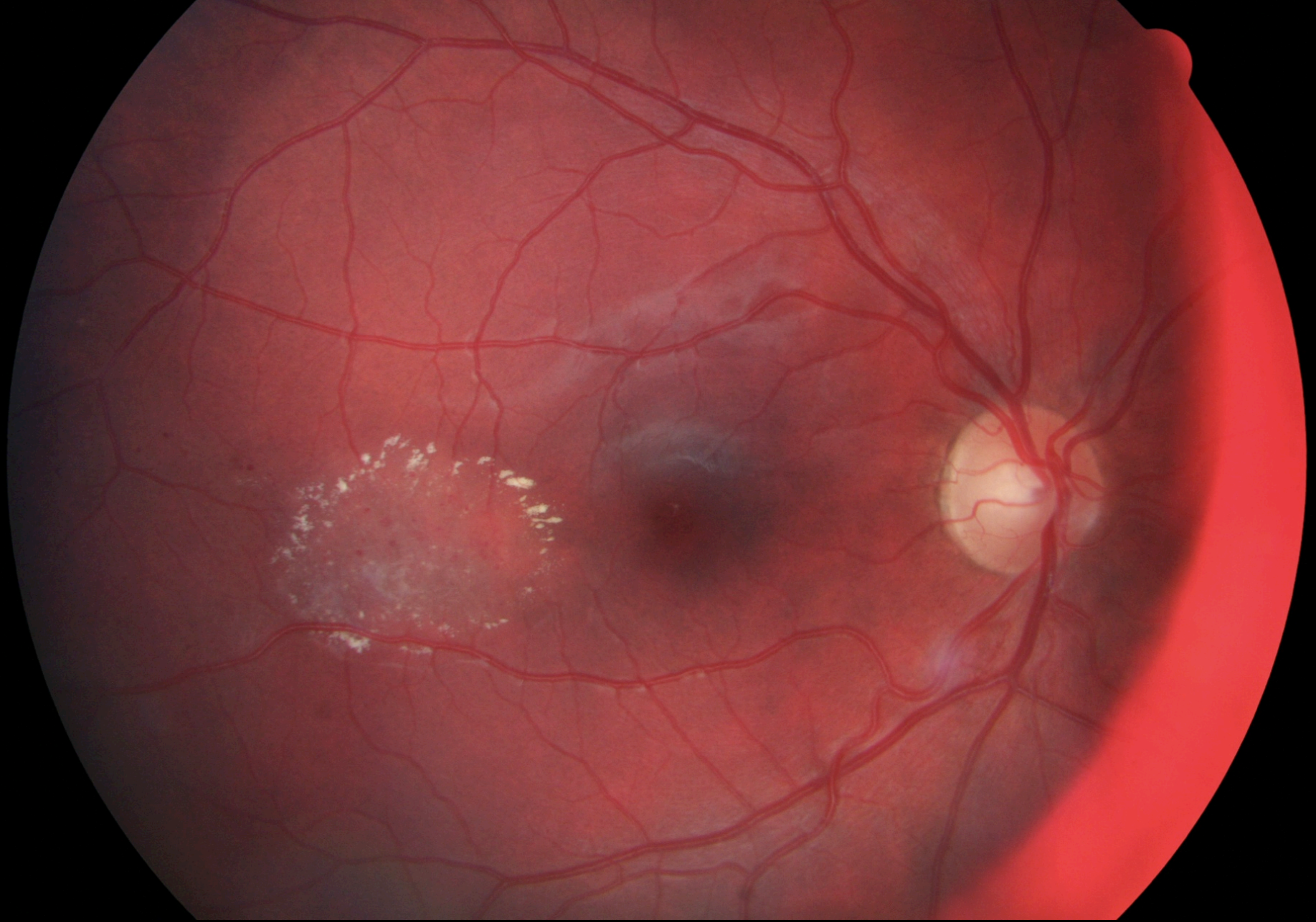
- Očné oddelenie

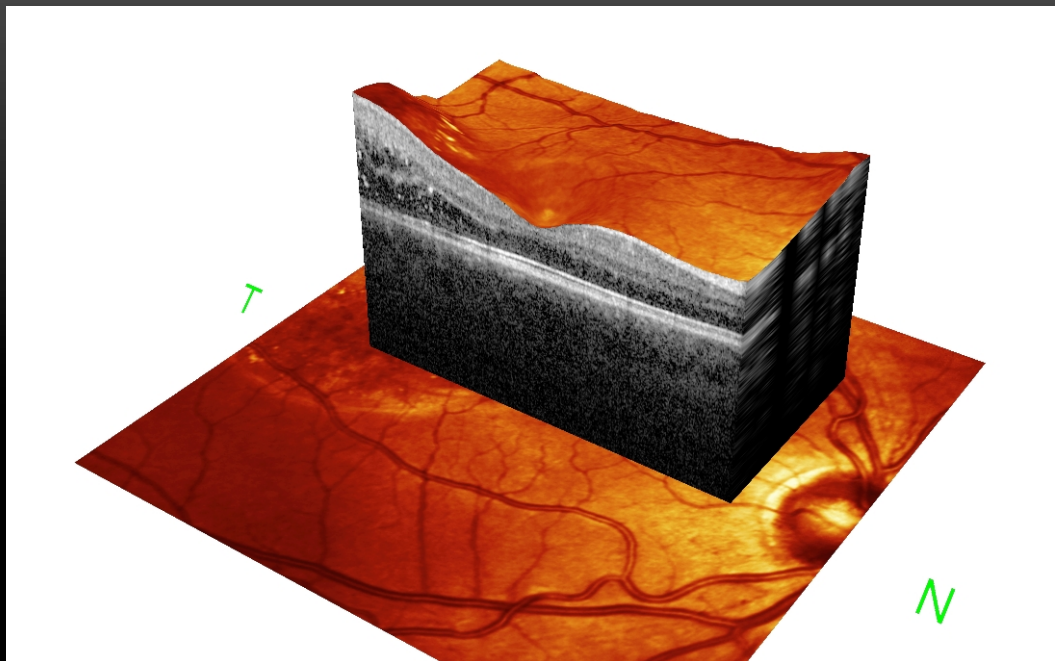
VOD c.c. +1.50 dsf 1.0

VOT 14 – 16 torr

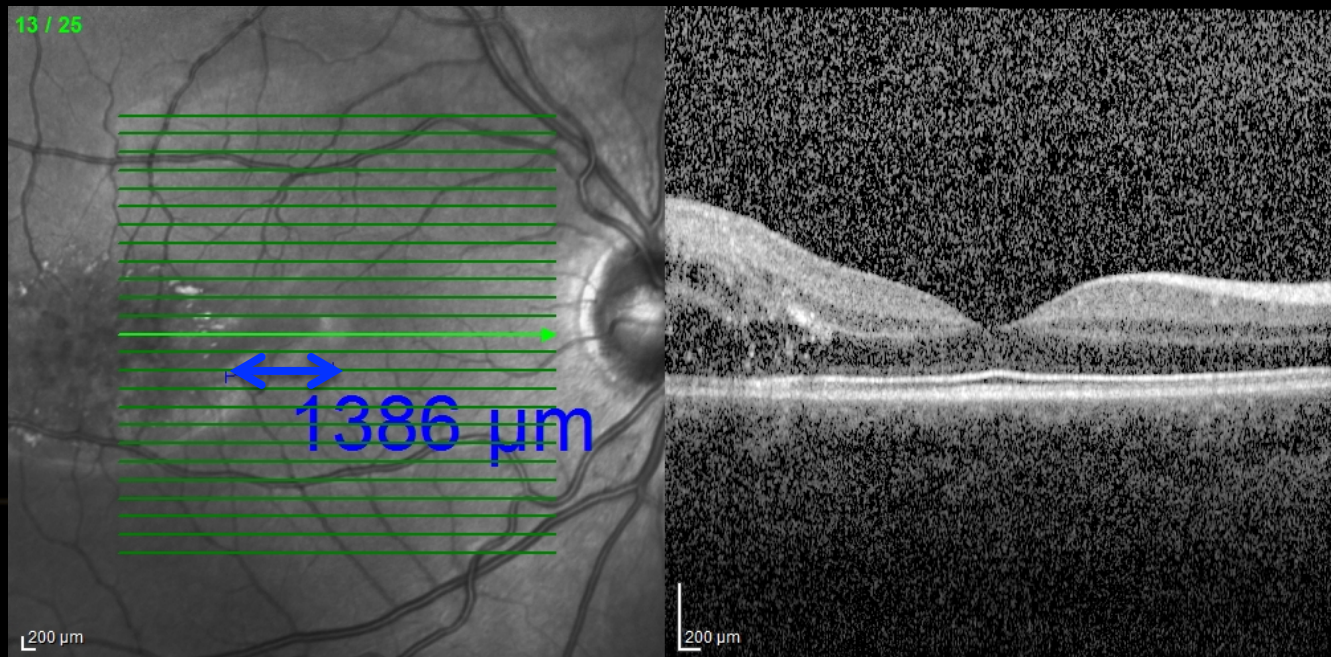
