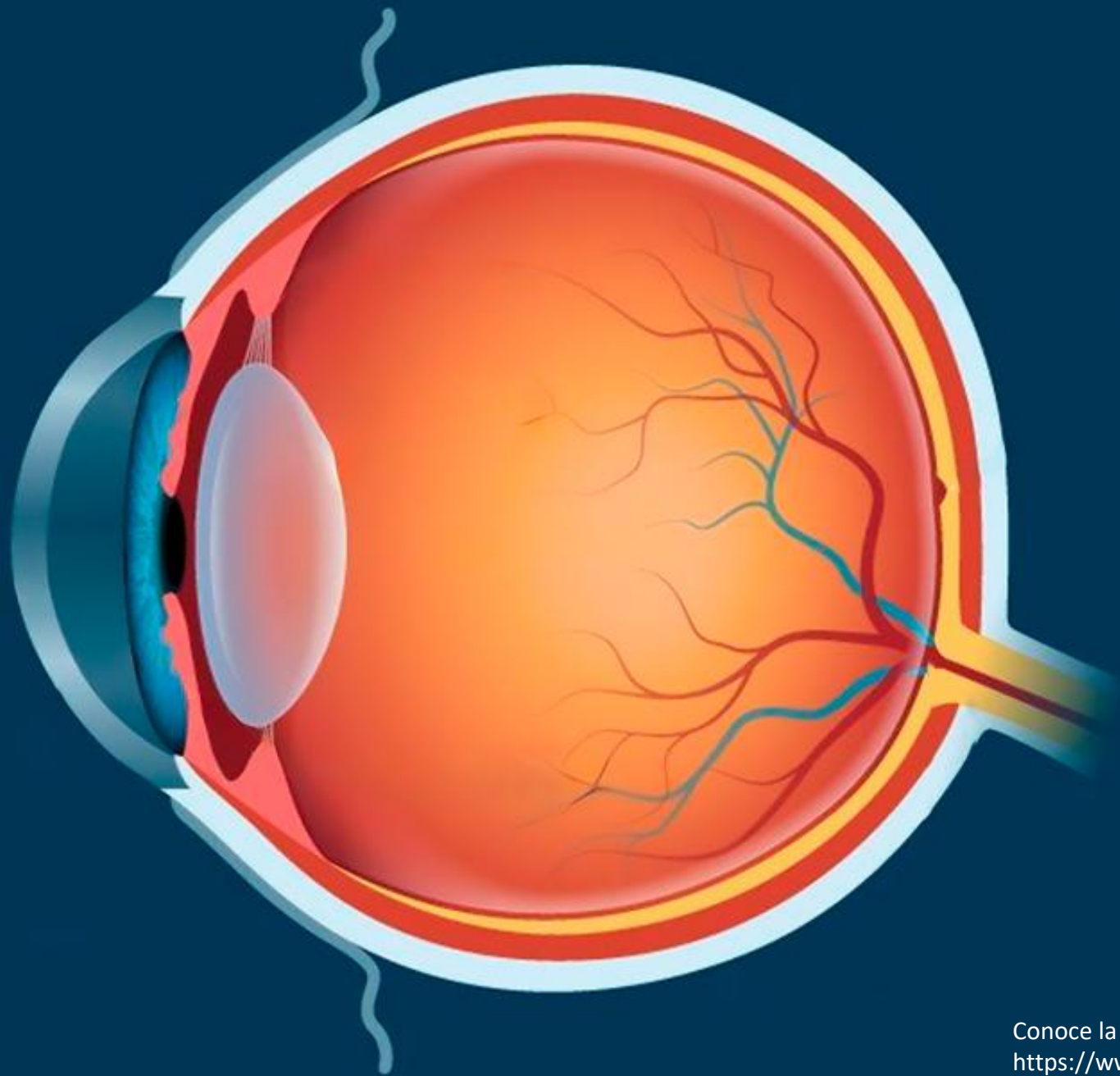




**ANATOMIA DE L'ULL.
PATOLOGIES
OFTÀLMIQUES MÉS
FREQUENTS A L'ÀMBIT
HOSPITALARI**

Alex Giménez

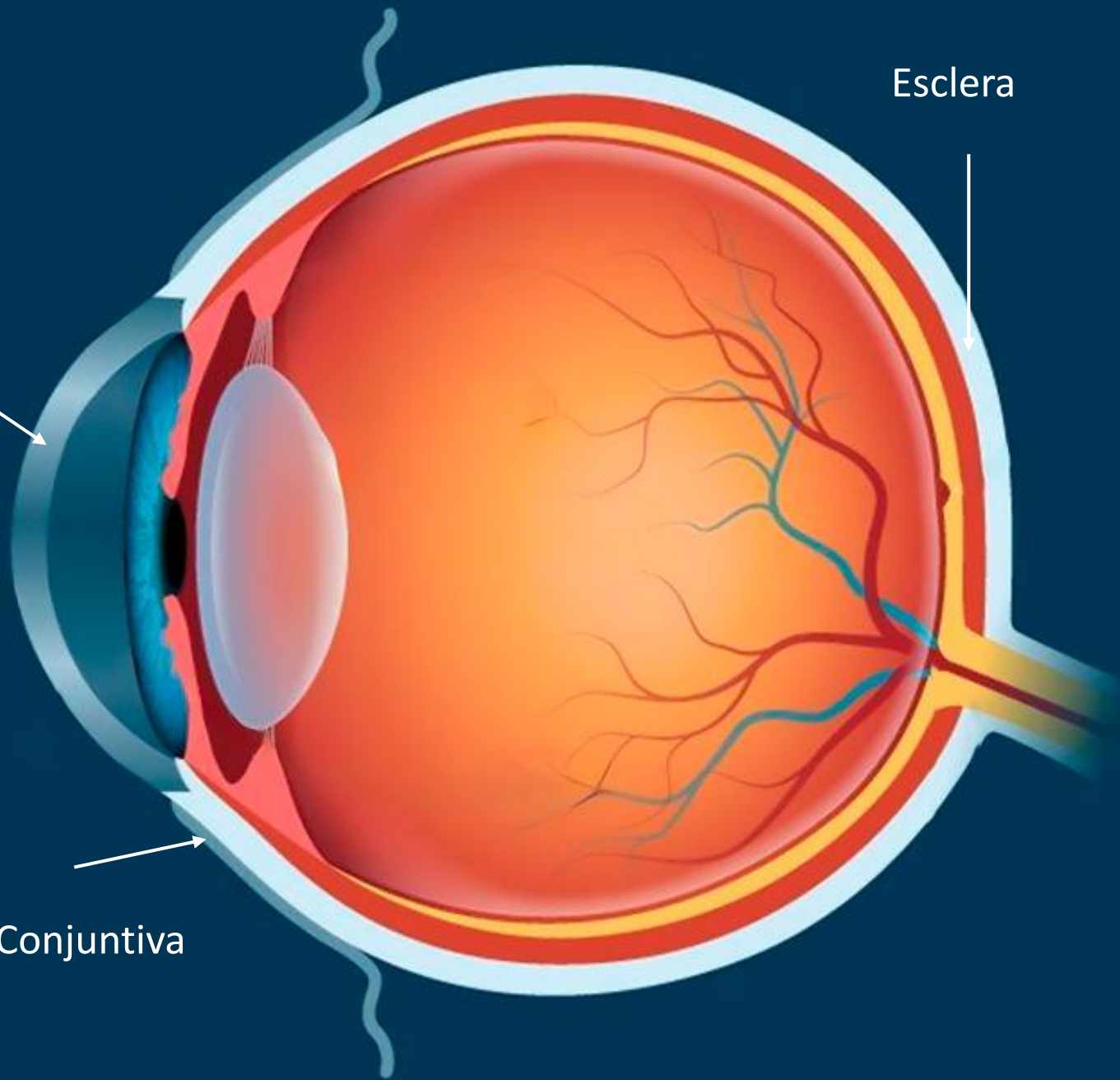


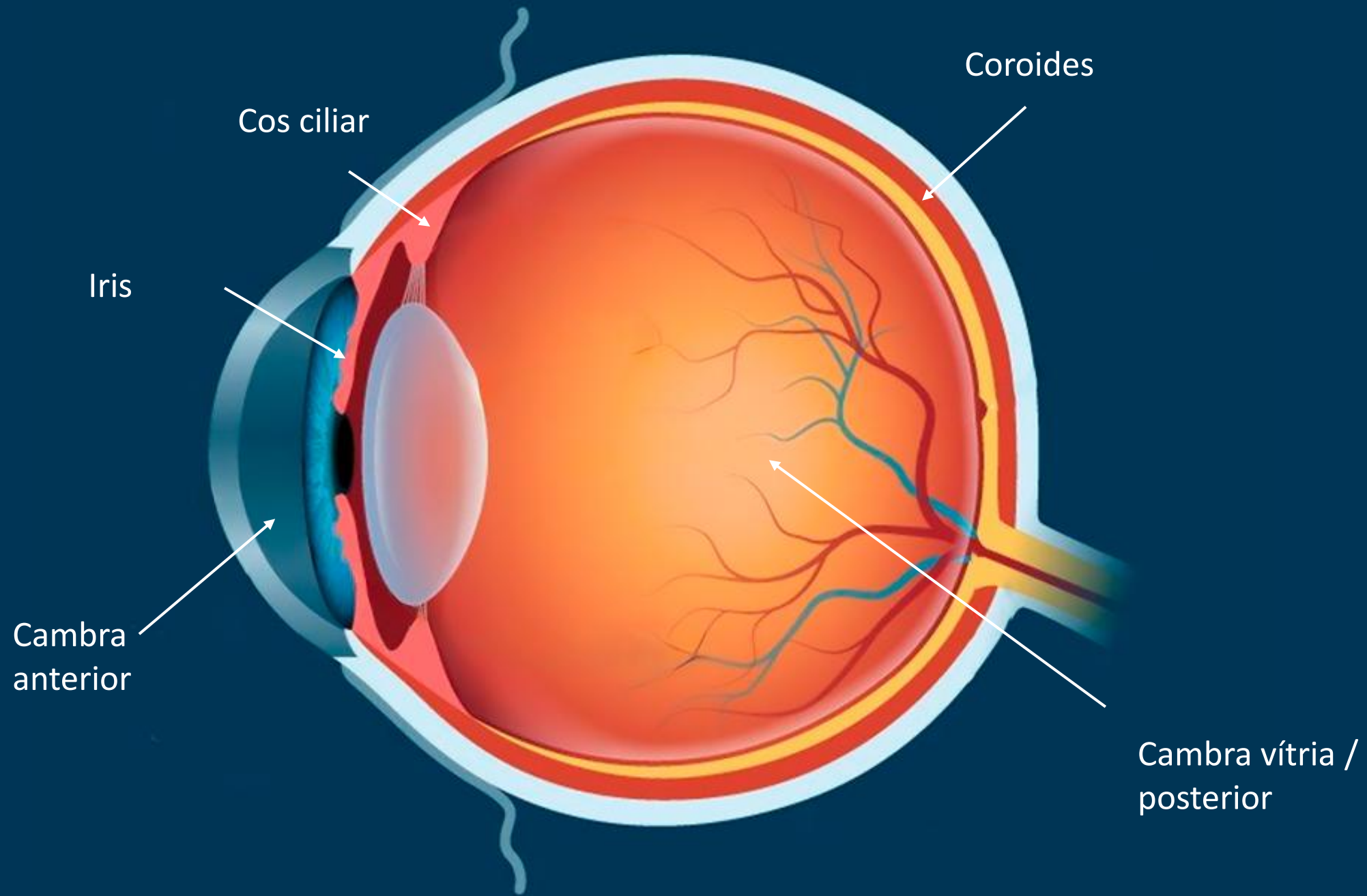


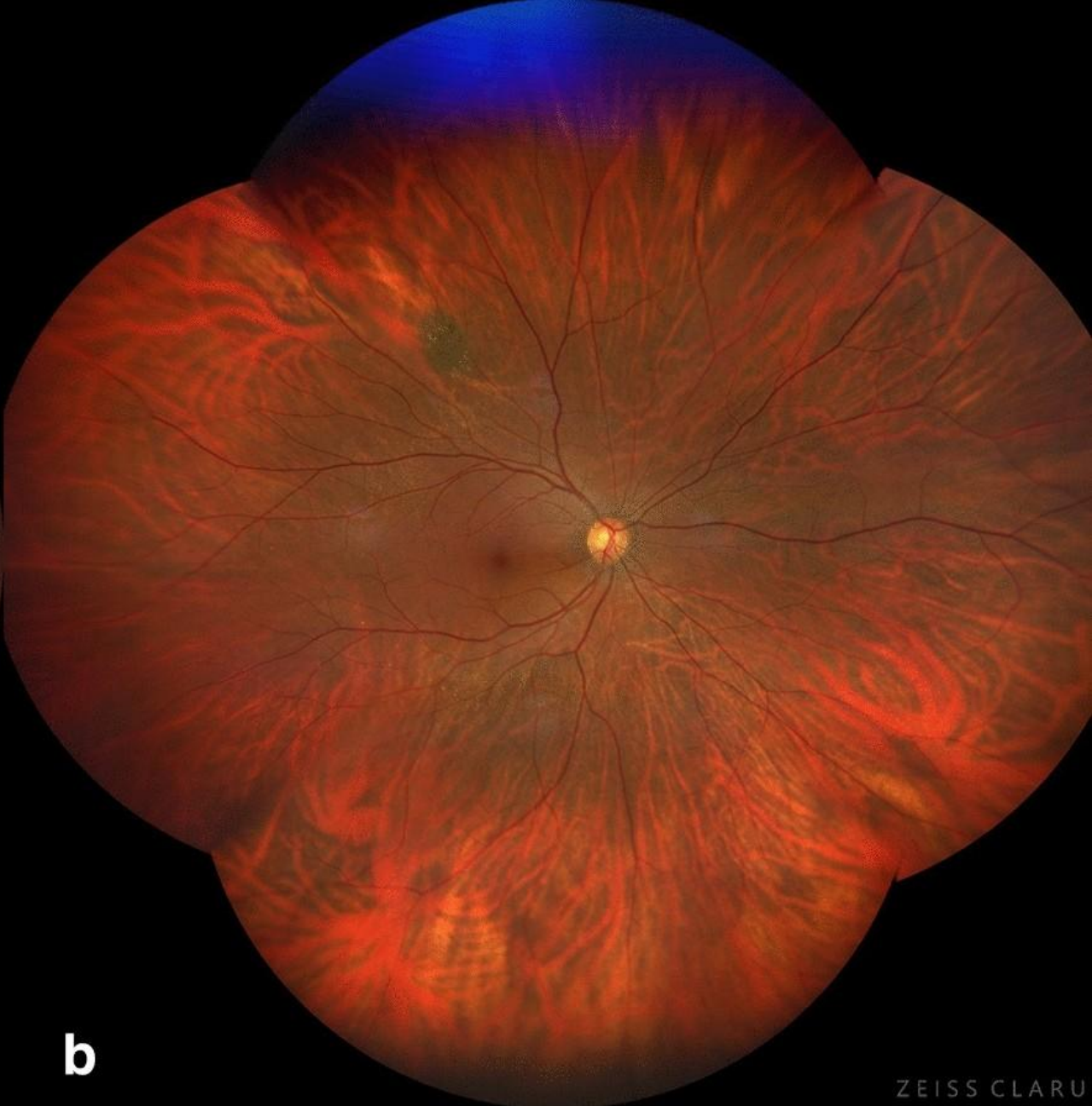
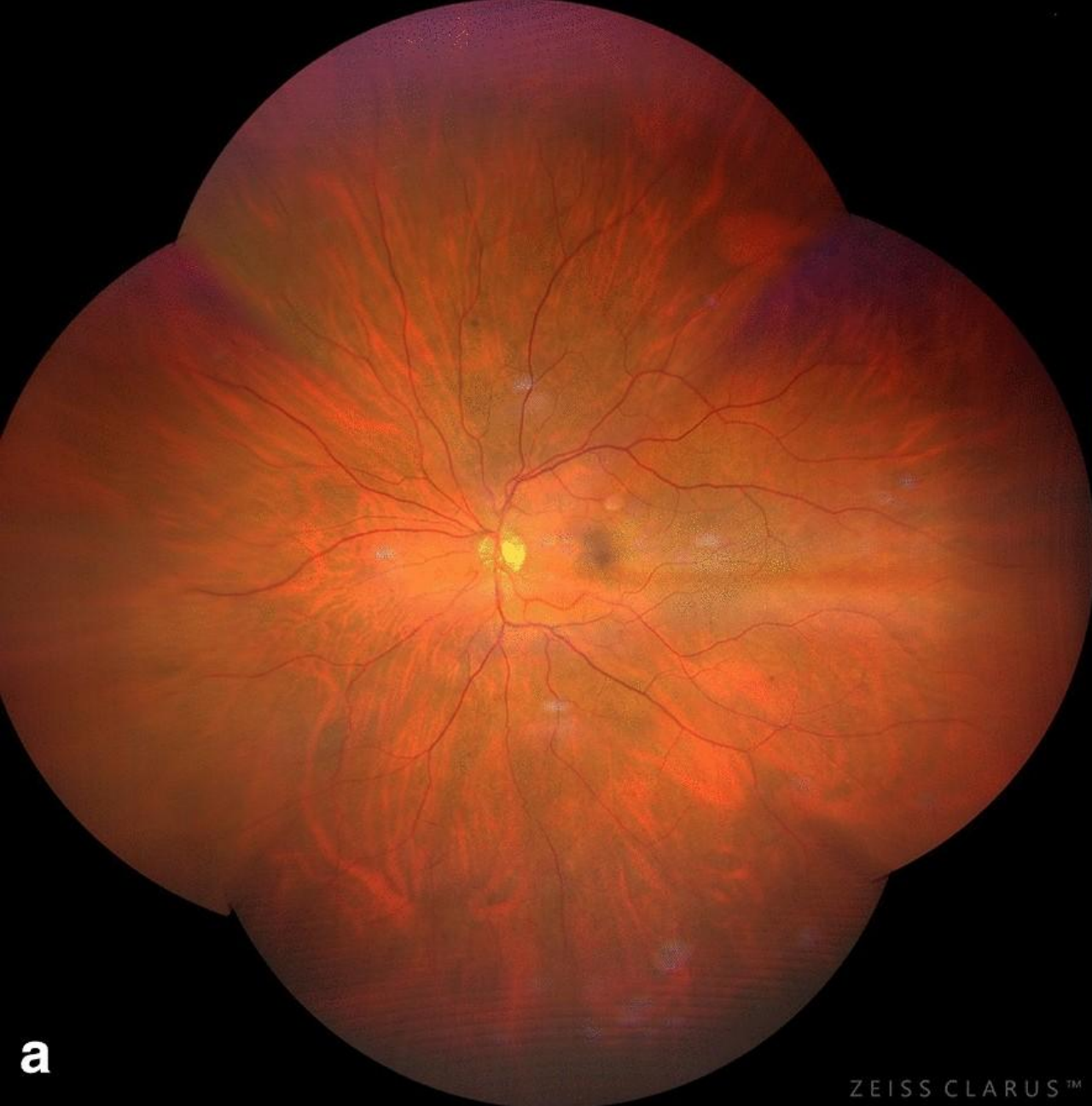
Còrnia