VOS c.c. +1.00 dsf 1.0

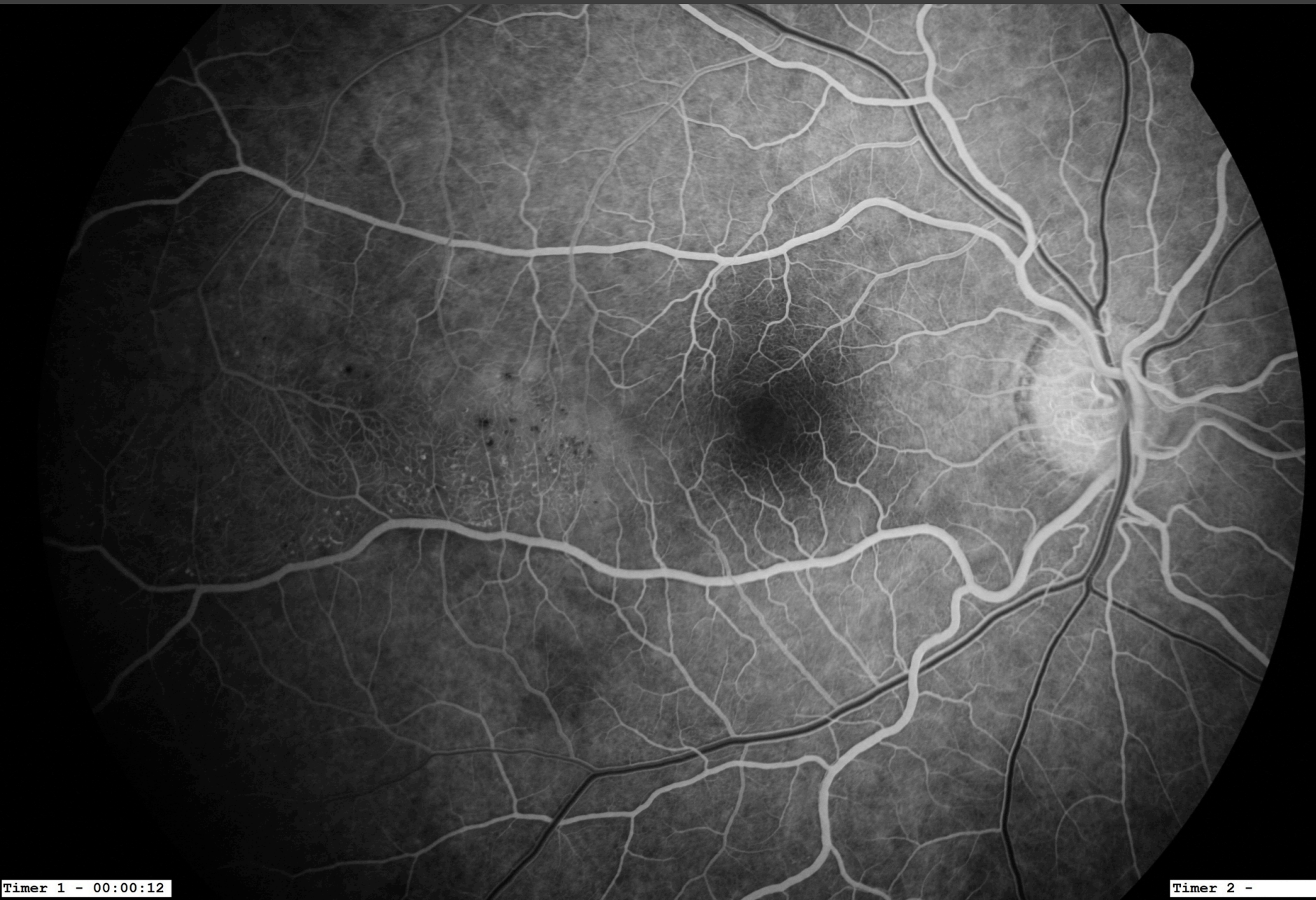






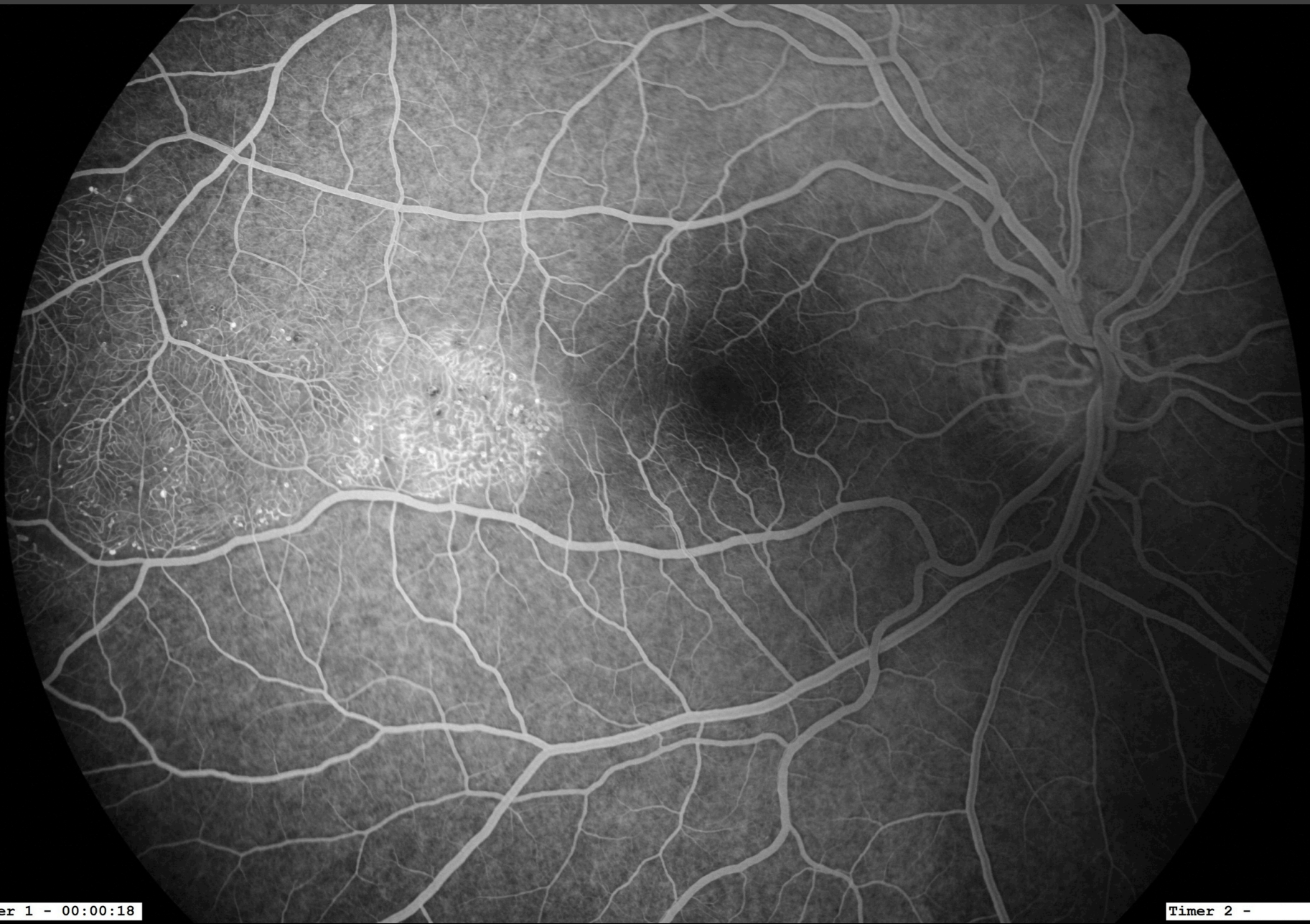
Vzdialenosť foveoly po okraj lézie
1400 μm