Conjuntiva

Esclera





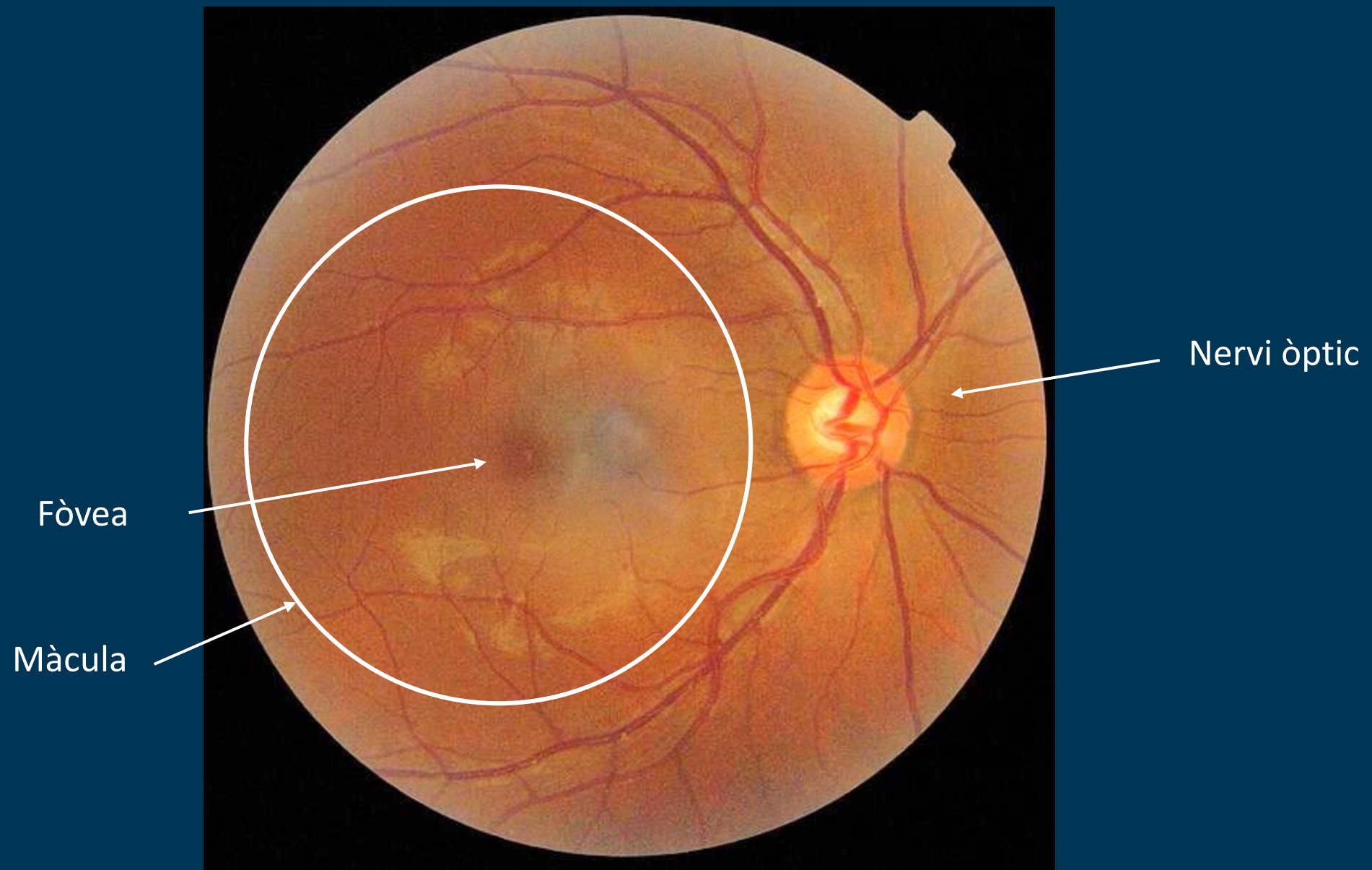


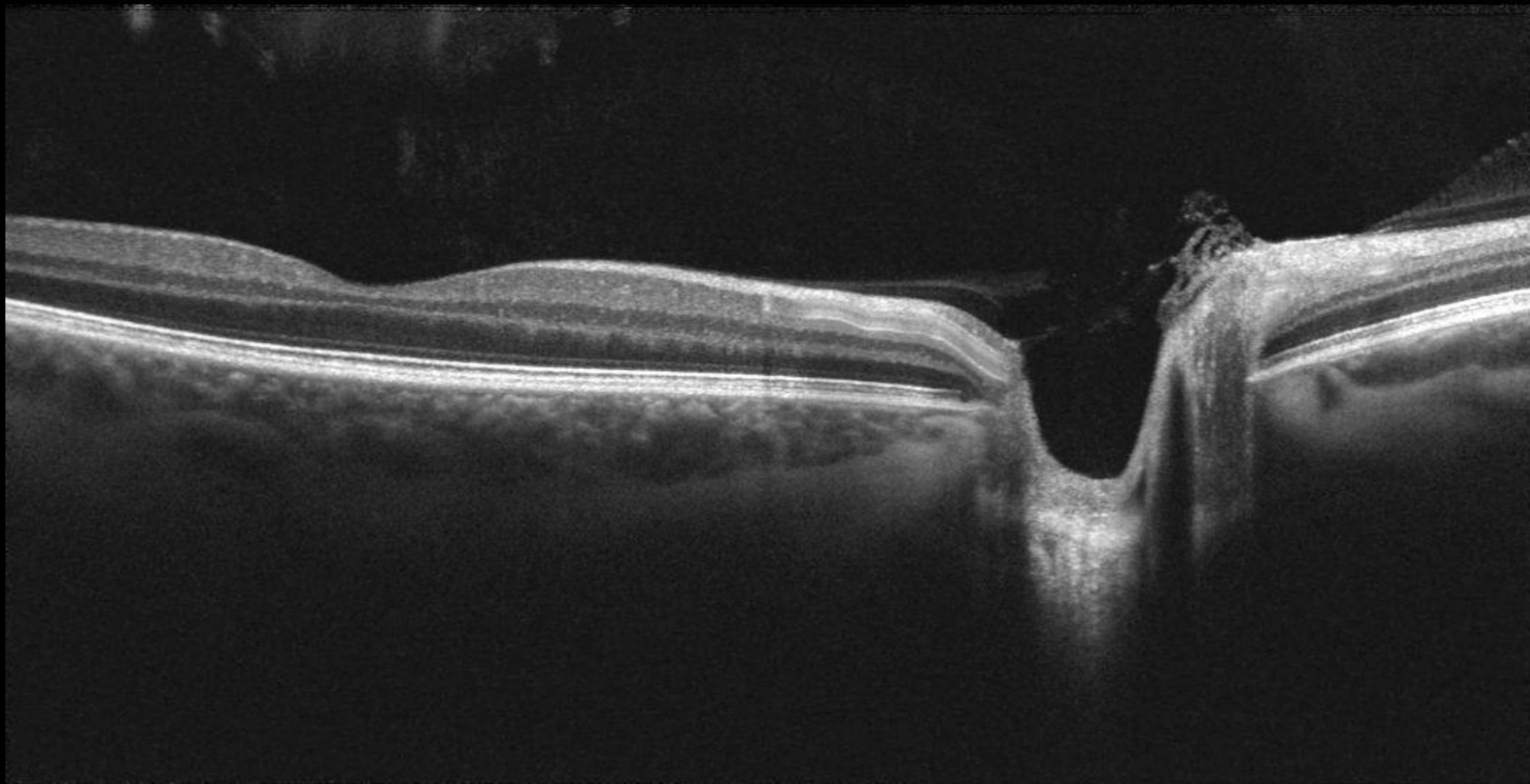
a

ZEISS CLARUS™

b

ZEISS CLARU



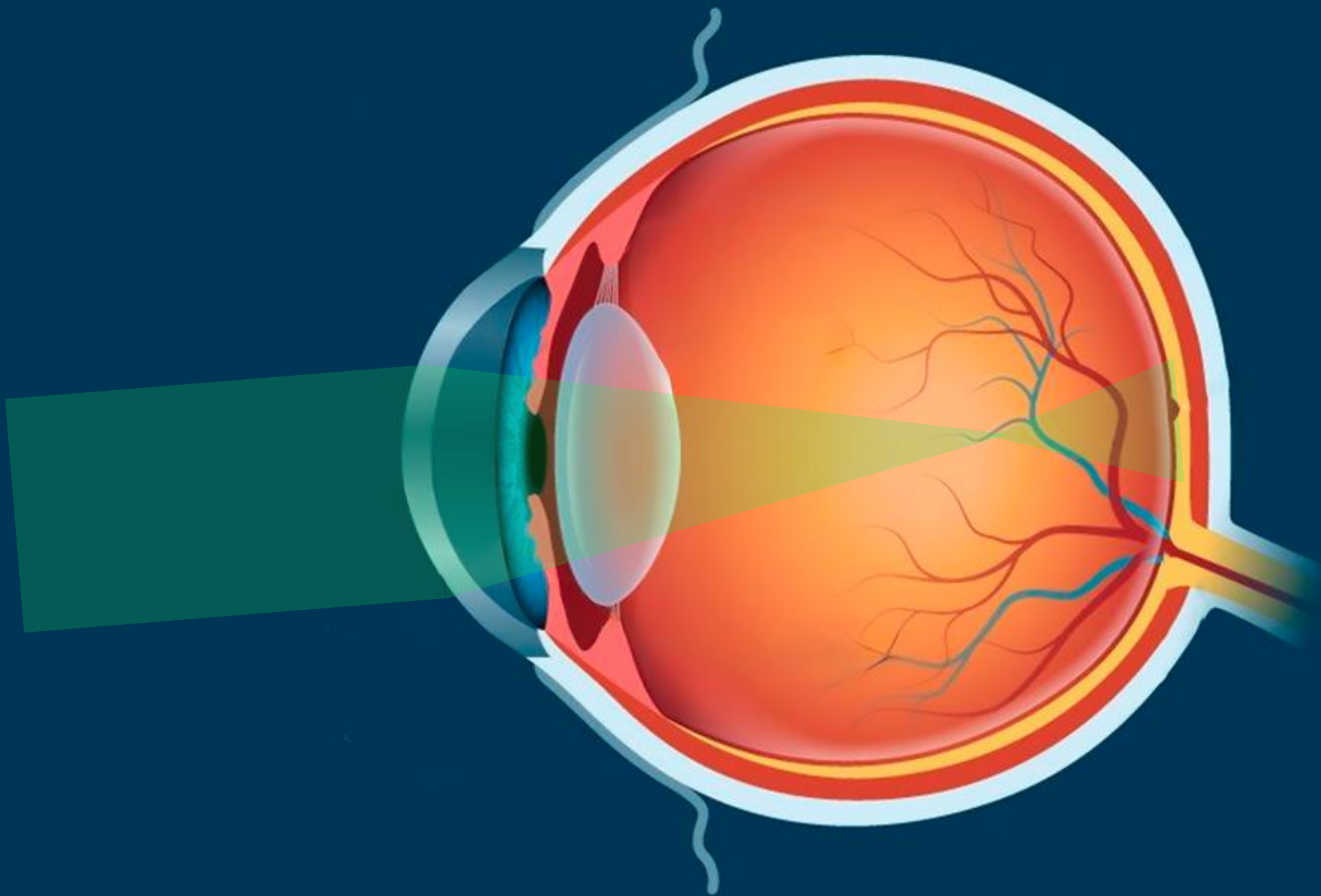


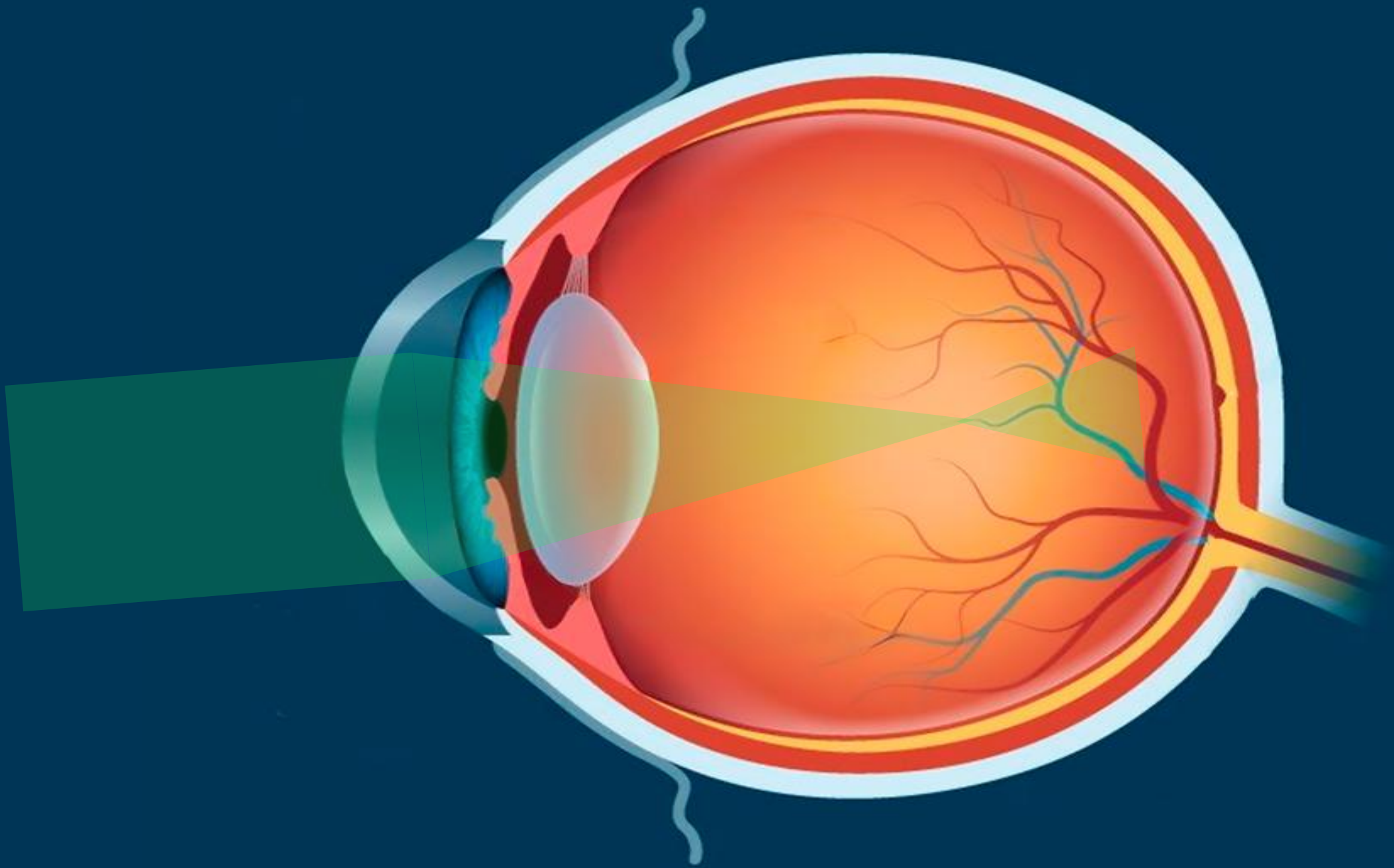
LOGARITHMIC VISUAL ACUITY CHART 2
MODIFIED "ETDRS" FOR EUROPEAN-WIDE USE
FOR TESTING AT 4 METERS

DECIMAL
SNELLEN

LogMAR

1.0	A B K P E	1.0
1.1	P X E H M	1.1
1.2	E P H X B	1.2
1.3	B M A O T	1.3
1.4	O T P M A	1.4
1.5	X O A E P	1.5
1.6	B P X T K	1.6
1.7	O K T M A	1.7
1.8	K T X H O	1.8
1.9	H O M T X	1.9
2.0	M E T A H	2.0
2.1	E A P B M	2.1
2.2	T H B A E	2.2
2.3	P H O R M	2.3