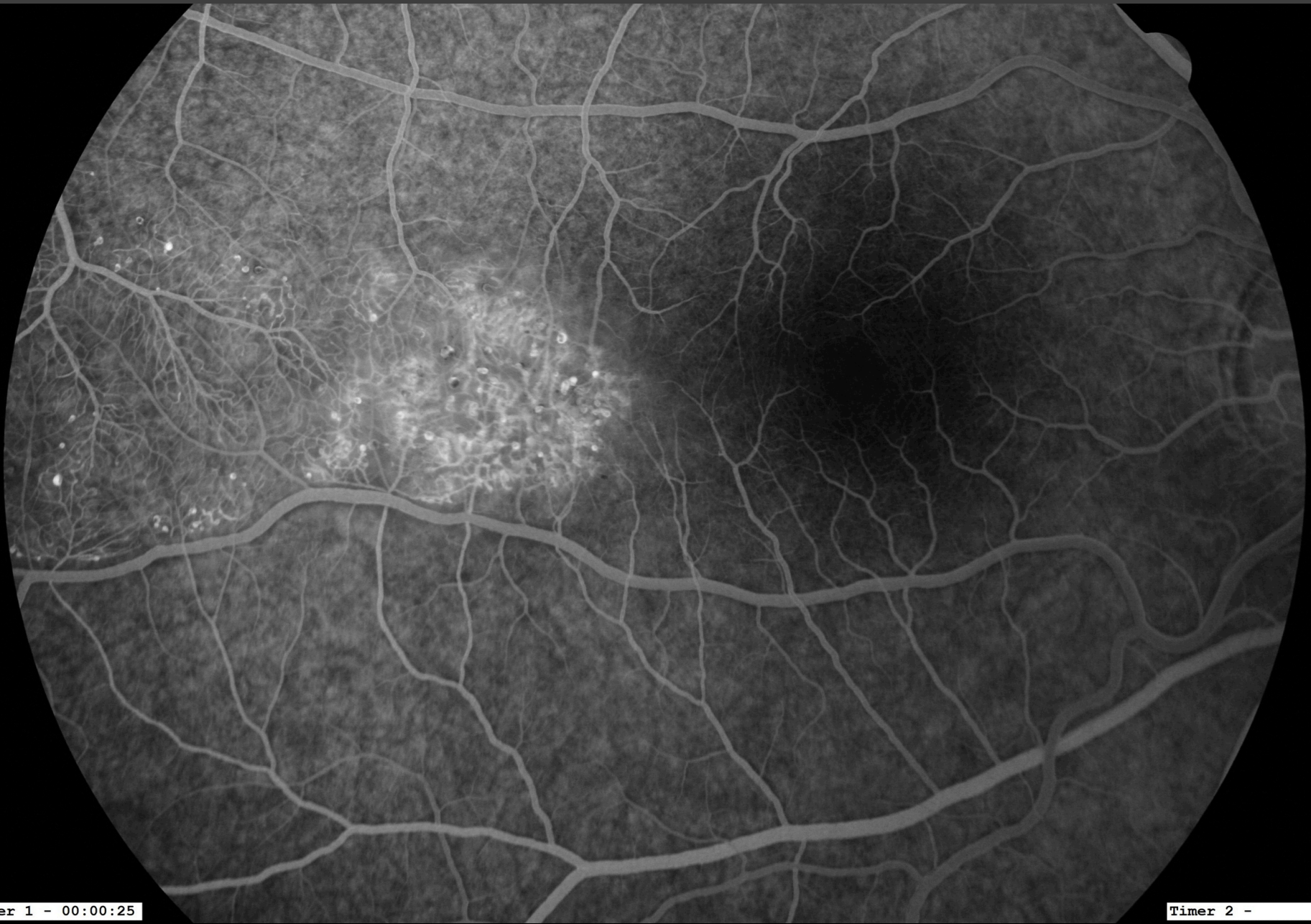
Timer 1 - 00:00:12

Timer 2 -



Timer 1 - 00:00:18

Timer 2 -

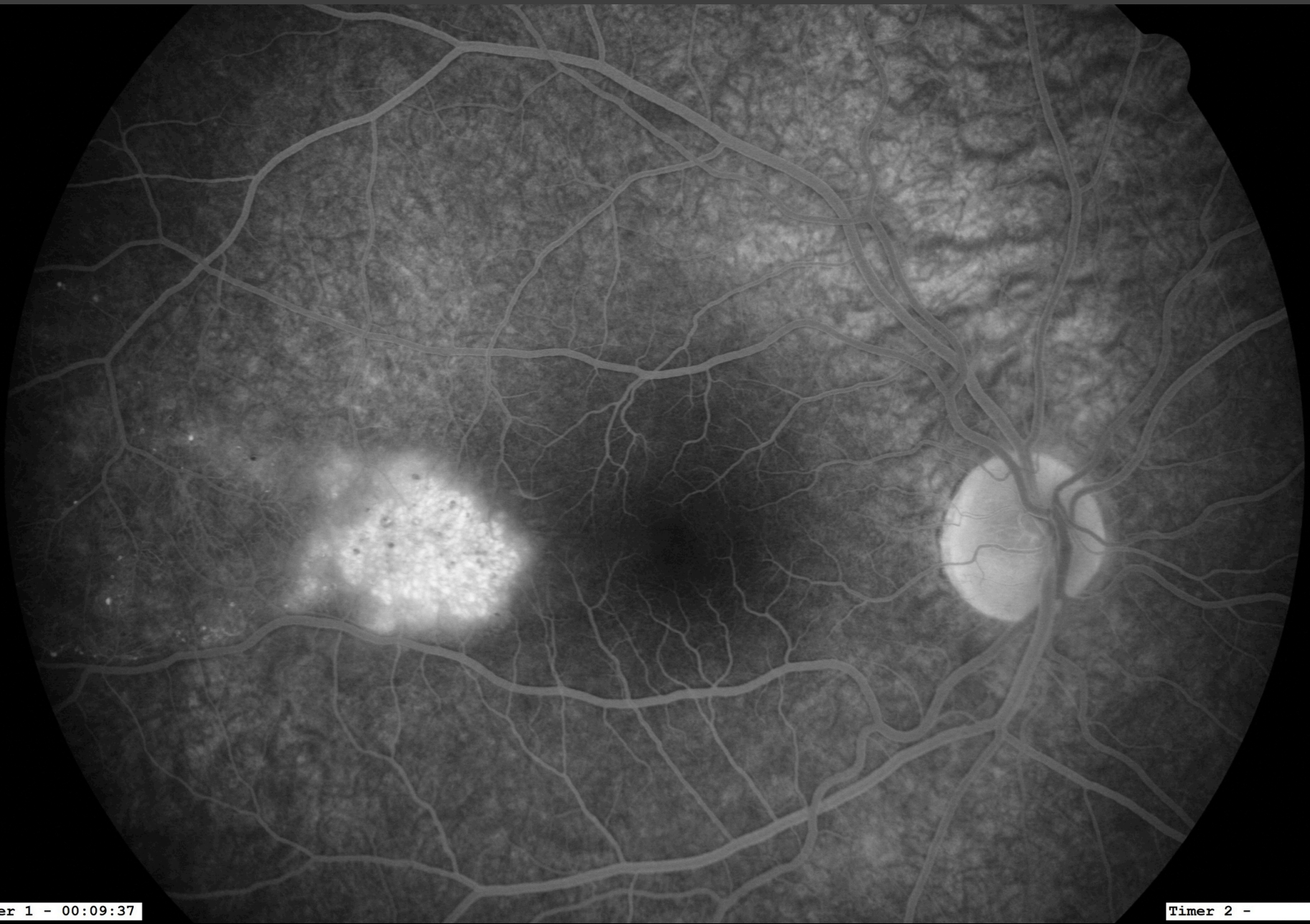


Timer 1 - 00:00:25

Timer 2 -

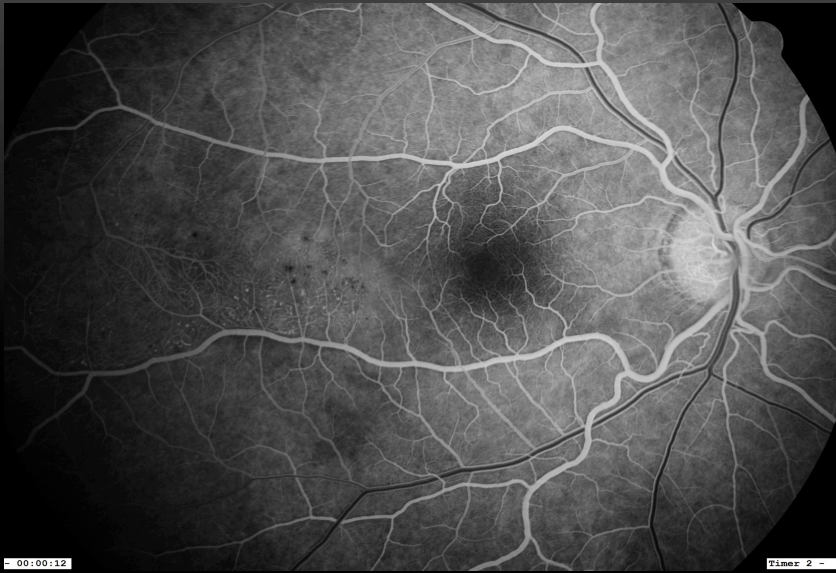
Timer 1 - 00:01:09

Timer 2 -



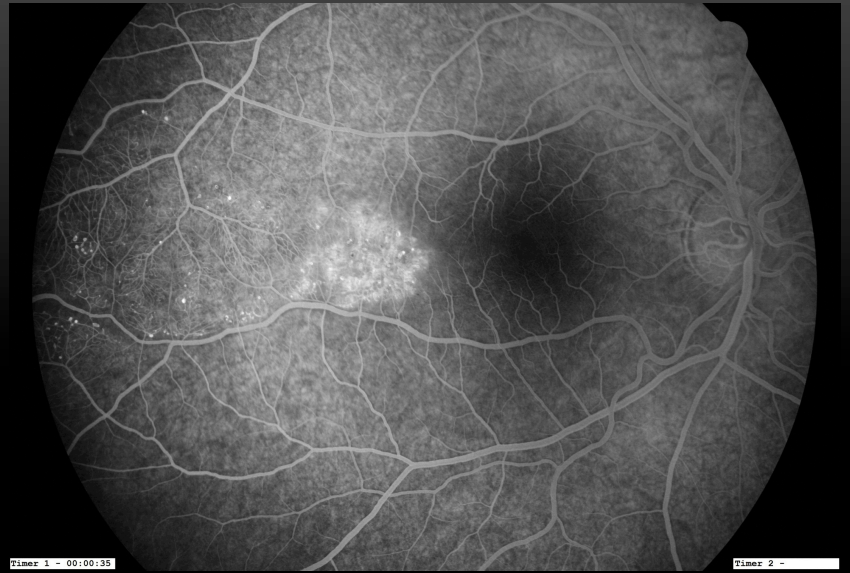
Timer 1 - 00:09:37

Timer 2 -



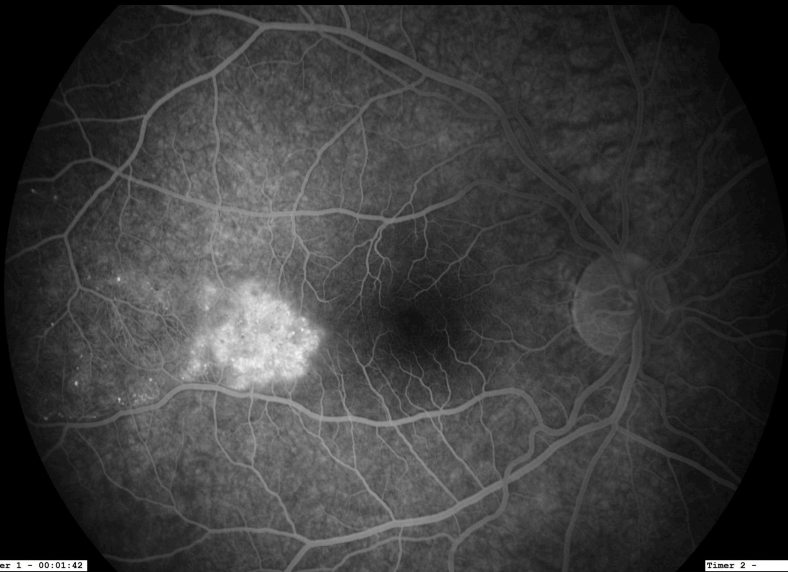
00:00:12

Timer 2 -



Timer 1 - 00:00:35

Timer 2 -



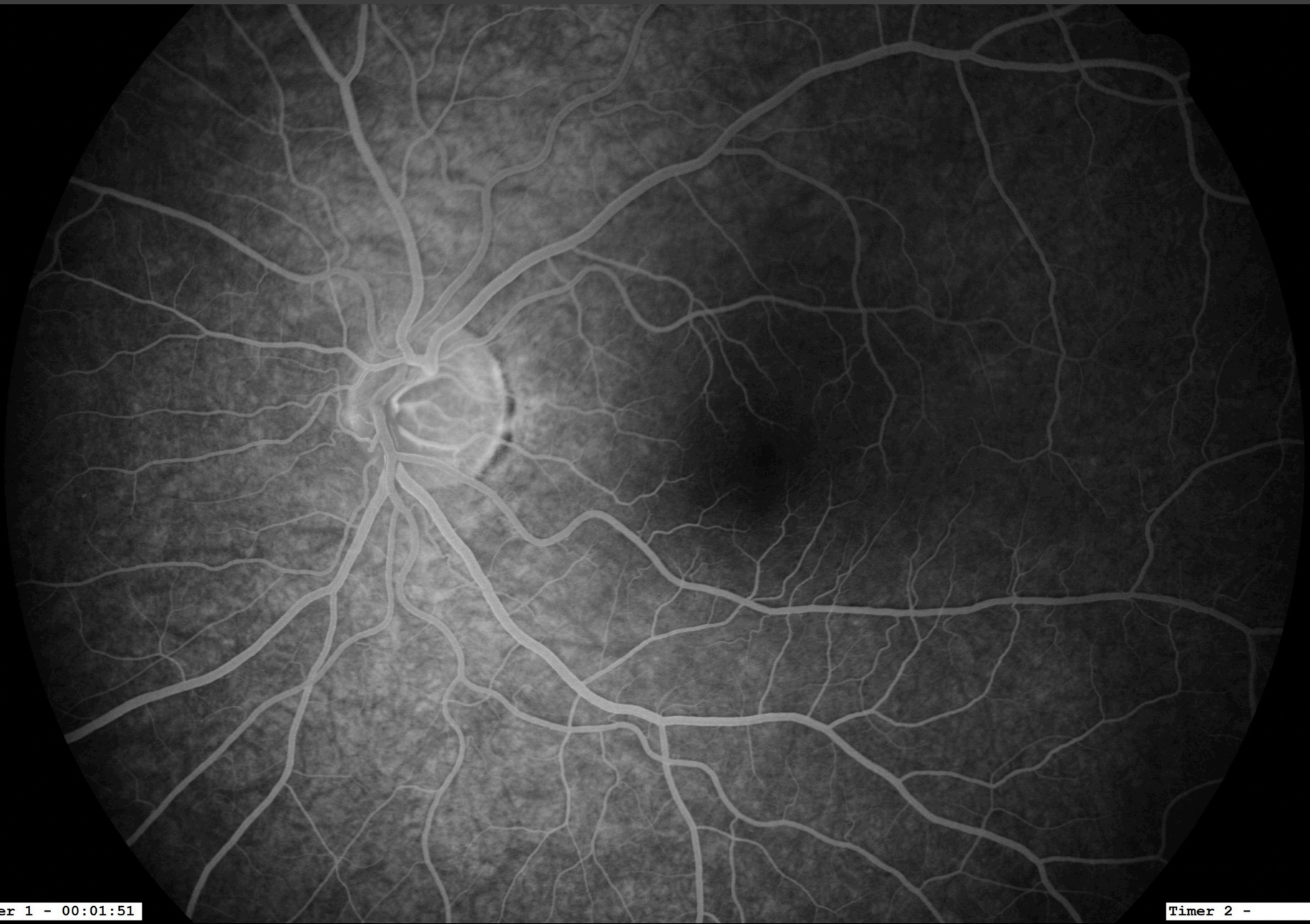
Timer 1 - 00:01:42

Timer 2 -



Timer 1 - 00:09:37

Timer 2 -



Timer 1 - 00:01:51

Timer 2 -

THEODOR KARL GUSTAV VON LEBER

(1840-1917)

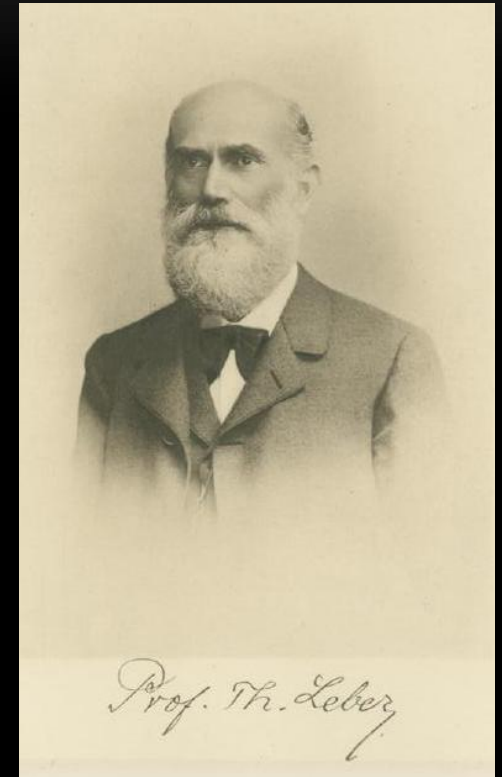
- 1869 Leberova kongenitálna slepota



- 1871 Leberova hereditárna optická neuropatia



- 1912 Leberova miliárna aneuryzmóza



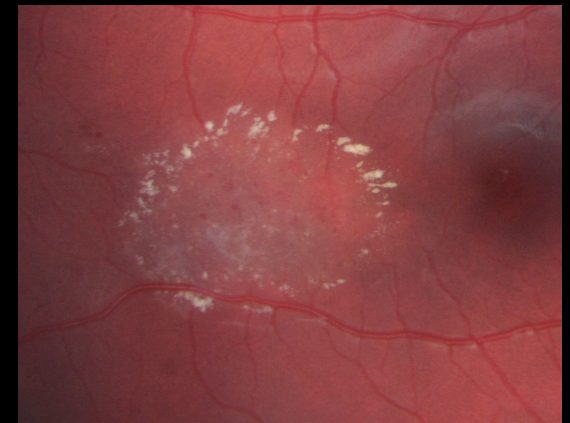
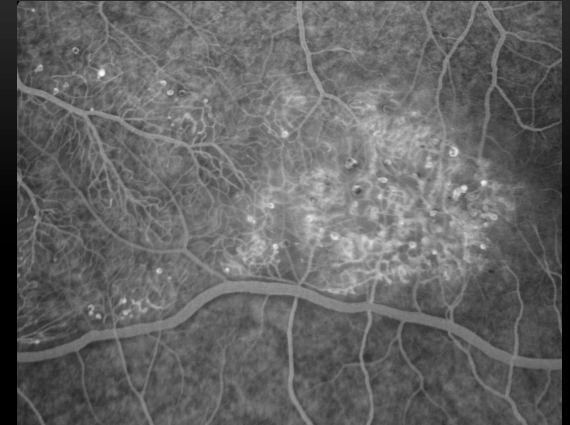
LEBEROVA MILIÁRNA ANEURYZMÓZA

- 1912 “Degenerácia sietnice s početnými miliárnymi aneuryzmami”
- 1915 Leberova miliárna aneuryzmóza = mierna forma Coatsovej choroby
- Primárne retinálne teleangiektázie – LMA, M. Coats, IMT