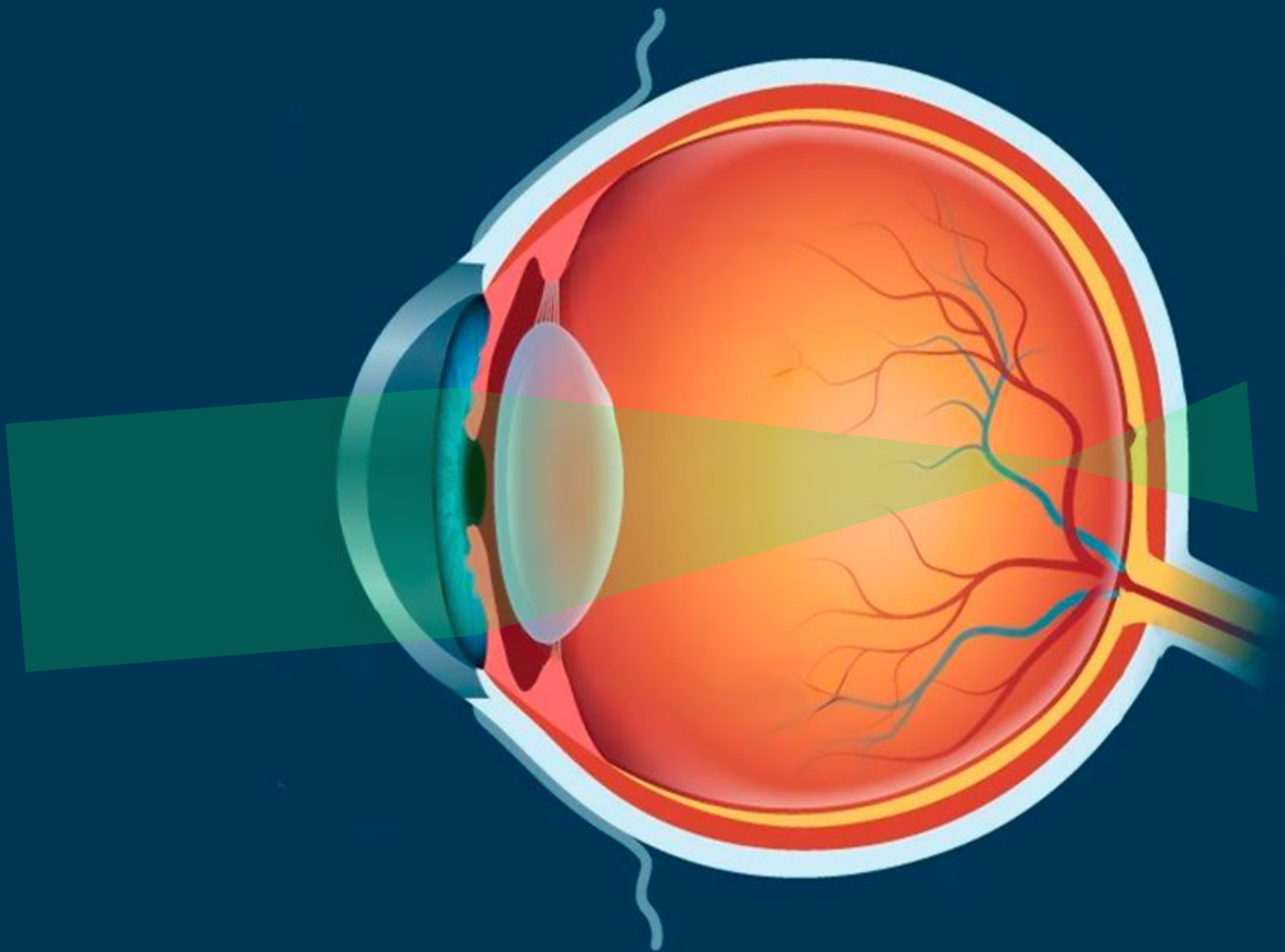
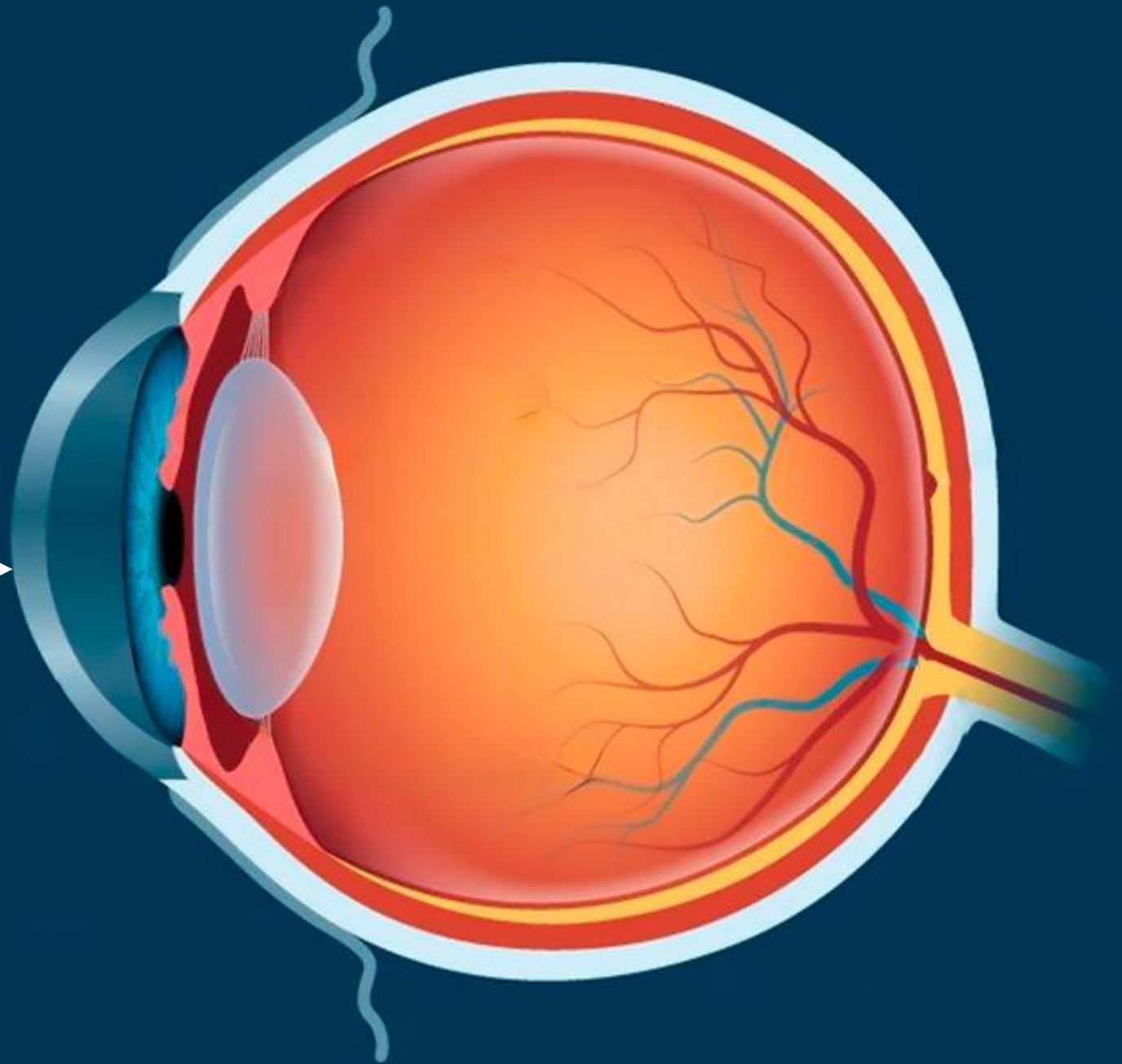




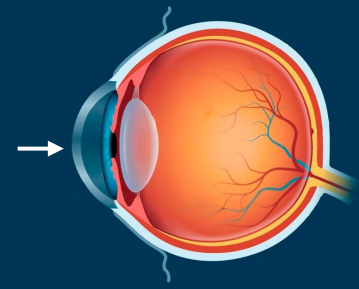
Foto de Matt Winkelmeyer/Getty images



PATOLOGIA DEL
SEGMENT
ANTERIOR



Sequedat ocular

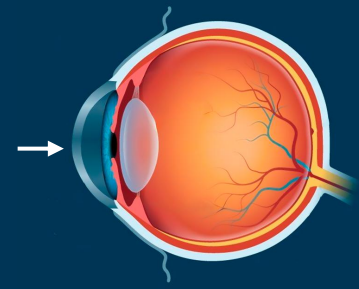


- 20% de població
- Dones (>40 anys)
- Pantalles, diabetes, glaucoma, antiHTA
- Sdr. Sjögren
- Problemes palpebrals

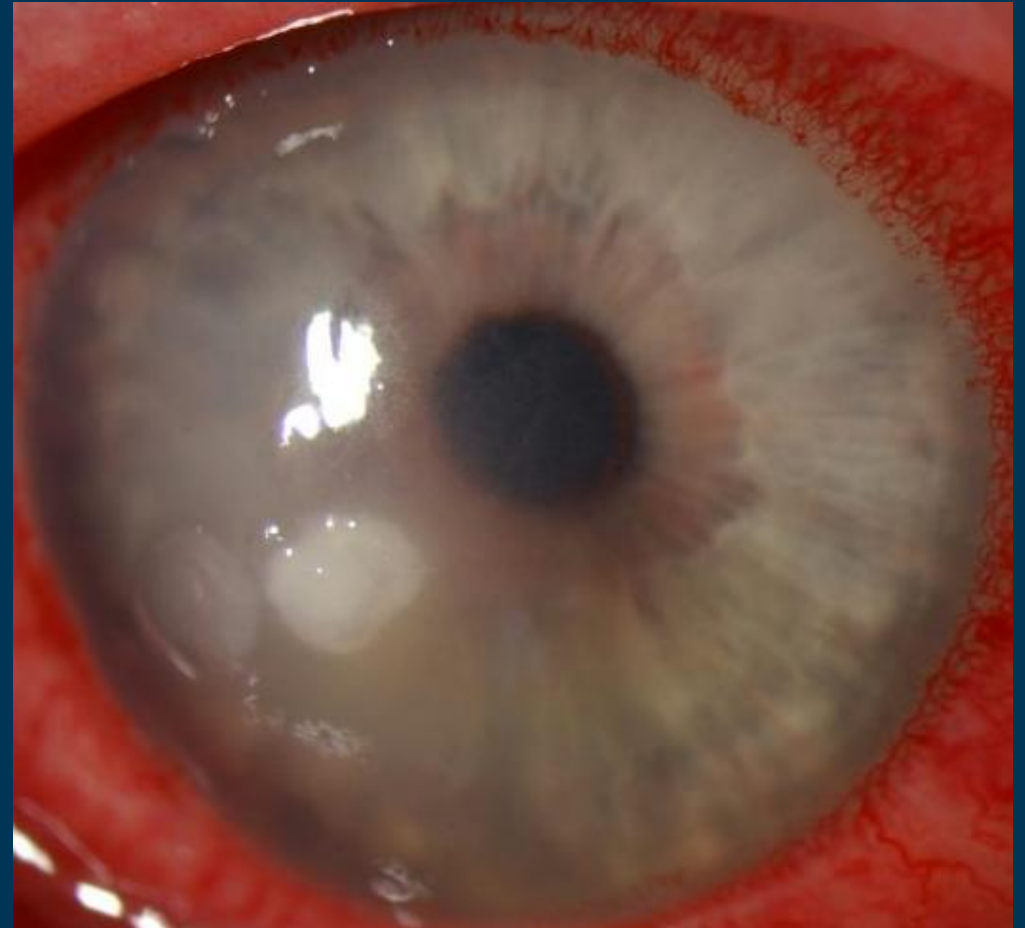
Síntomes: Sequedat, prurit, sensació de cos estrany i llagrimatge

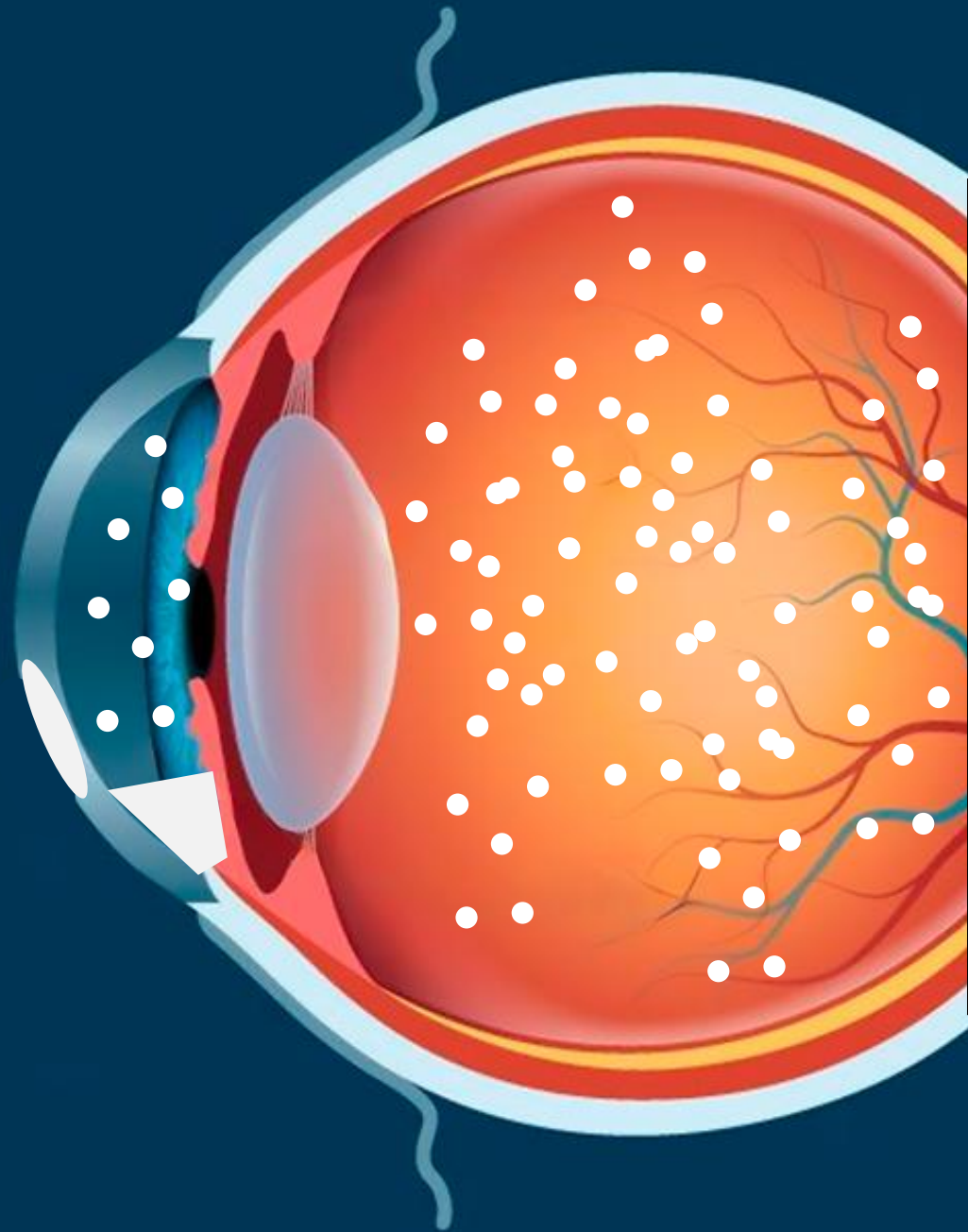


Úlceres e infeccions

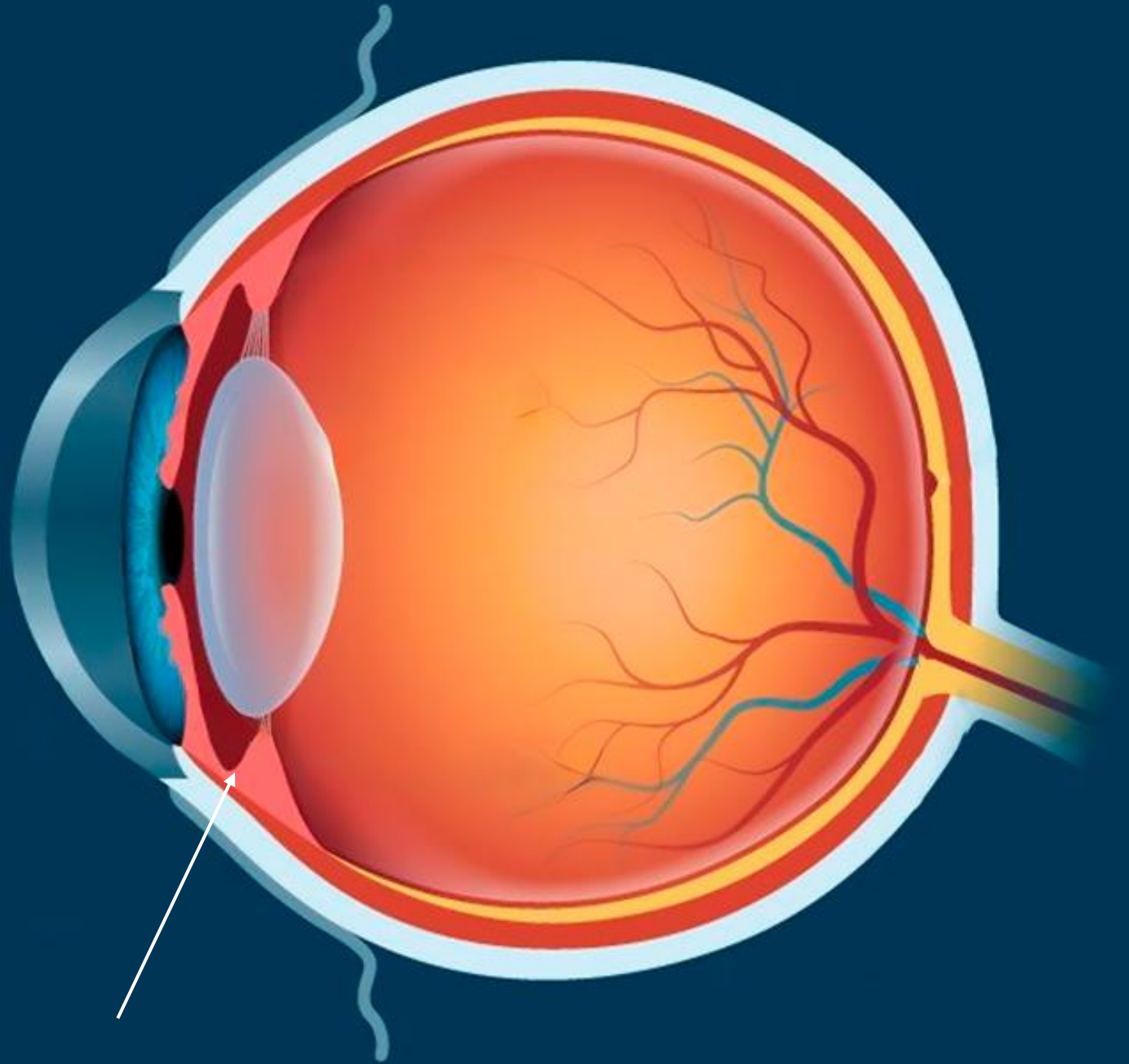


- Traumatismes
- Sequedat
- Immunosupressió
- Portadors de LC



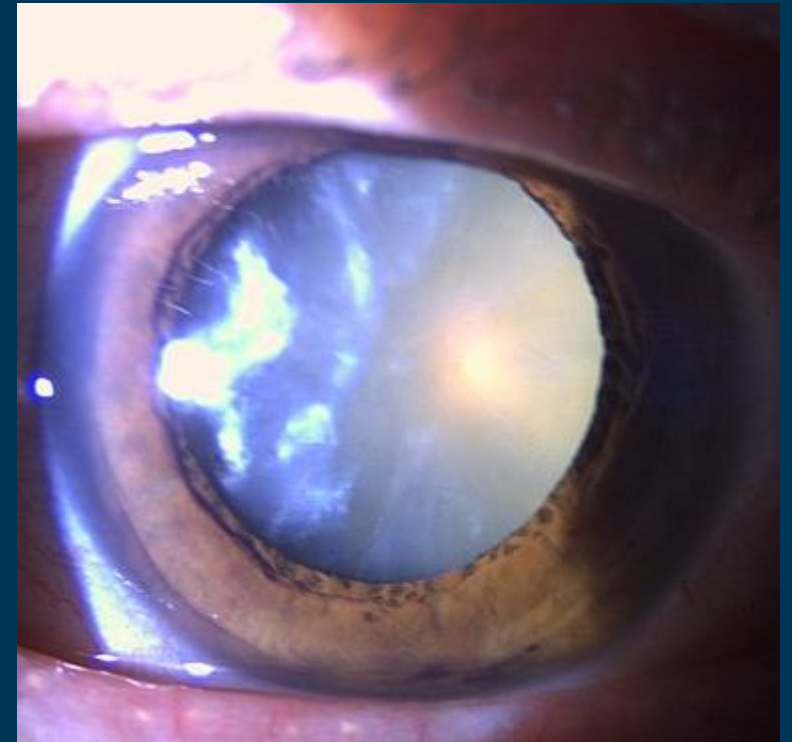
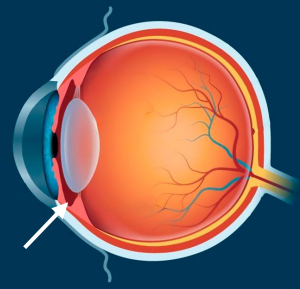


PATOLOGIA DEL
SEGMENT
ANTERIOR



Cataracta

- Primera causa de ceguera reversible mundial
- No prevenible
- Solució quirúrgica