- Idiopatické, unilaterálne ochorenie
- Mladí muži, často bez symptómov
- Bez asociácie so systémovými chorobami



KLINICKÝ OBRAZ

- teleangiektázie, početné aneuryzmálne dilatácie ciev
- tvrdé exudáty intraretinálne
- lokalizácia v relatívne malej oblasti sietnice
- paramakulárne, ekvátor – ora serrata
- kumulácia tekutiny, hemorágií intraretinálne
- výrazné zhrubnutie BM teleangiektatických ciev



LIEČEBNÉ MOŽNOSTI

- **Observácia**

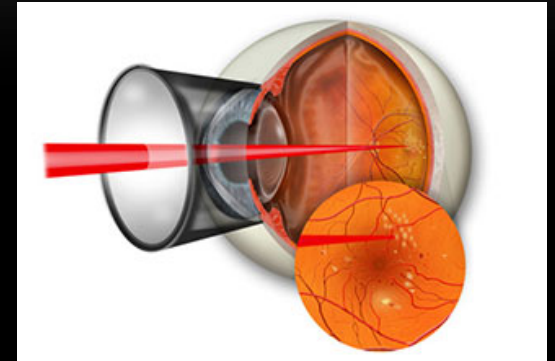
teleangiektázie v jednom kvadrante, bez exudátov