Diaconu Paul. Wikicommons. 24 Nov 2017



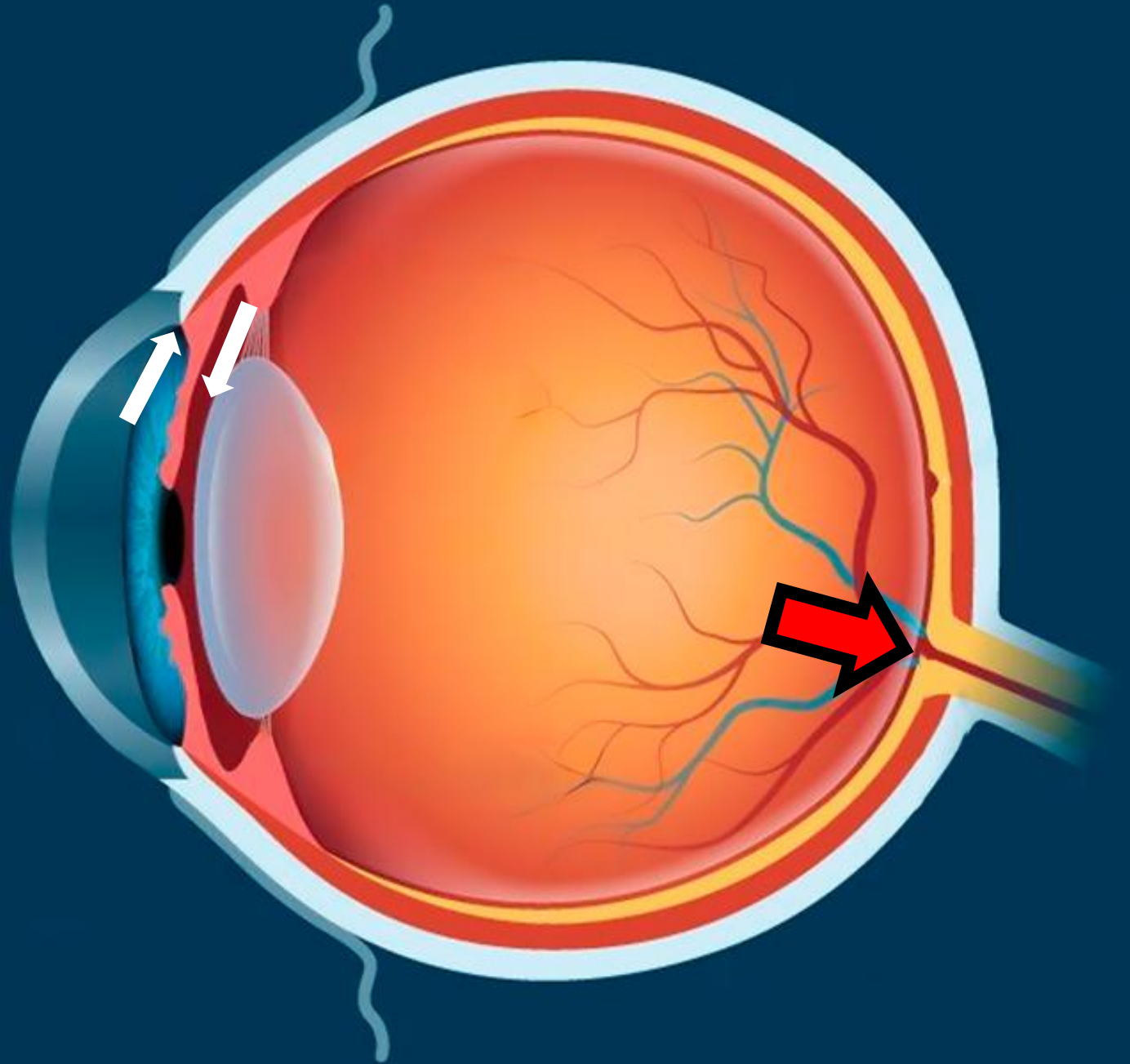


Glaucoma

- Hipertensió ocular
 - Excés de fabricació
 - Problema en drenatge

≠

- Dany al nervi òptic

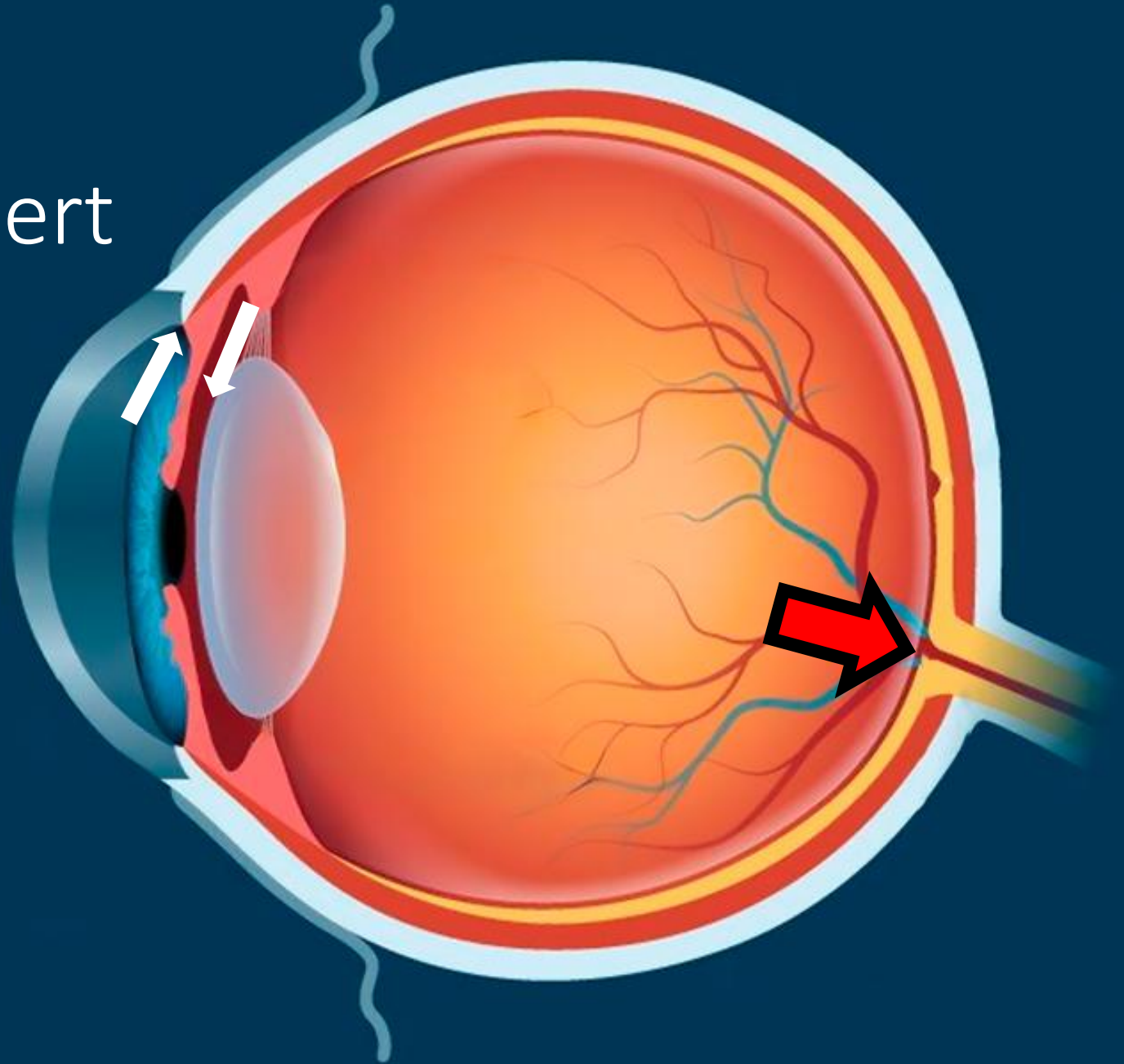


Glaucoma crònic d'angle obert

- Hipertensió ocular
 - Excés de fabricació
 - Problema en drenatge

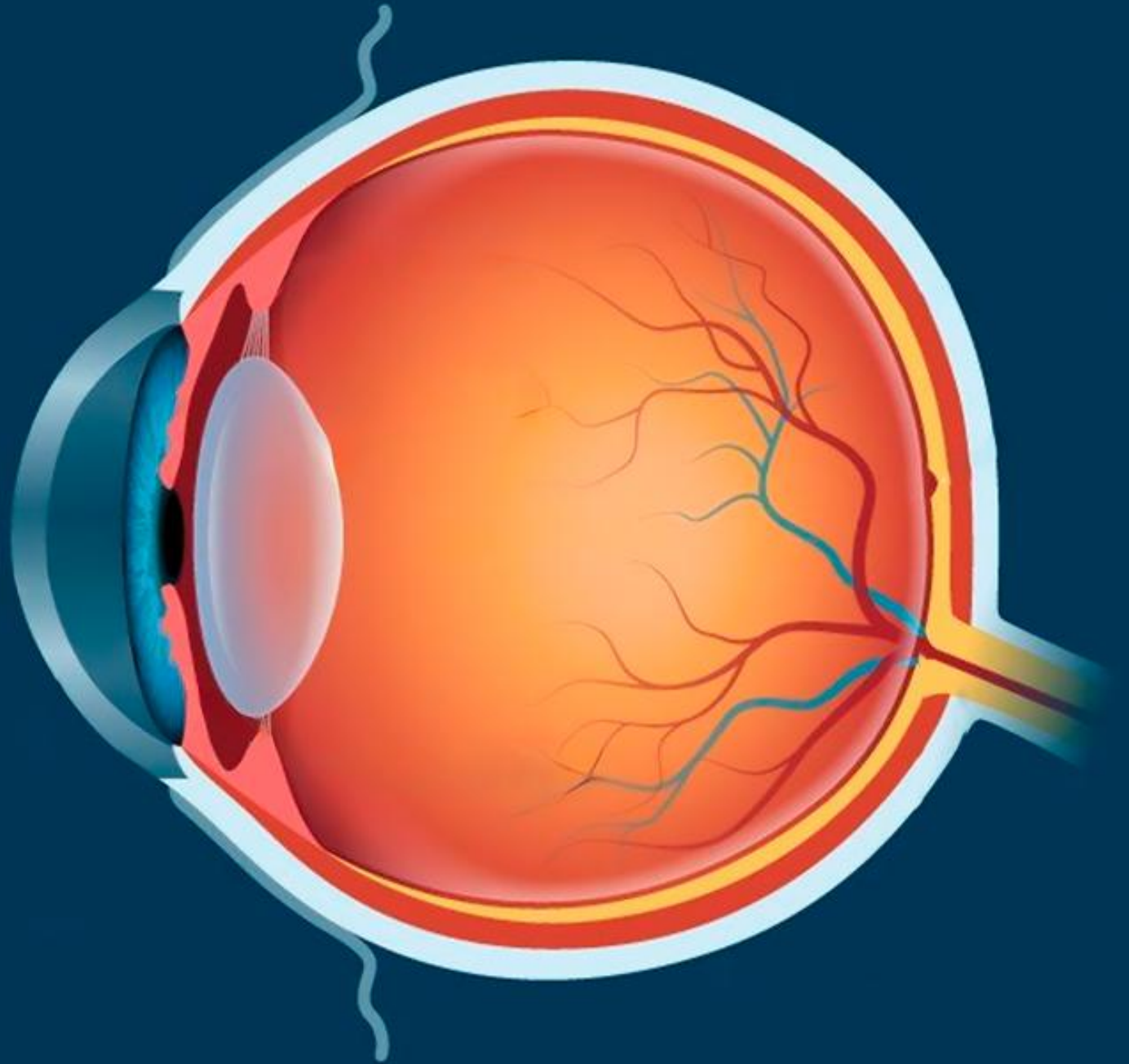
≠

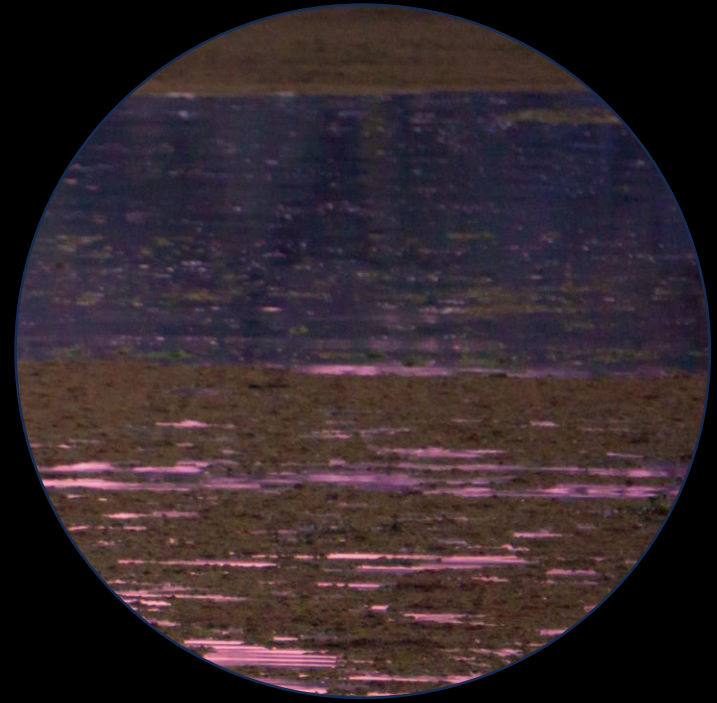
- Dany al nervi òptic



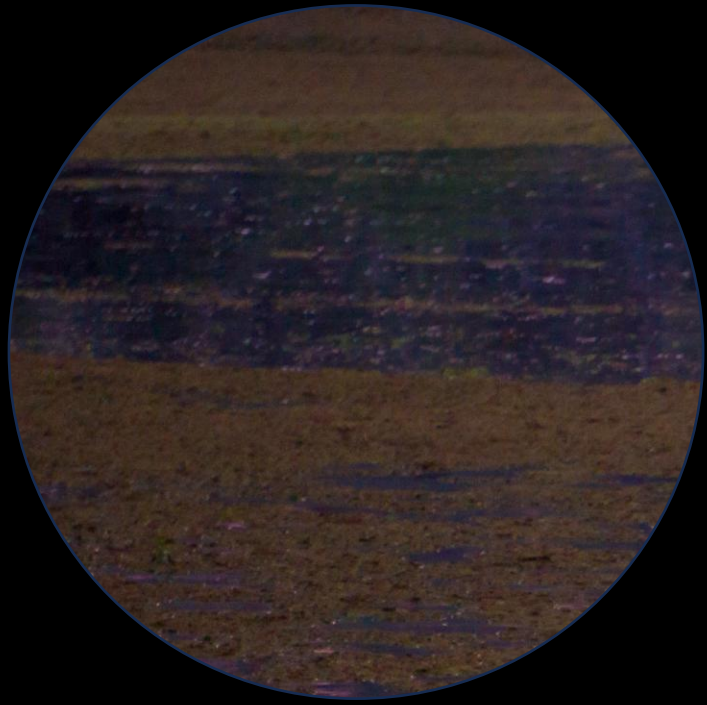
Glaucoma agut

- Sòbit
- Dolor
- Visió borrosa
- Emergència!!









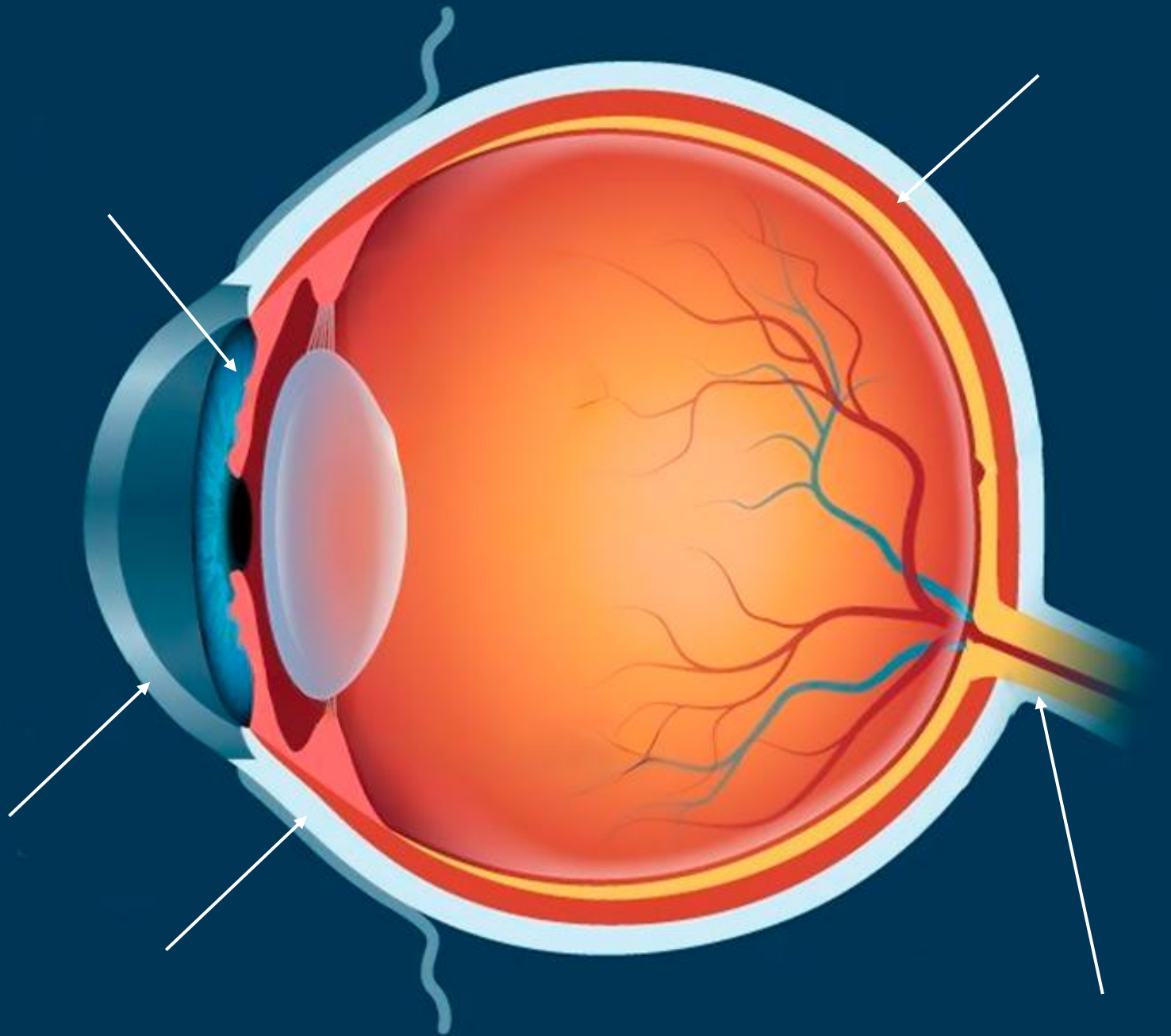








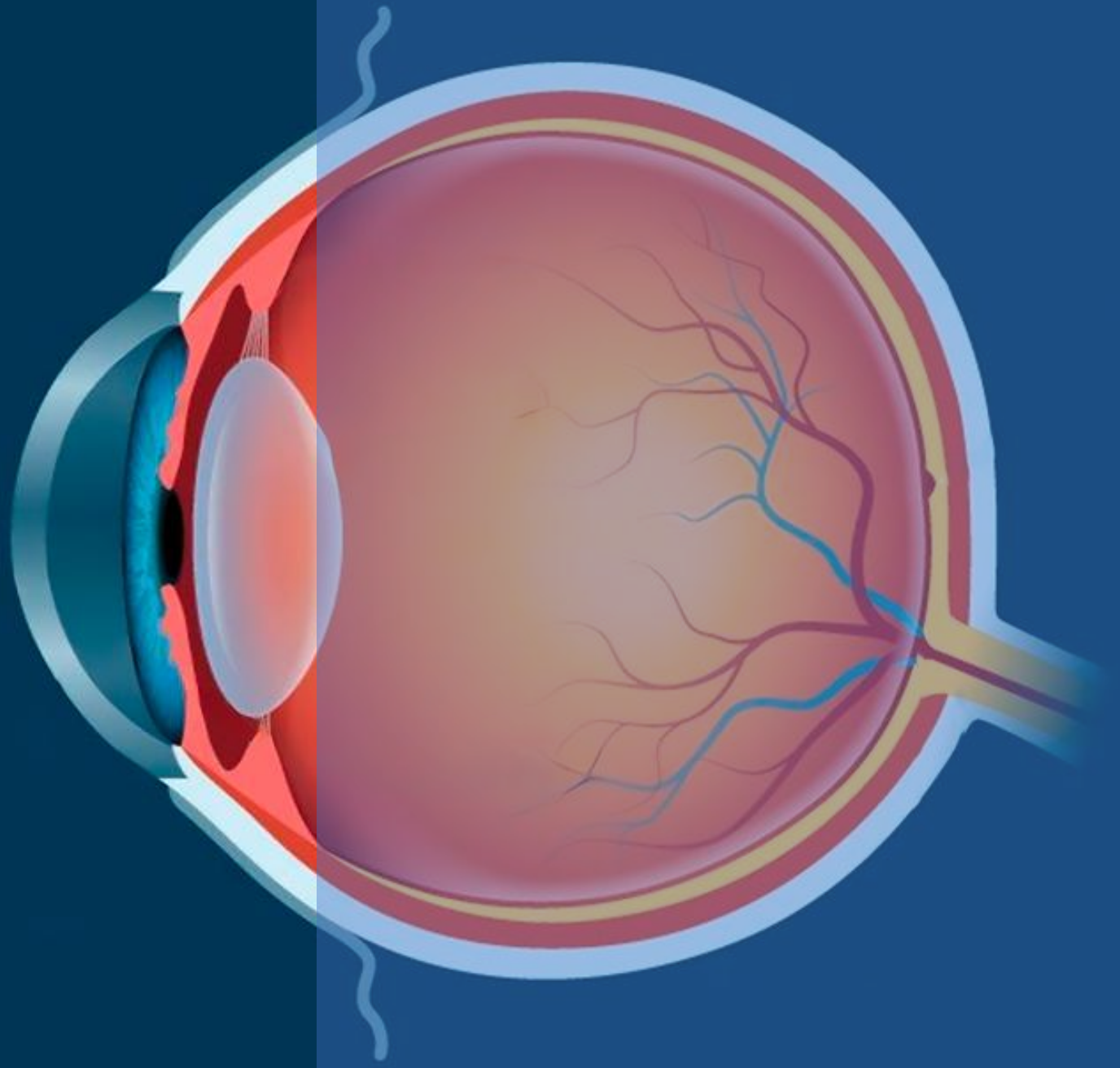
Inflamació ocular



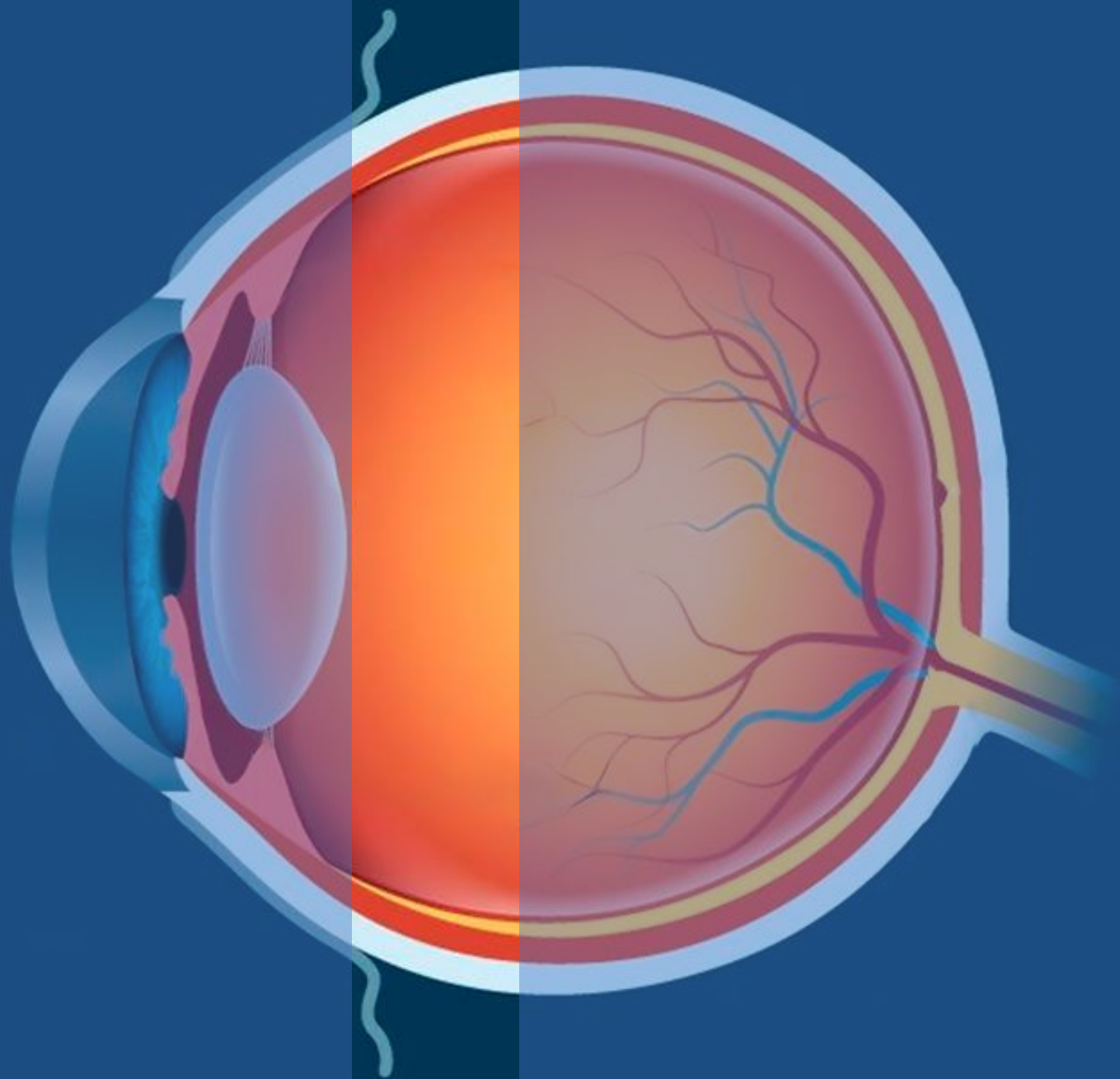
Uveïtis

- Adults joves
- 3º causa de ceguera en primer mon
- Molt sovint d'etiologia sistèmica:
 - Autoimmune
 - Infecció
 - Traumàtic
 - Tumoral
 - Farmacològic*