- **Laserfotokoagulácia sietnice**

makula ohrozená exudáciou

kompletná oklúzia postihnutých ciev

LK ischemických zón sietnice



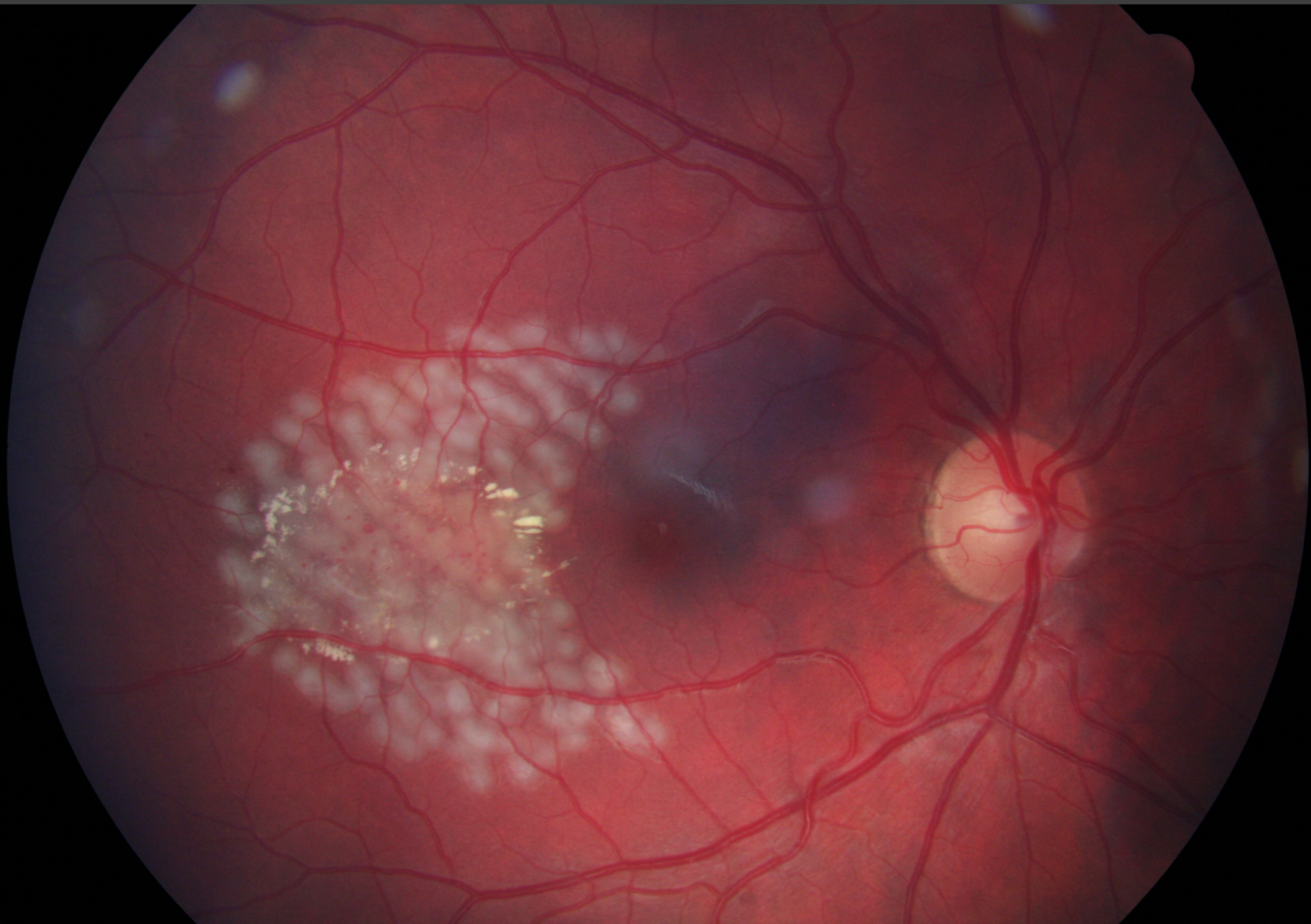
- **Kryoretinopexia**

ošetrenie krajnej periférie sietnice

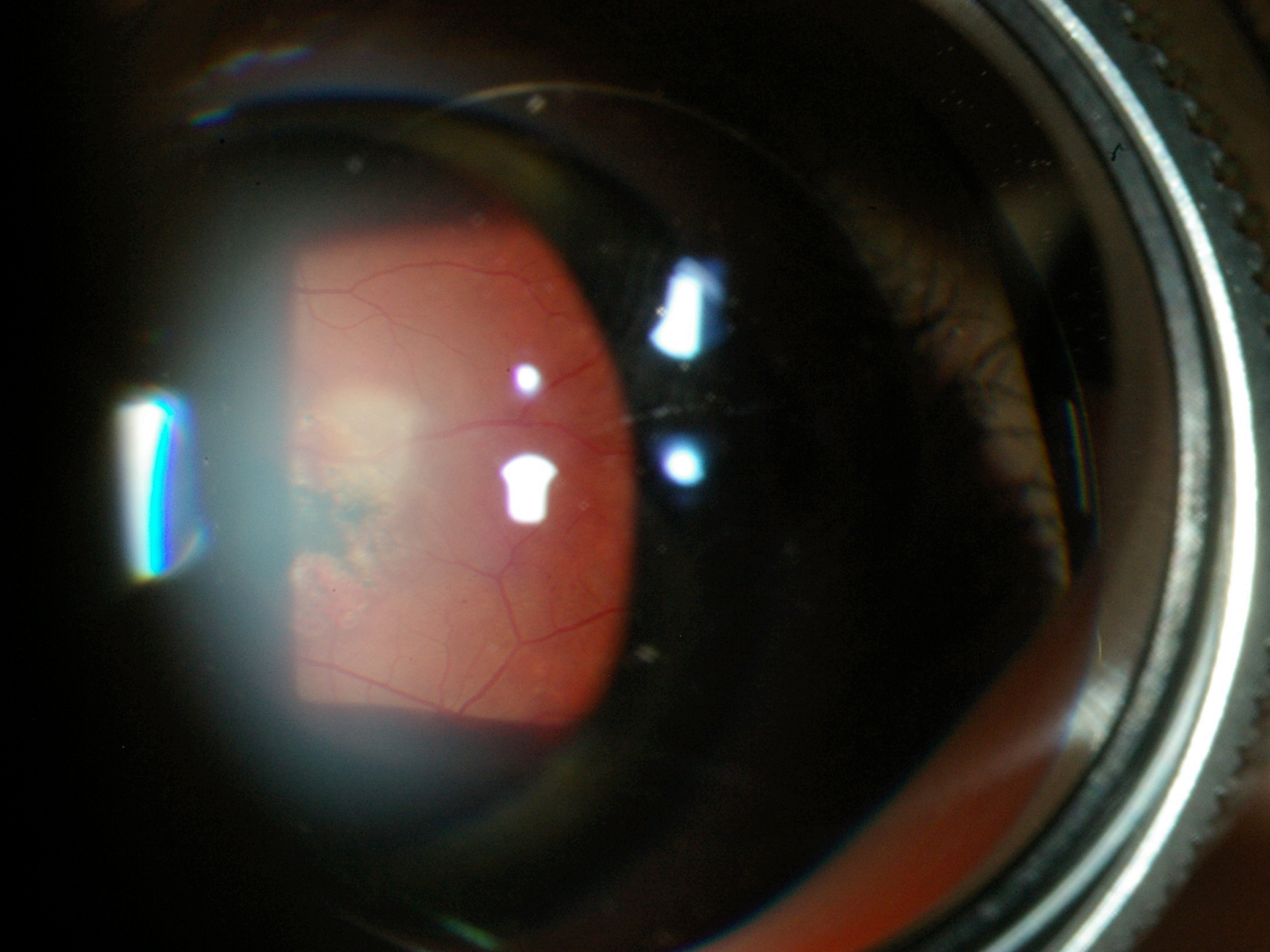
- **Chirurgická liečba a antiVEGF**

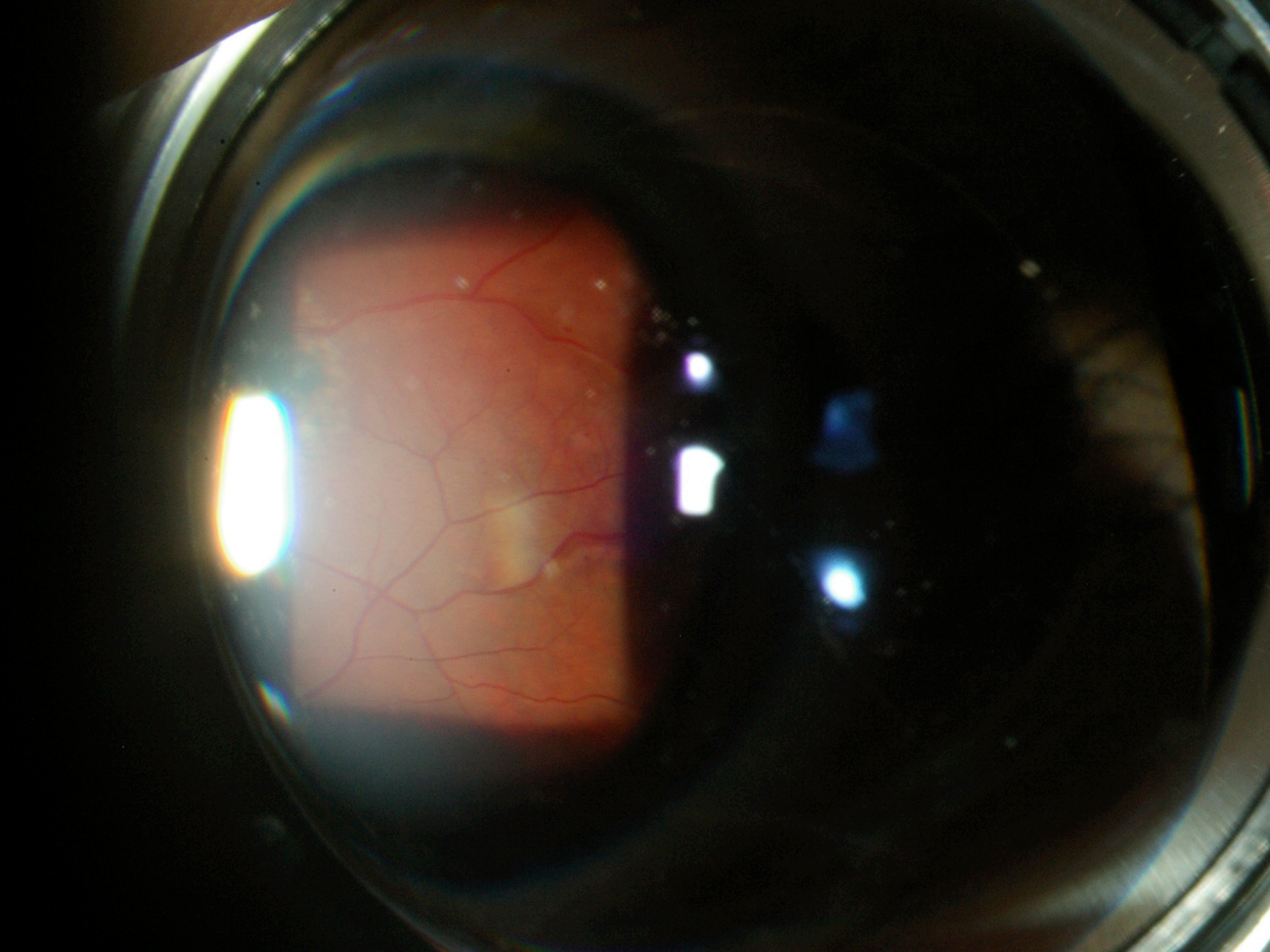
ERM, VMTS, CNV, progresia – M. Coats

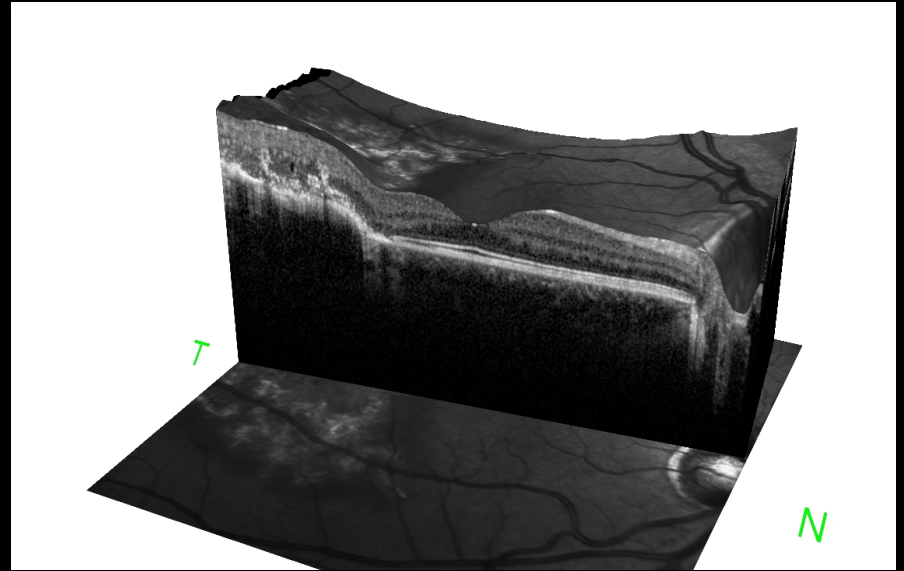
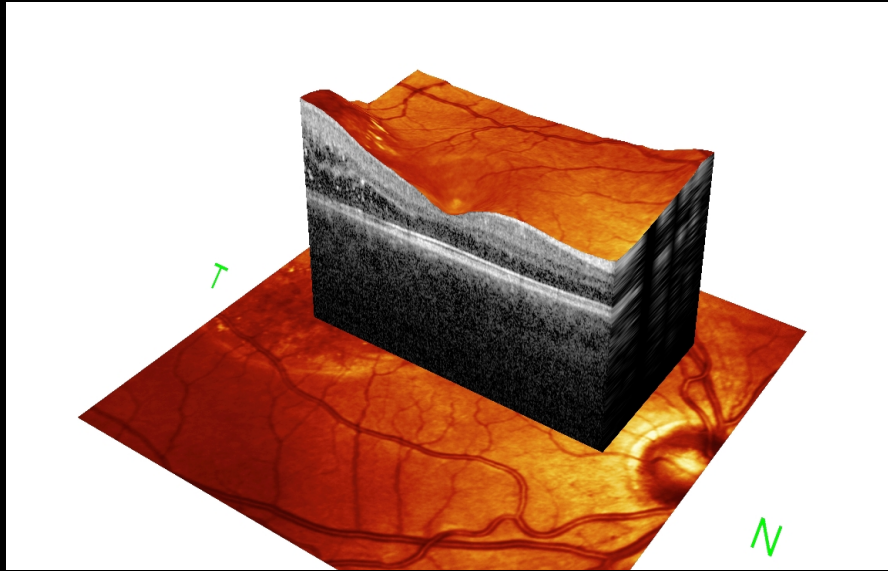