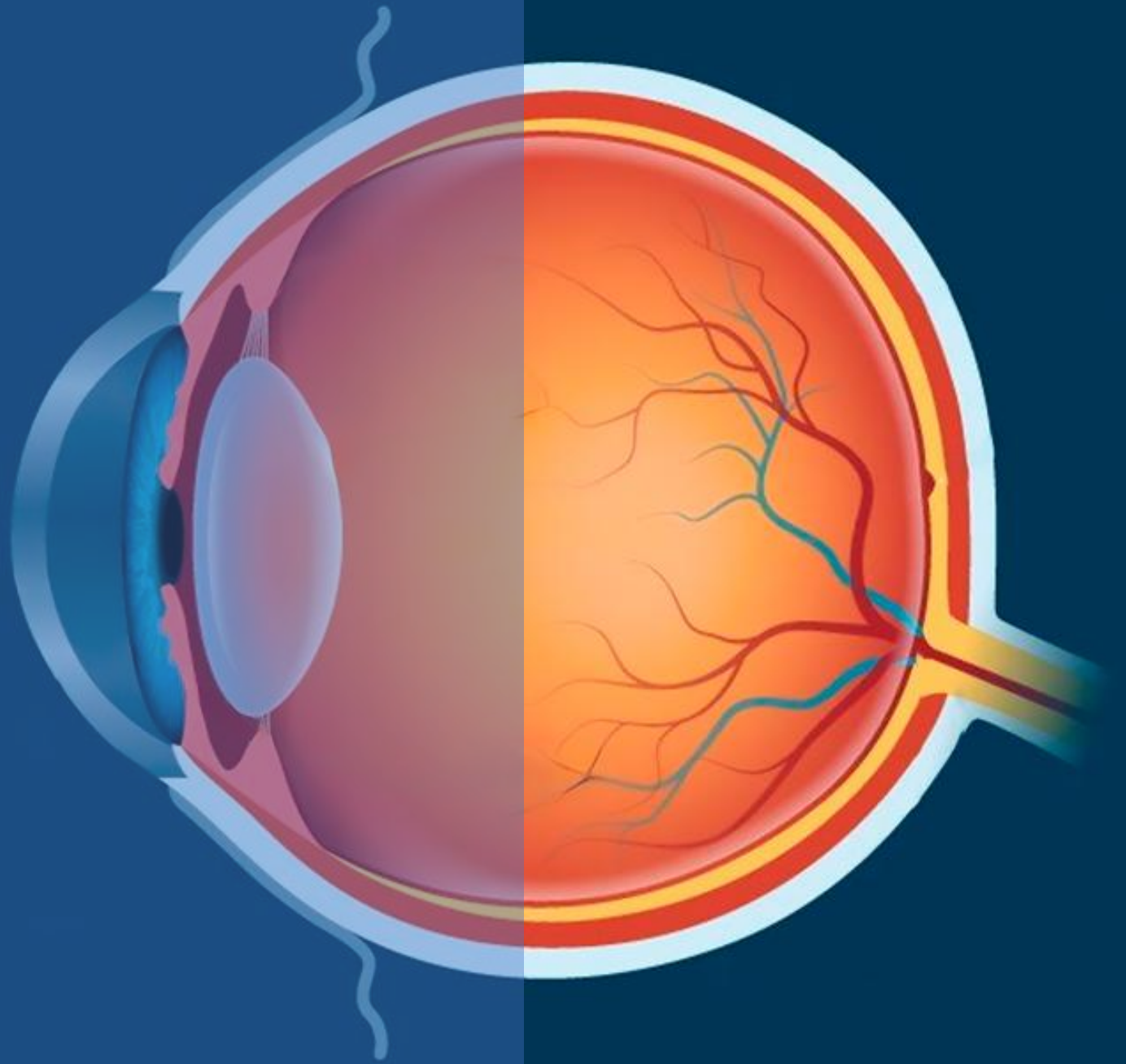
Uveitis
anterioris



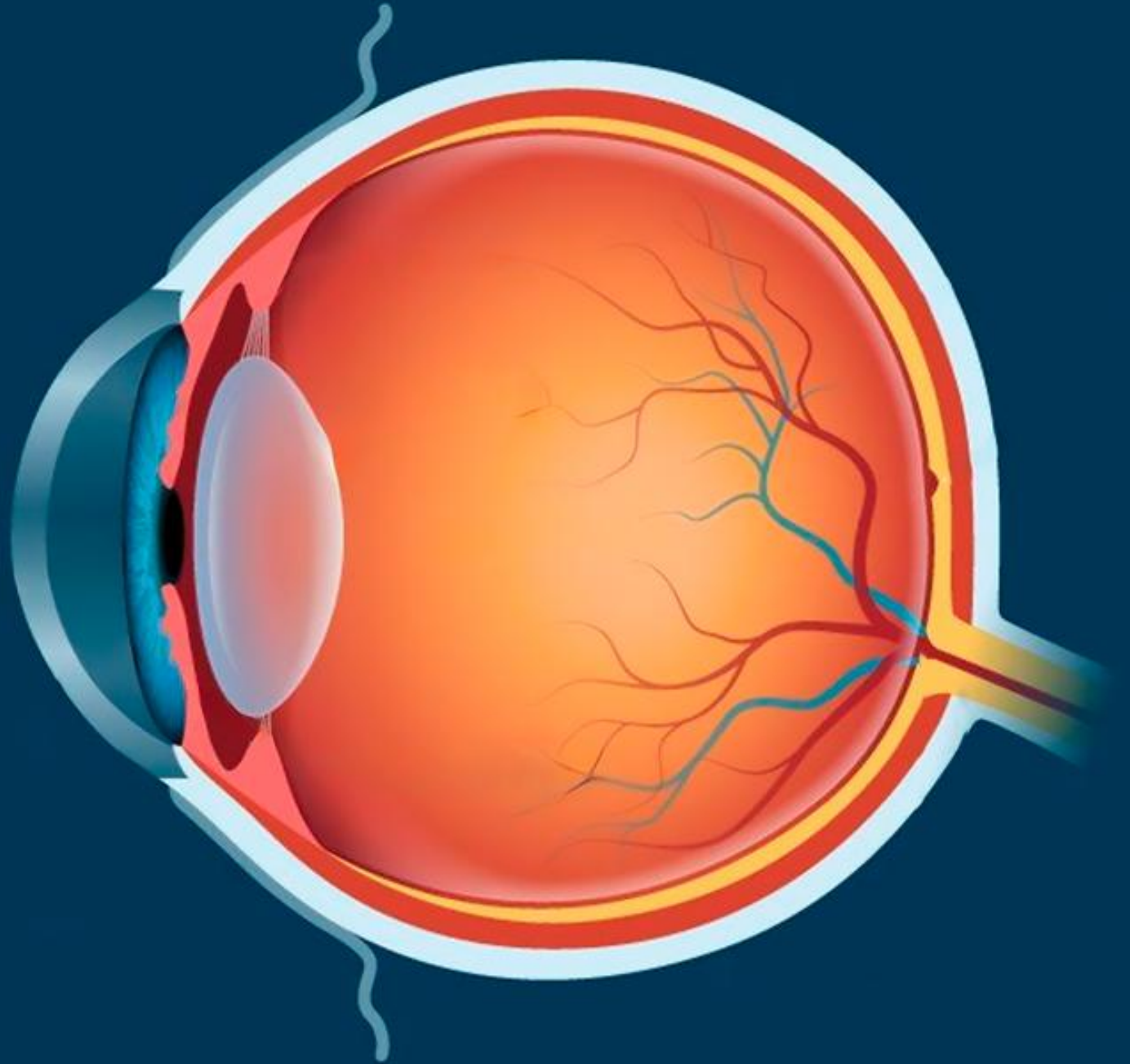
Uveitis
intermitges



Uveitis
posteriors

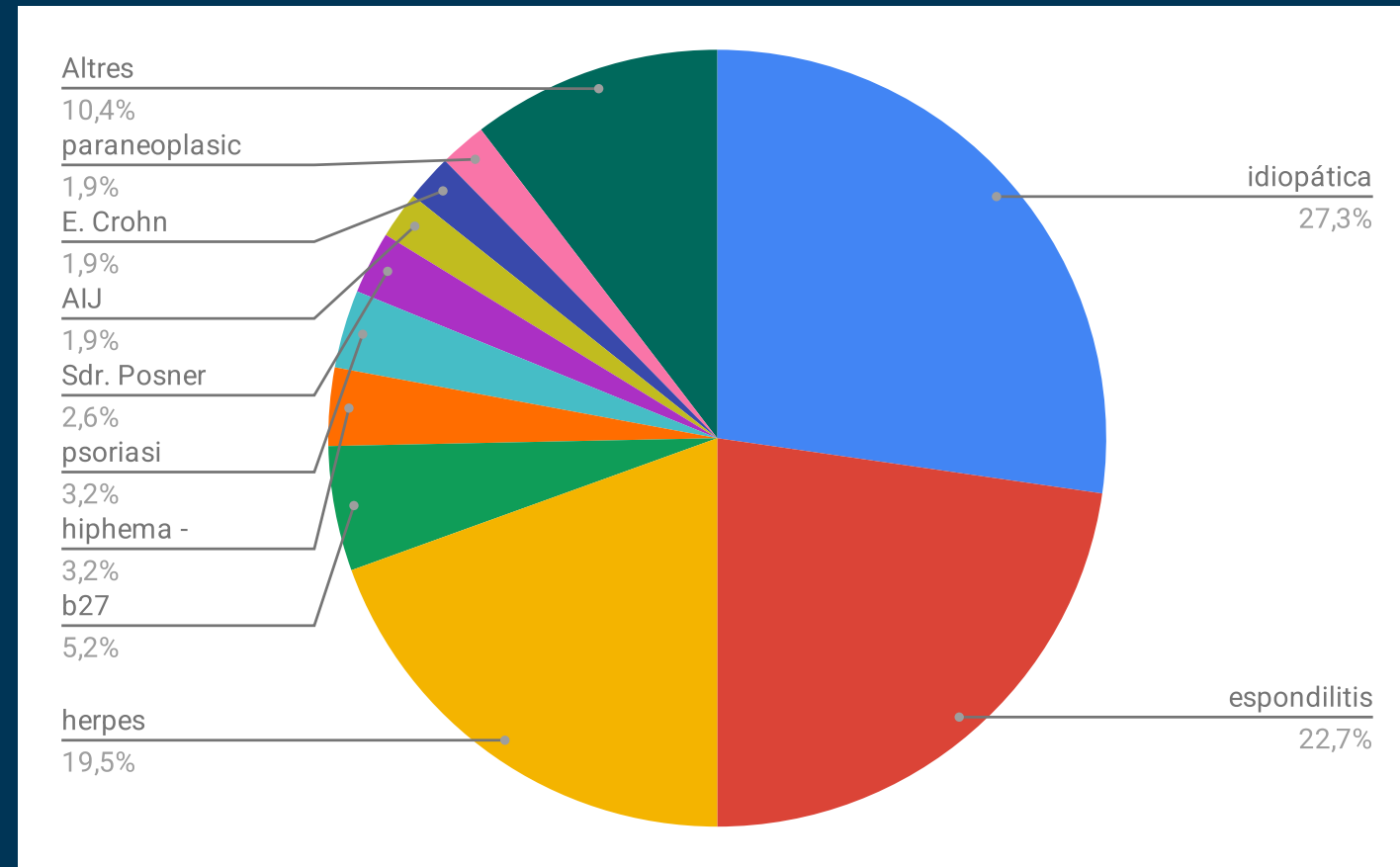


Panuveitis



Uveïtis anteriors

- Més freqüent
- Visió borrosa
- Dolor
- Fotofòbia



Tyndall

Standardized Grading Scales for Uveitis²

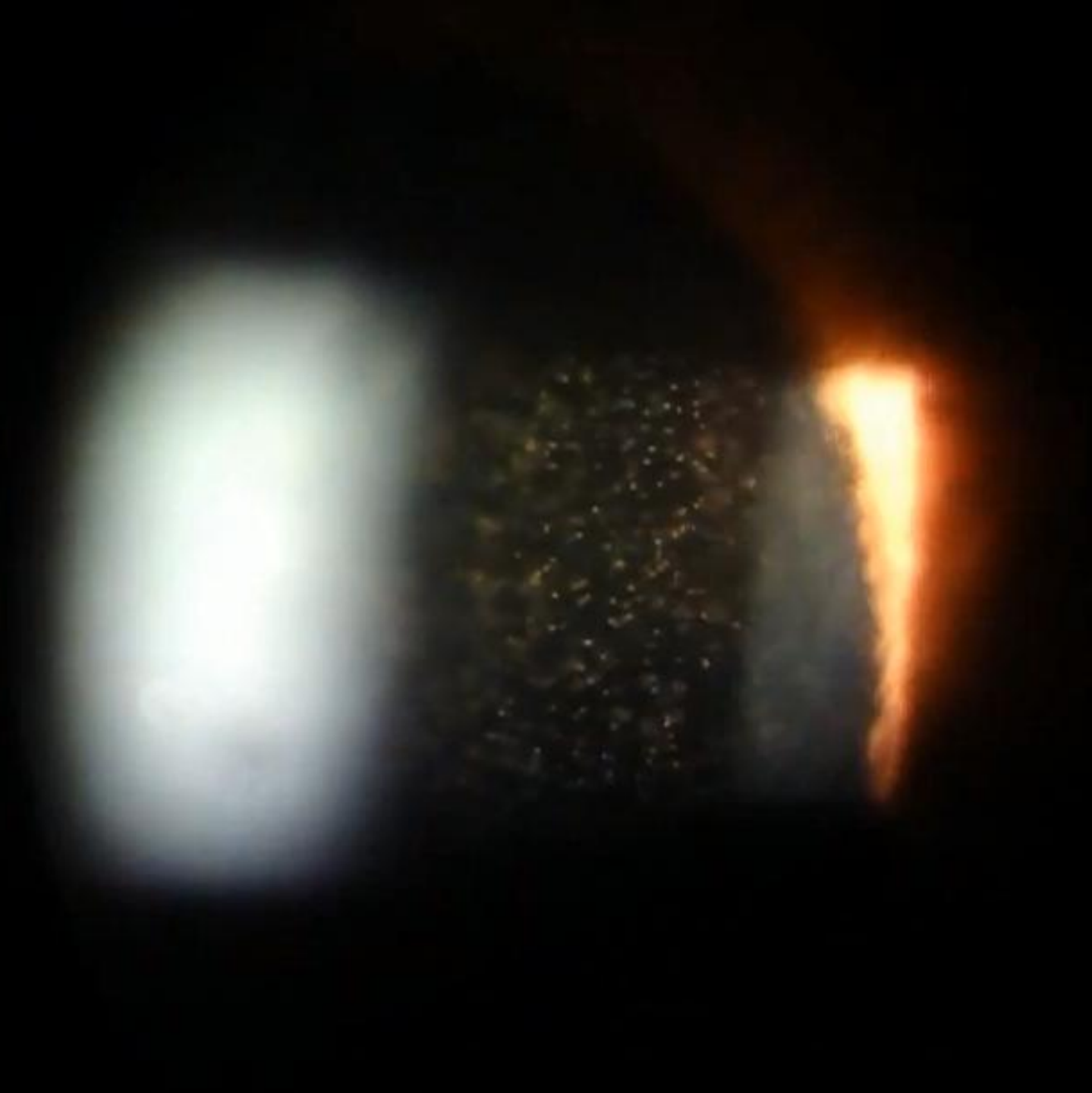
SUN Grading Scheme for Anterior Chamber Cells

<u>Grade</u>	<u>Cells in Field</u>
0	< 1
0.5+	1 – 5
1+	6 – 15
2+	16 – 25
3+	26 – 50
4+	50+

(using 1 mm slit beam)

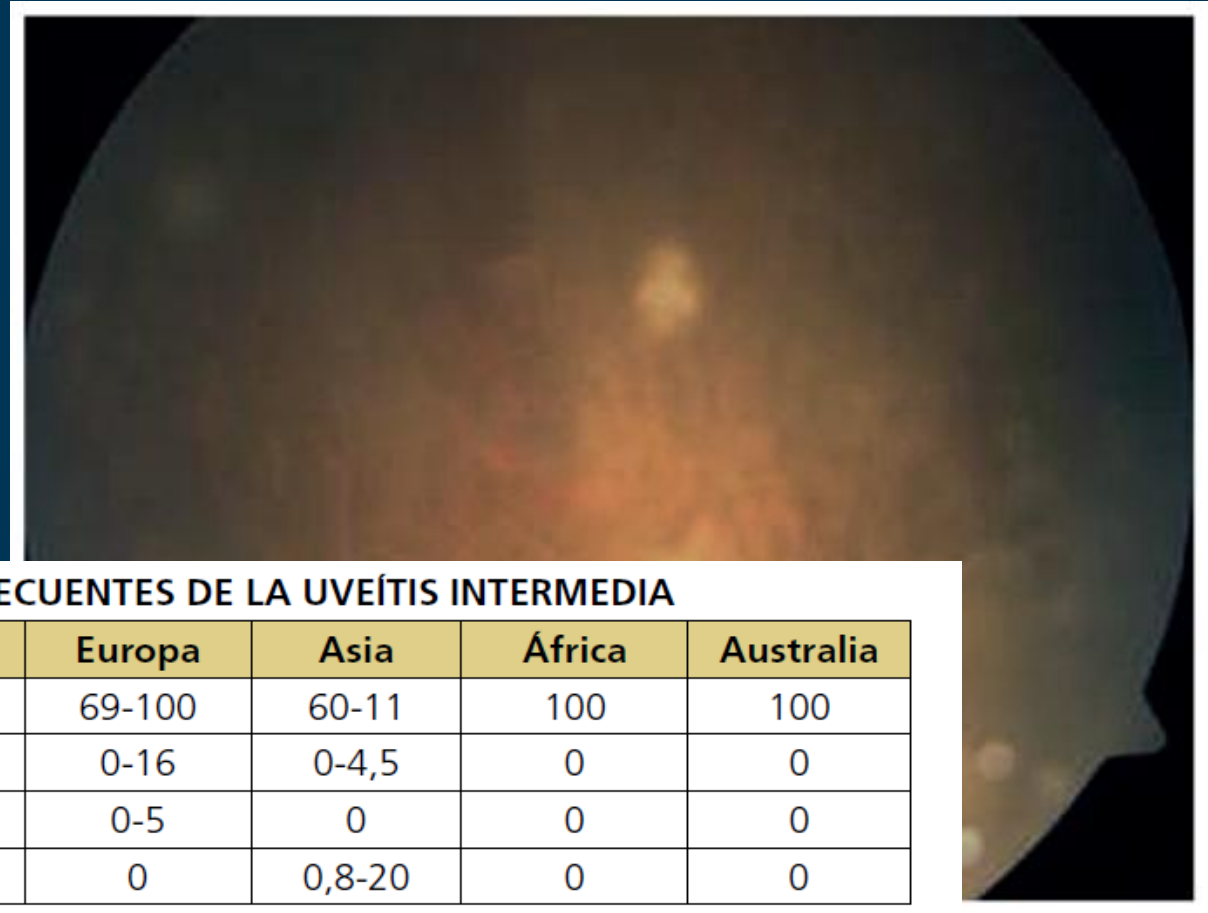
SUN Grading Scheme for Anterior Chamber Flare

<u>Grade</u>	<u>Description</u>
0	None
1+	Faint
2+	Moderate (iris/lens details clear)
3+	Marked (iris/lens details hazy)
4+	Intense (fibrin/plastic aqueous)



Uveïtis intermitges

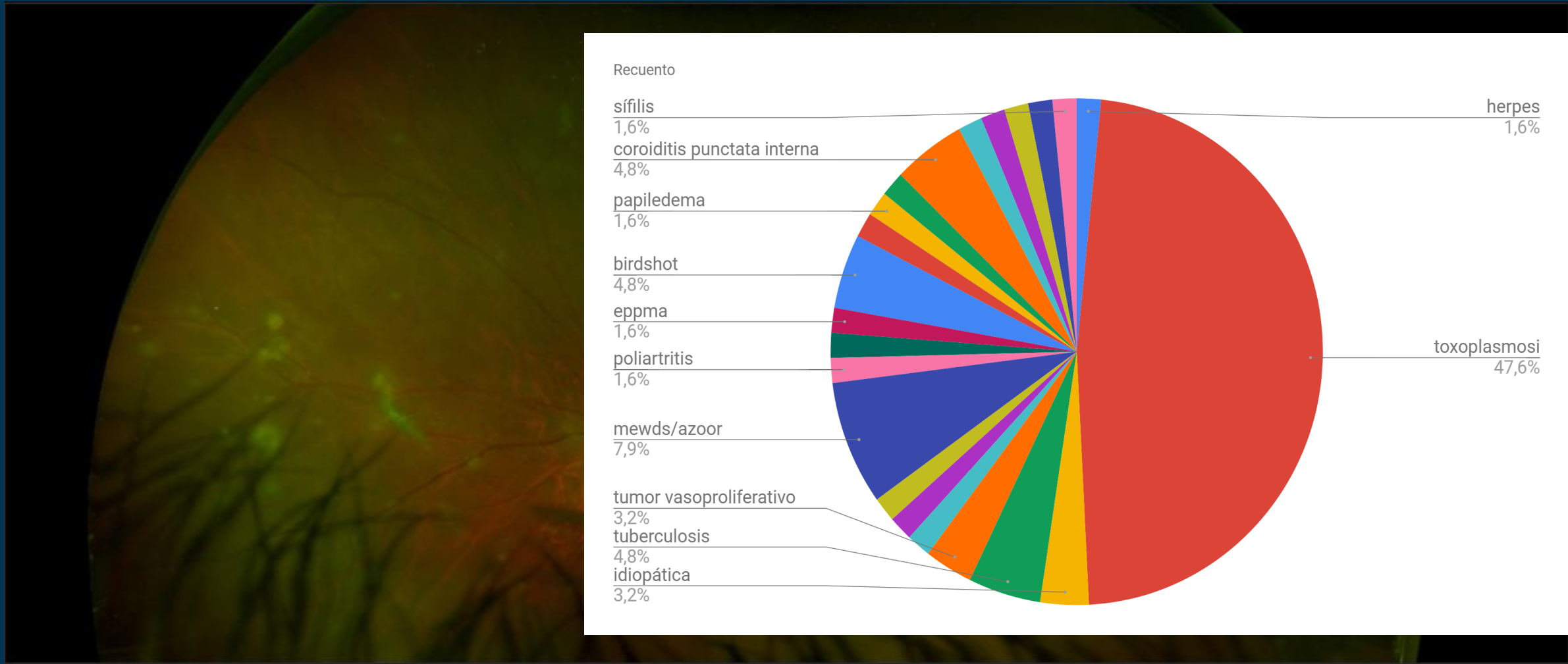
- Menys freqüent
- Miodesòpsies
- Visió borrosa
- Fotòpsies



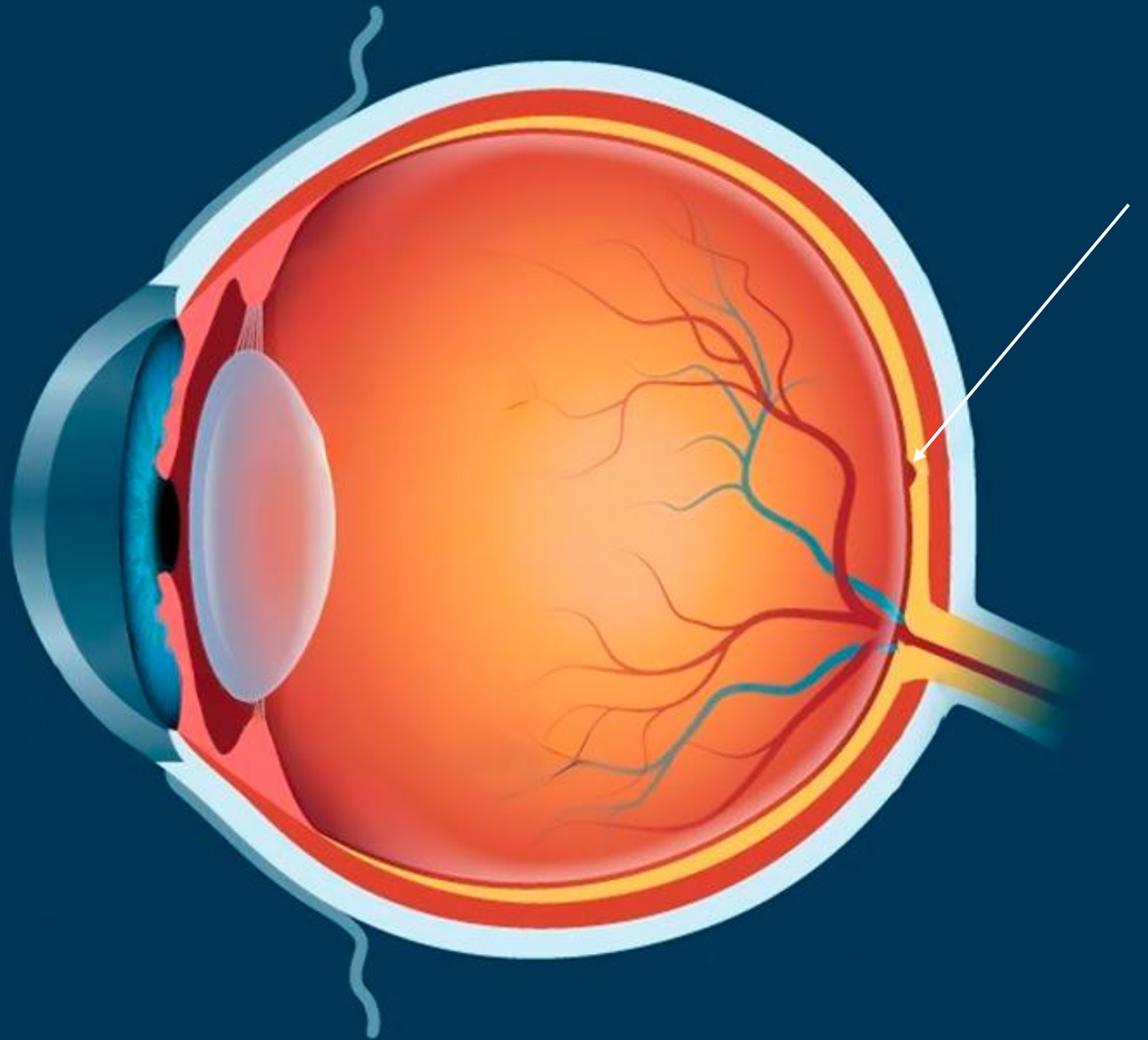
ETIOLOGÍAS Y ASOCIACIONES CLÍNICAS FRECUENTES DE LA UVEÍTIS INTERMEDIA

Etiologías (en %)	EE.UU.	Sudamérica	Europa	Asia	África	Australia
Idiopática	70-100	100	69-100	60-11	100	100
Sarcoidosis	0-22	0	0-16	0-4,5	0	0
Esclerosis en placas	0-8	0	0-5	0	0	0
HTLV-1	0	0	0	0,8-20	0	0

Uveitis posteriors

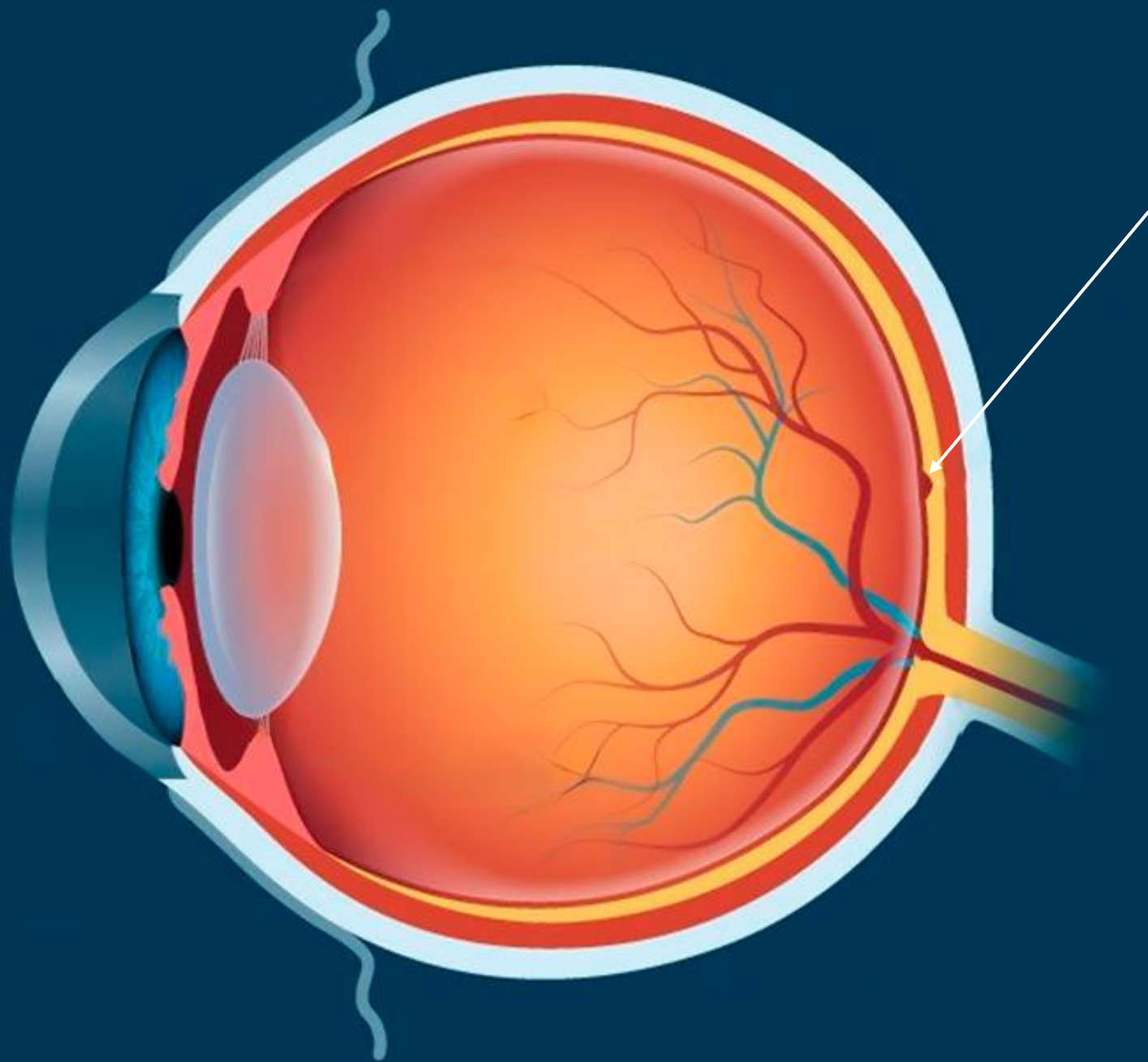


PATOLOGIA DE VITRI I RETINA



PATOLOGIA DE VITRI I RETINA

MÈDICA



DEGENERACIÓ MACULAR ASSOCIADA L'EDAT (DMAE)

- Degeneració progressiva
- Majors de 50 anys
- 0,2-5,4% de 60-85 anys
- 12-30,8% majors de 85 anys
- **Primera causa** de ceguera en mon occidental



Yasser. M. Elshatory - Intermediate AMD - Eyewiki

FACTORS DE RISC

- Edat
- Genètic
- Tabaquisme
- Dieta
- Obesitat
- HTA

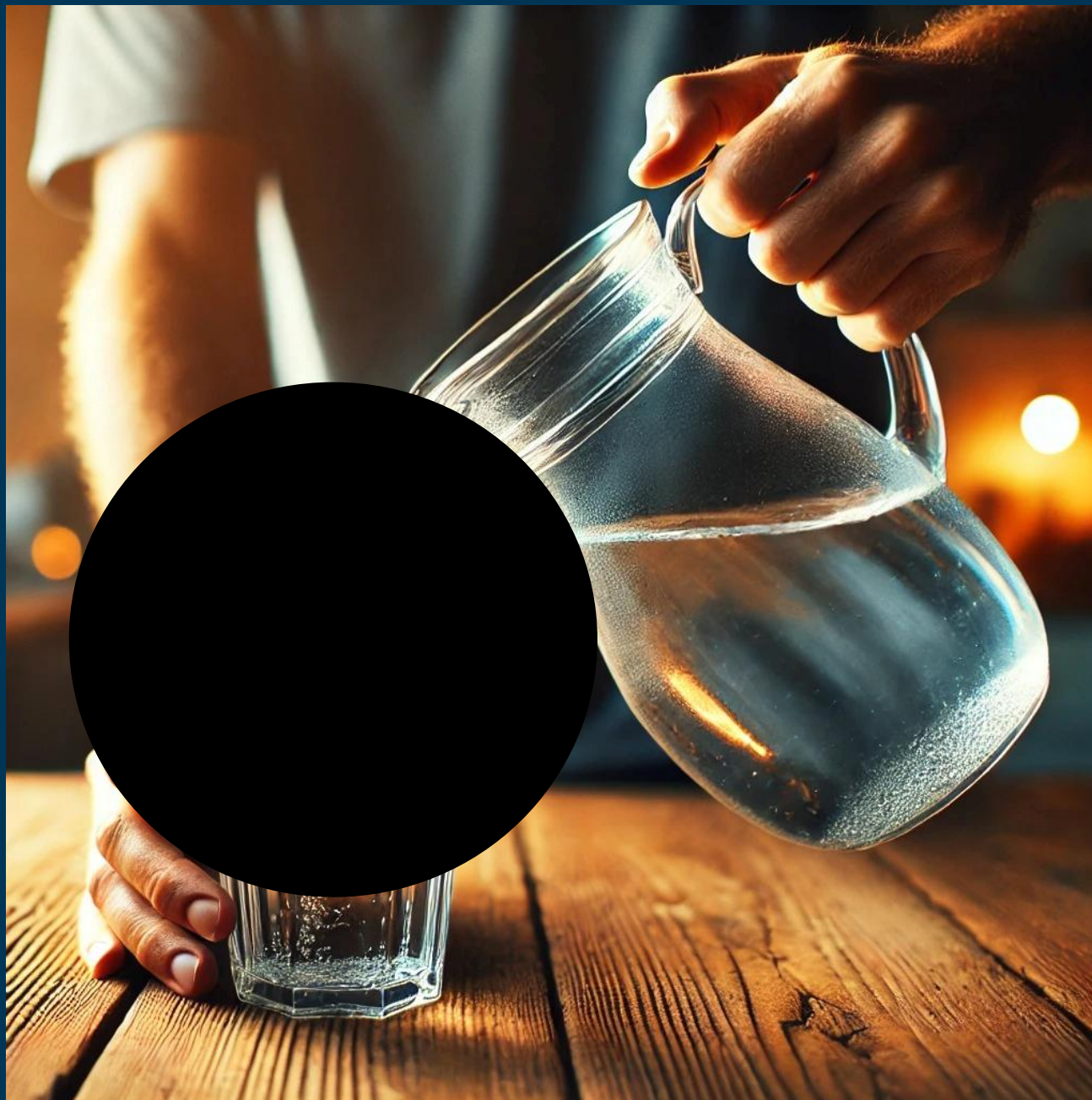


Margot Robbie – Suicide Squad Photoshoot



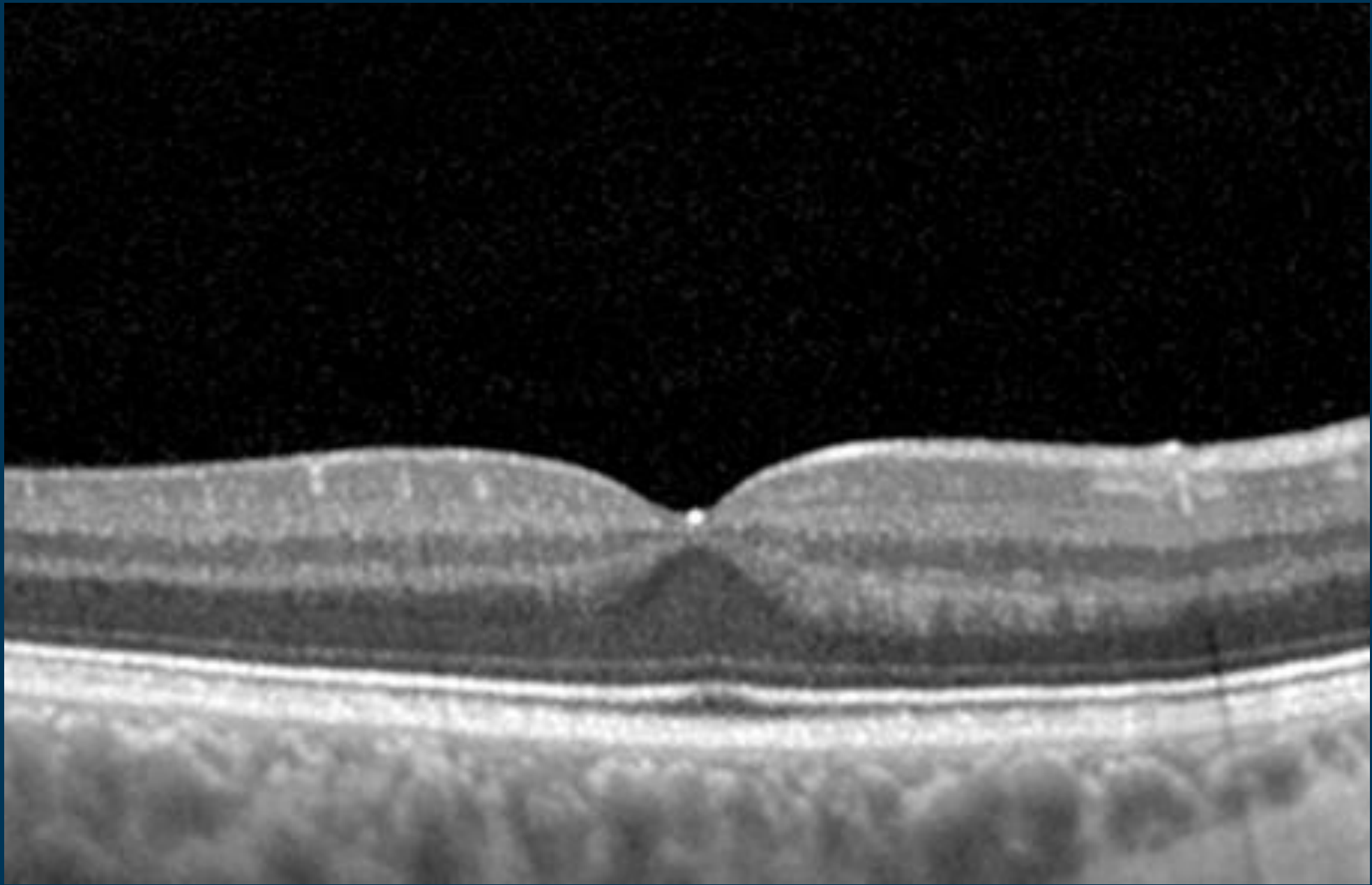


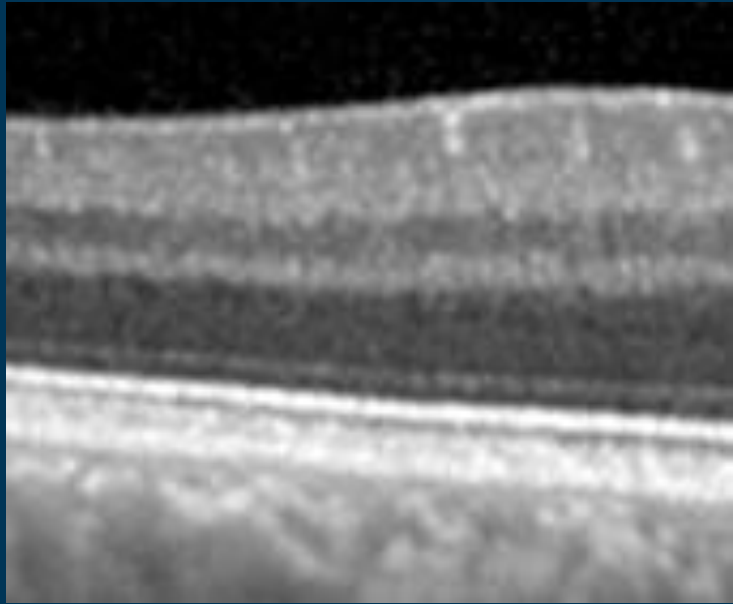


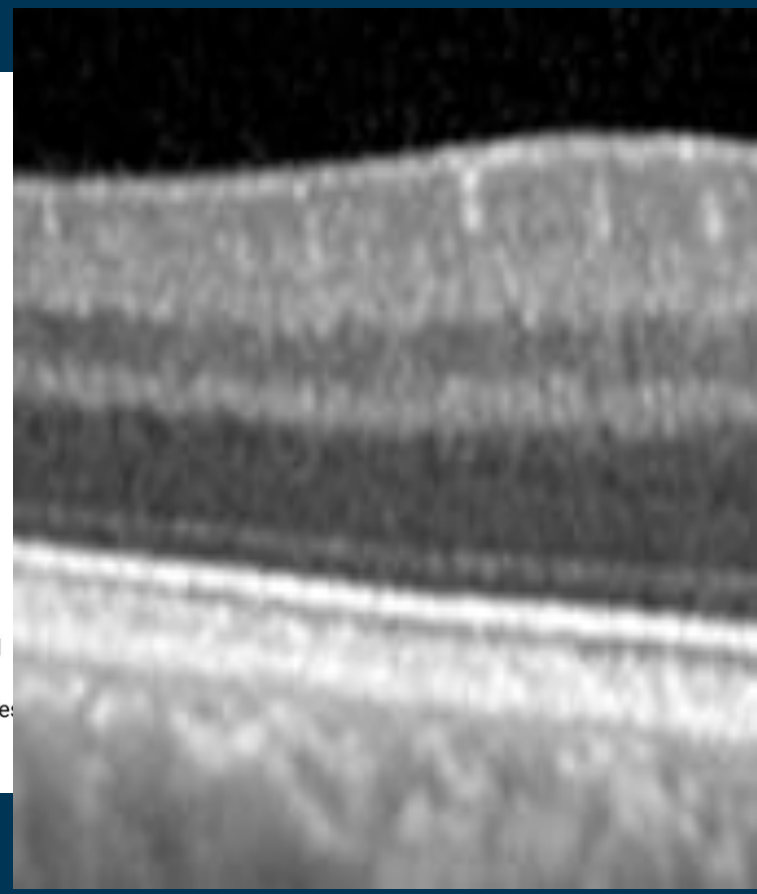
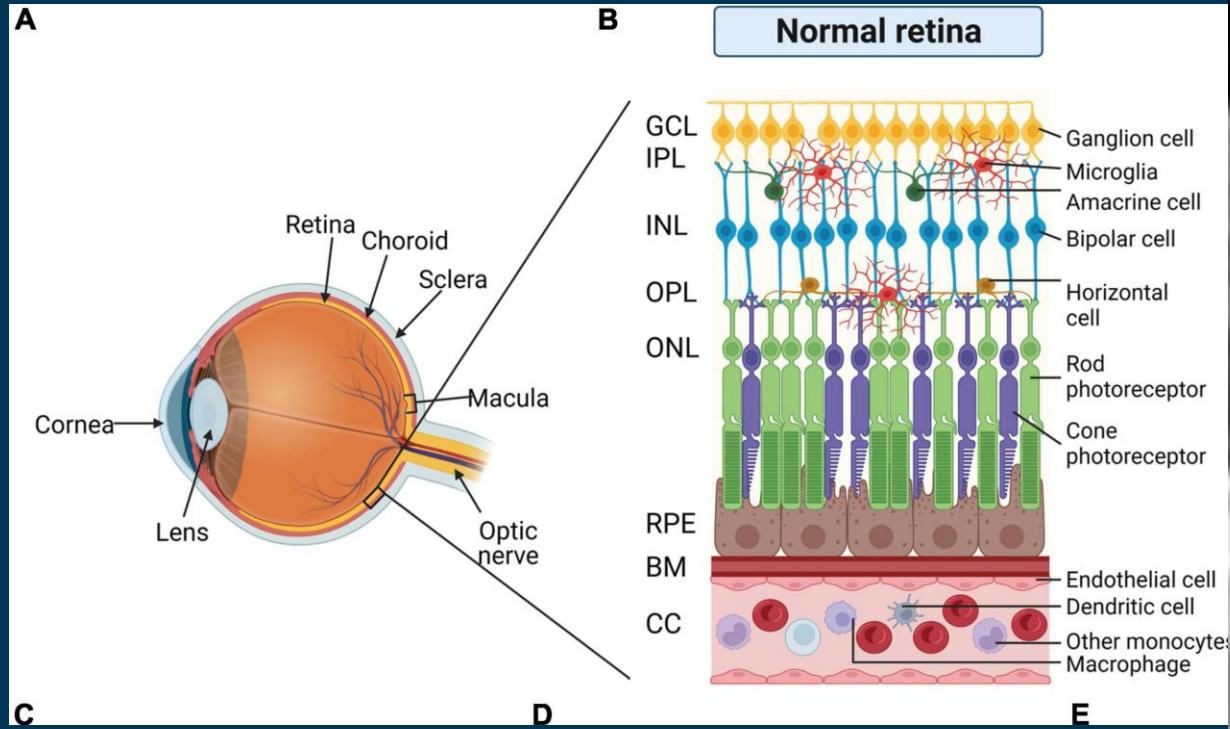


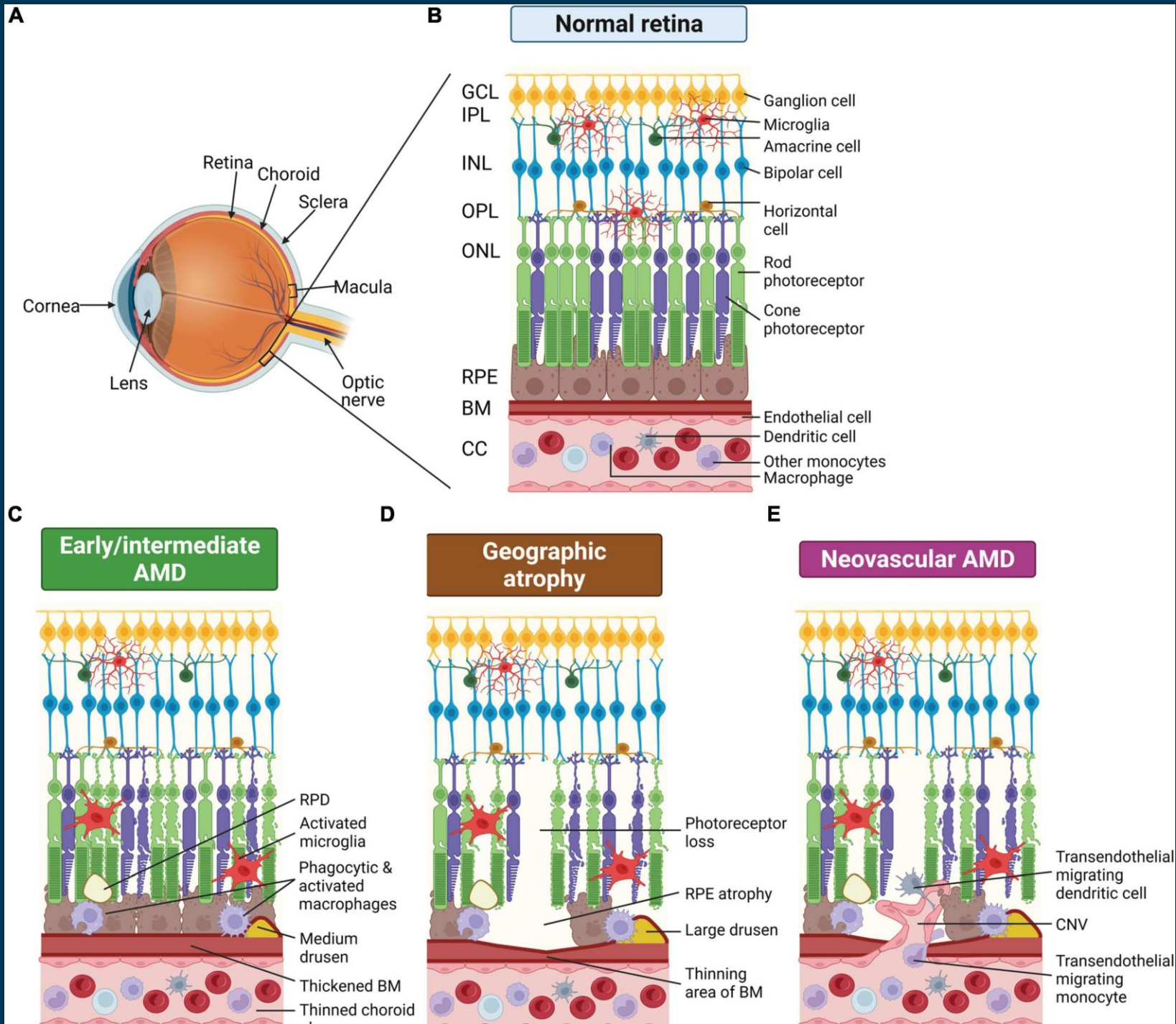
EVOLUCIÓ

Estadi	Classificació	Druses (Petites <63 um, mitjanes 63-124 um, grans >125 um)	Alteracions pigmentaries	Altres troballes
No DMAE o subclínic		0 – 5 petites	No	
DMAE inicial		Moltes petites o algunes mitjanes	No	
DMAE intermitja		Moltes mitjanes 1 gran	Si	Atrofies focals
DMAE avançada	Atrofica	Grans	Si	Atrofia geogràfica
	Neovascular, humida, exsudativa	Grans	Si	Neovascularització