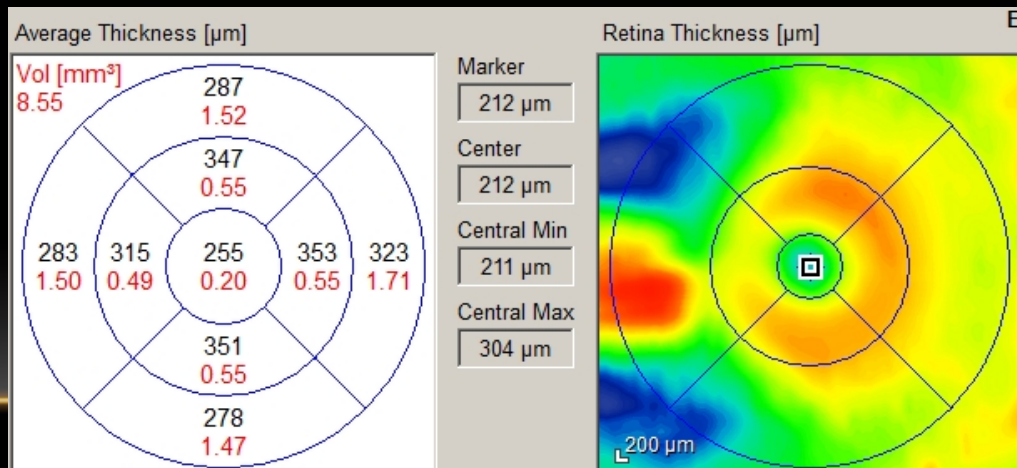
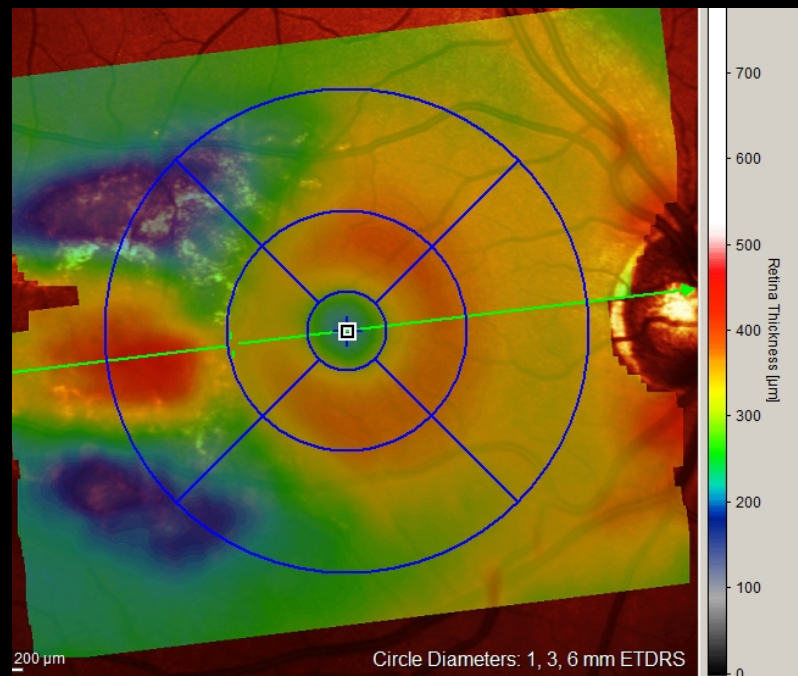
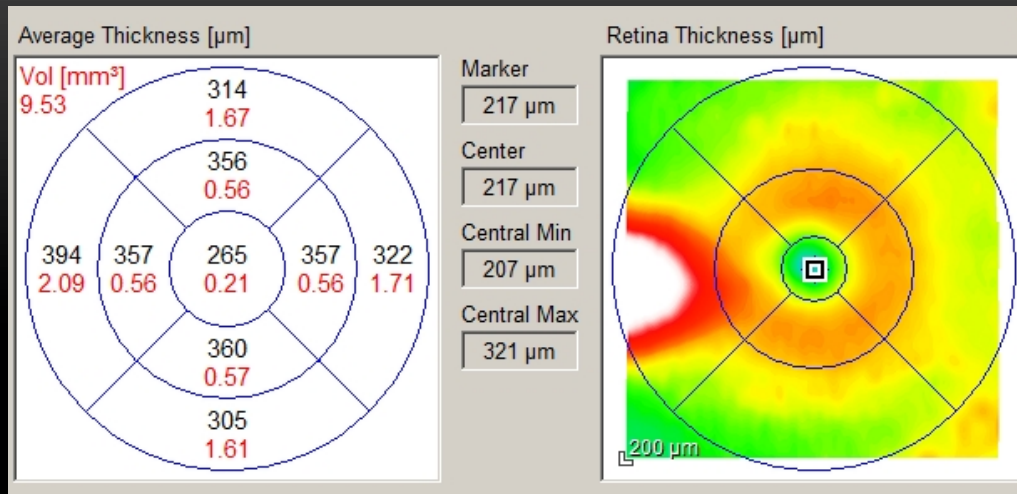
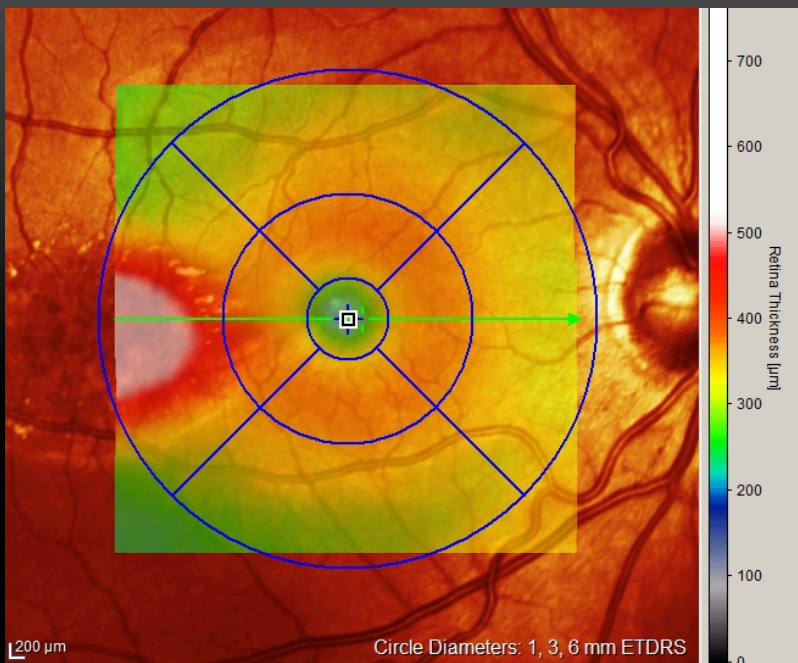












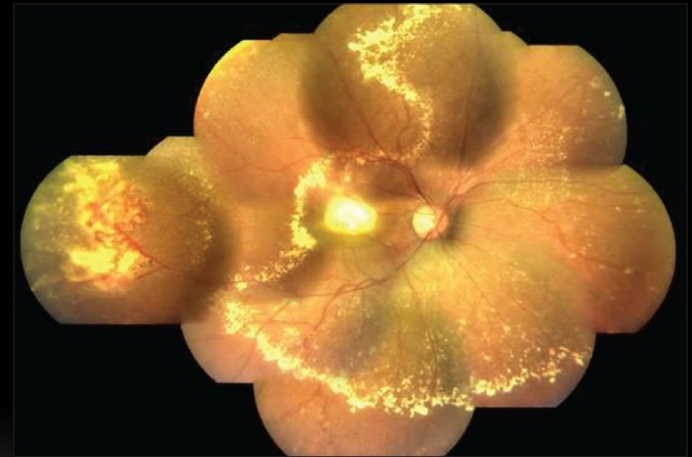
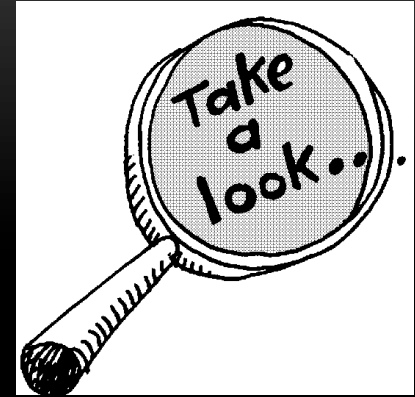
PROGNÓZA

- Dobrá prognóza, CZO zachovaná
- Progresia pomalá
- Faktory – poškodenie makuly



exudáty, edém, ERM, VMTS

- Komplikácie – trombóza, CNV, hemoftalmus
- Masívna circináta – progresia do M. Coats



Ďakujem Vám za pozornosť