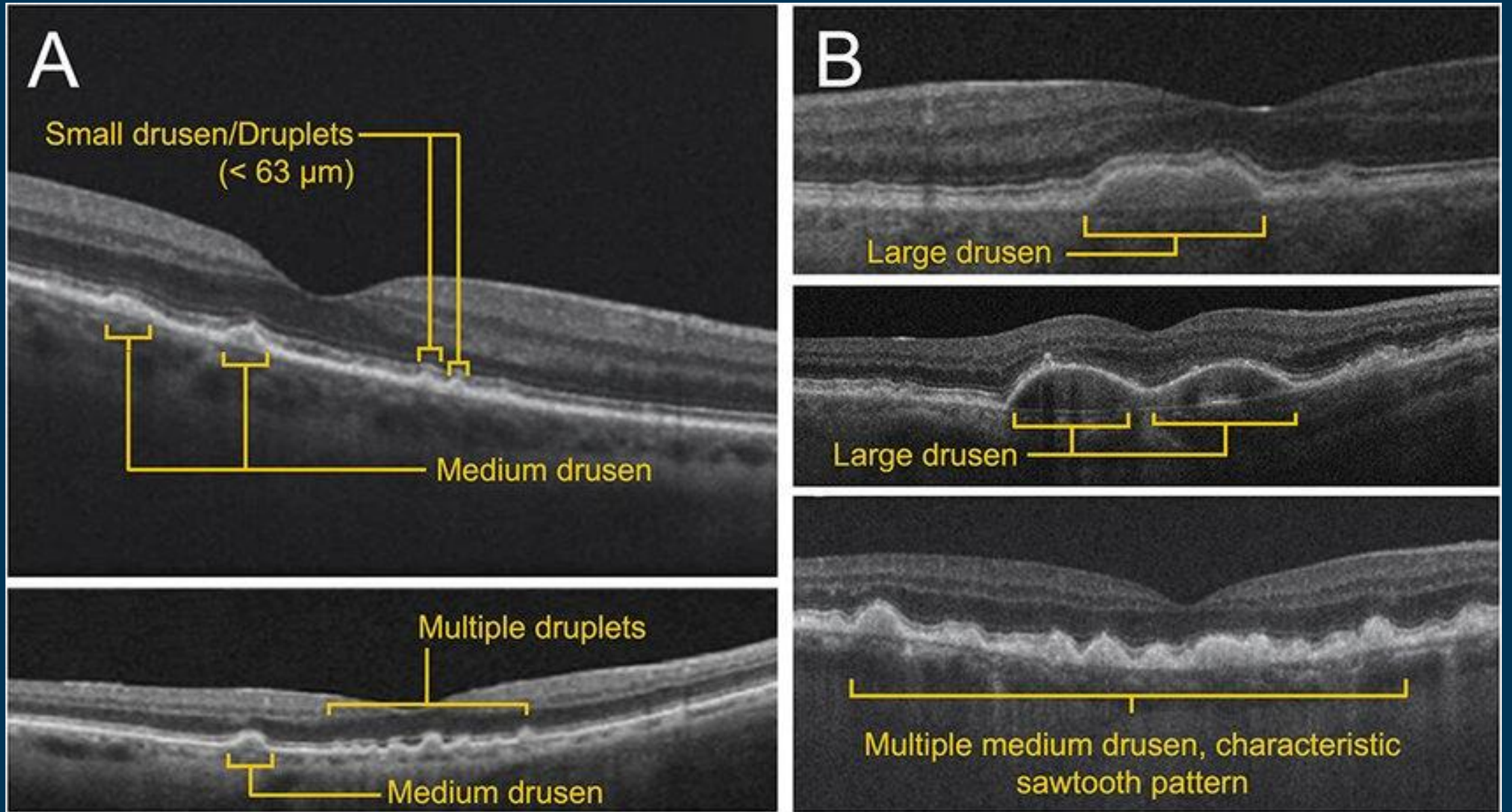


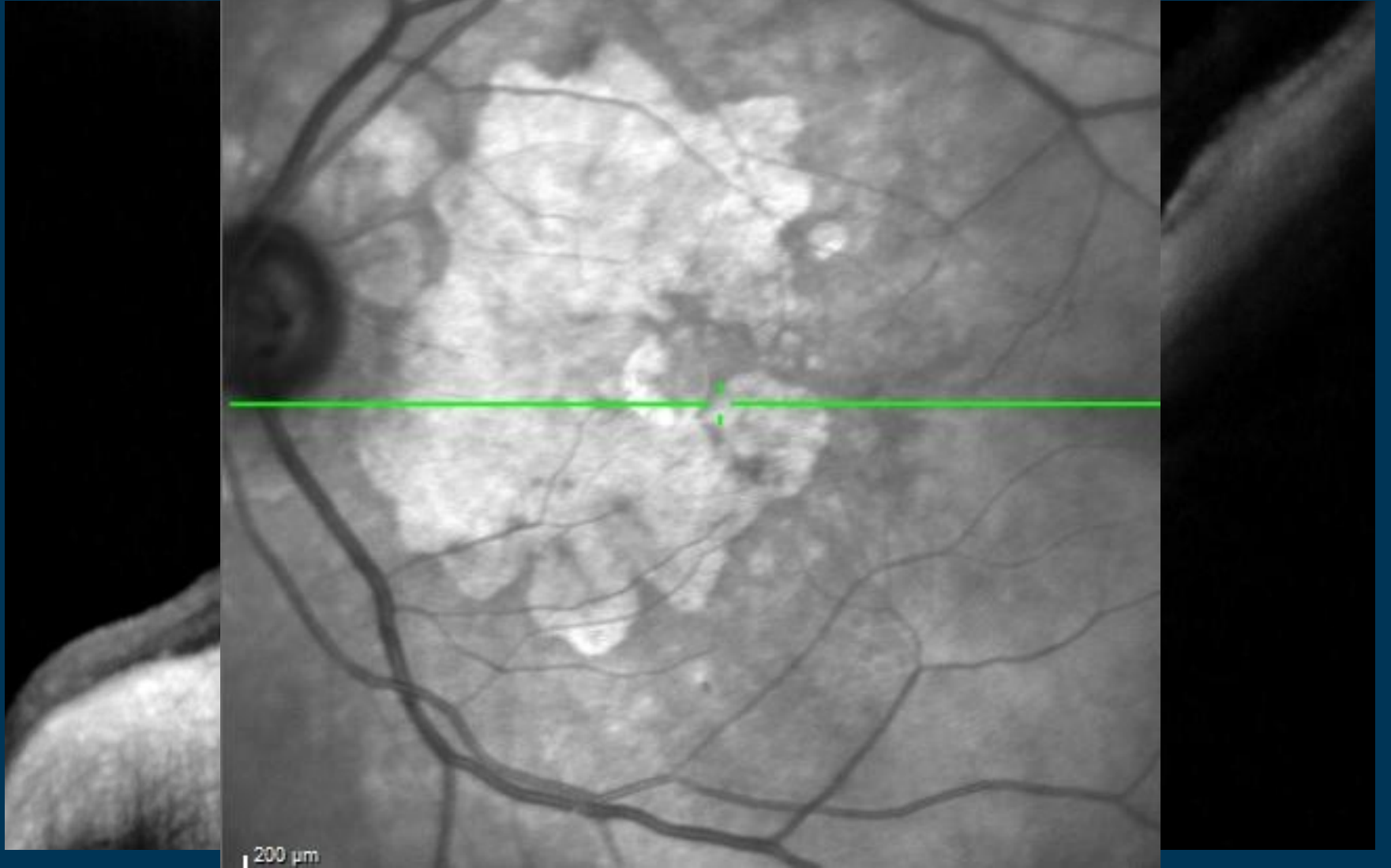
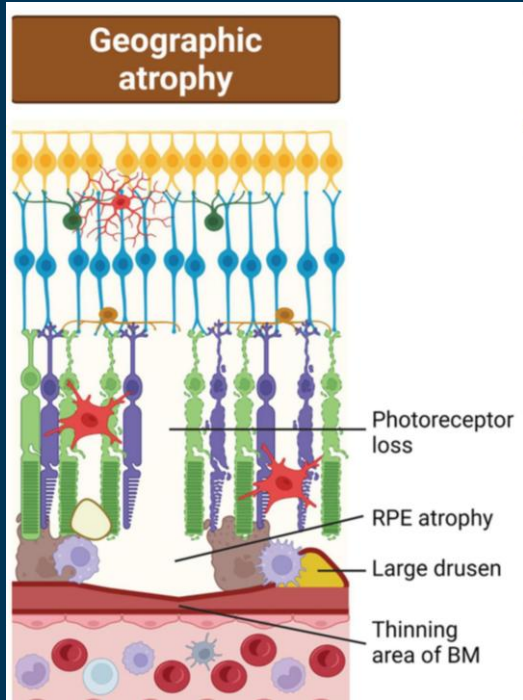






Wong, J. H. C. *et al.* Exploring the pathogenesis of age-related macular degeneration: A review of the interplay between retinal pigment epithelium dysfunction and the innate immune system. *Front. Neurosci.* **16**, 1009599 (2022).





DMAE exsudativa o húmeda

- Degeneració ràpida
- 1 de cada 10 pacients

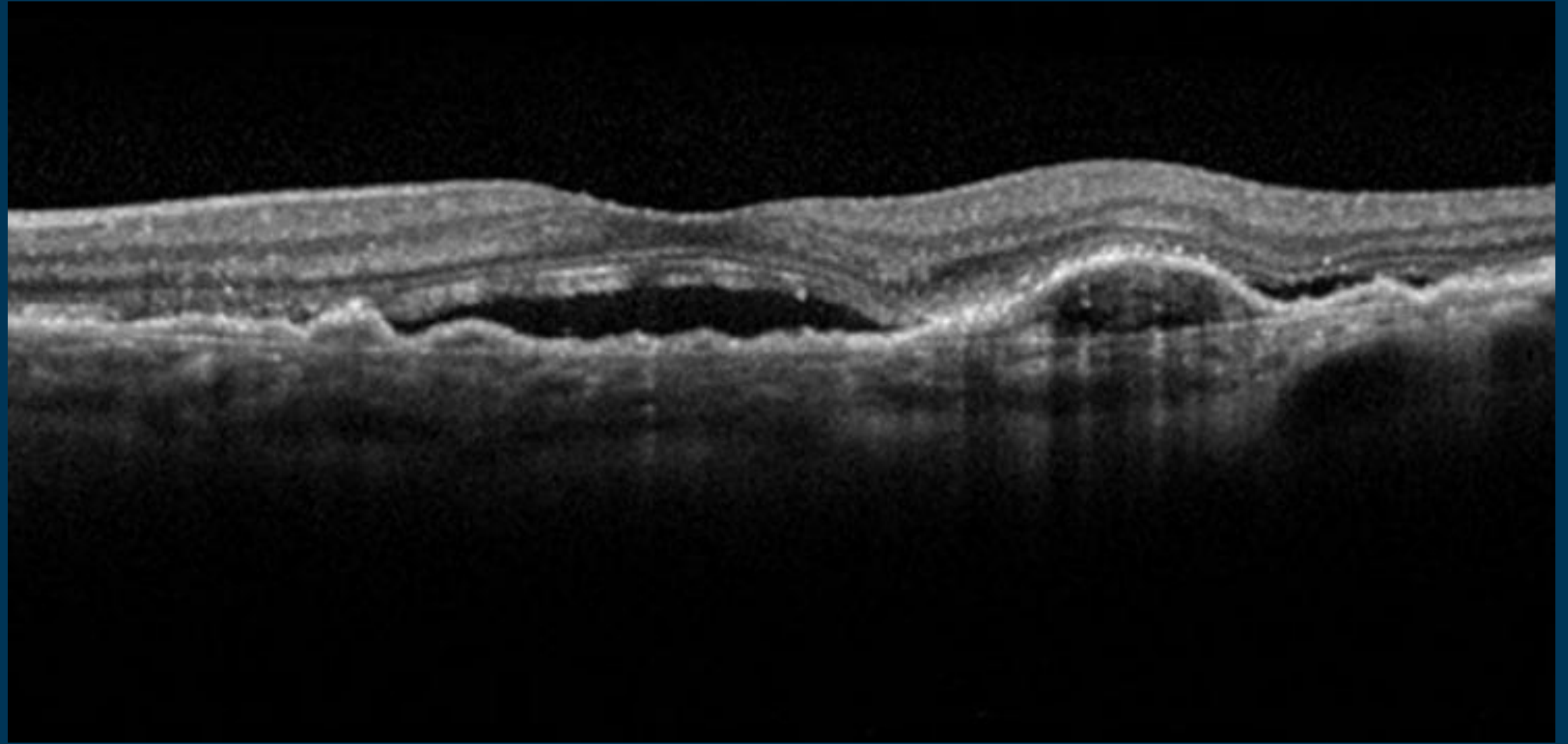
Tabla 2. Desarrollo del tamaño de la DMAE

Tamaño de la DMAE
Ninguna o pequeña
Intermedio, en un ojo
Intermedio, en ambos ojos
Grande, en un ojo
Grande, en ambos ojos

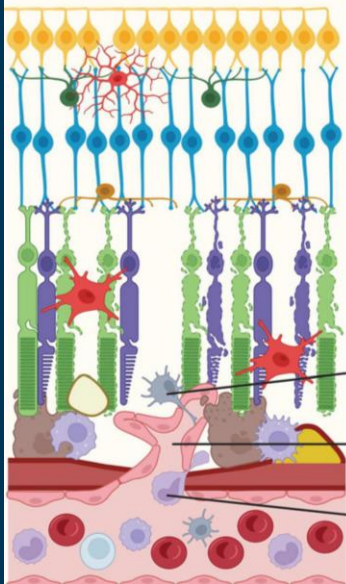


según el

men- ojos
()
()
(7)
(7)



Neovascular AMD



Transendothelial migrating dendritic cell
CNV
Transendothelial migrating monocyte

The OCT software interface displays three cross-sectional views of the retina. The left view shows the superficial layer with a red line indicating the scan path. The middle view shows the deep layer with a red line. The right view shows the outer retina with a red line. Below these views is a central overlay view showing the combined data. The interface includes various controls for each view, such as 'Superficial', 'Deep', and 'Outer retina' dropdowns, and checkboxes for 'Gamma' and 'PAR'. A 'Reset' button is present for each view. The central overlay view has a 'Display' button and a 'Line' button. A cartoon detective character is overlaid on the central view, holding a magnifying glass over the neovascularization. The interface also includes a 'Line' button and an 'Angio B' button.

RETINOPATIA DIABÈTICA (RD)

- Causa de ceguera freqüent a nivel poblacional
- 20-25% en adults
- 50-65% pacients juvenils
- Empitjorament mundial

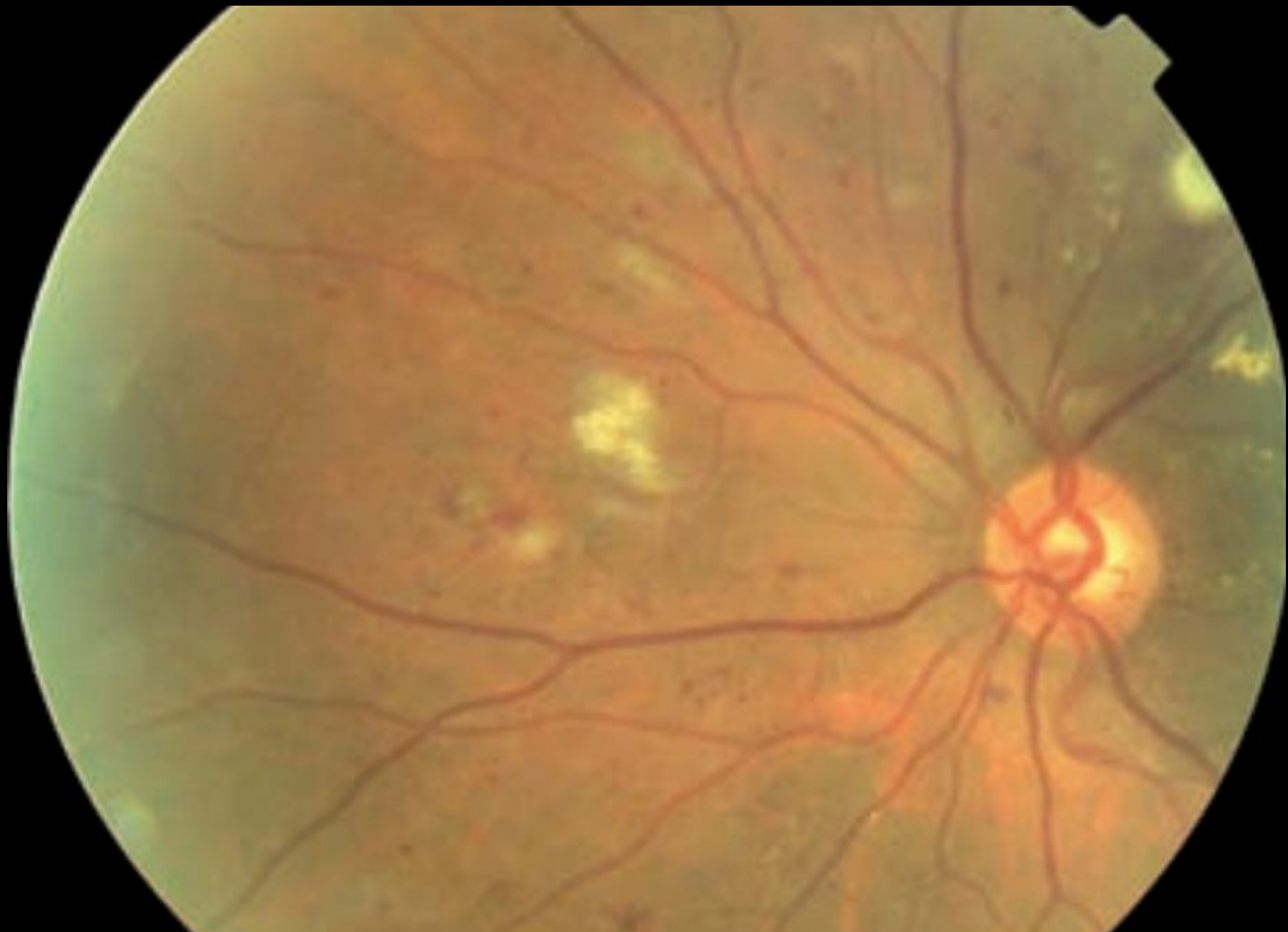


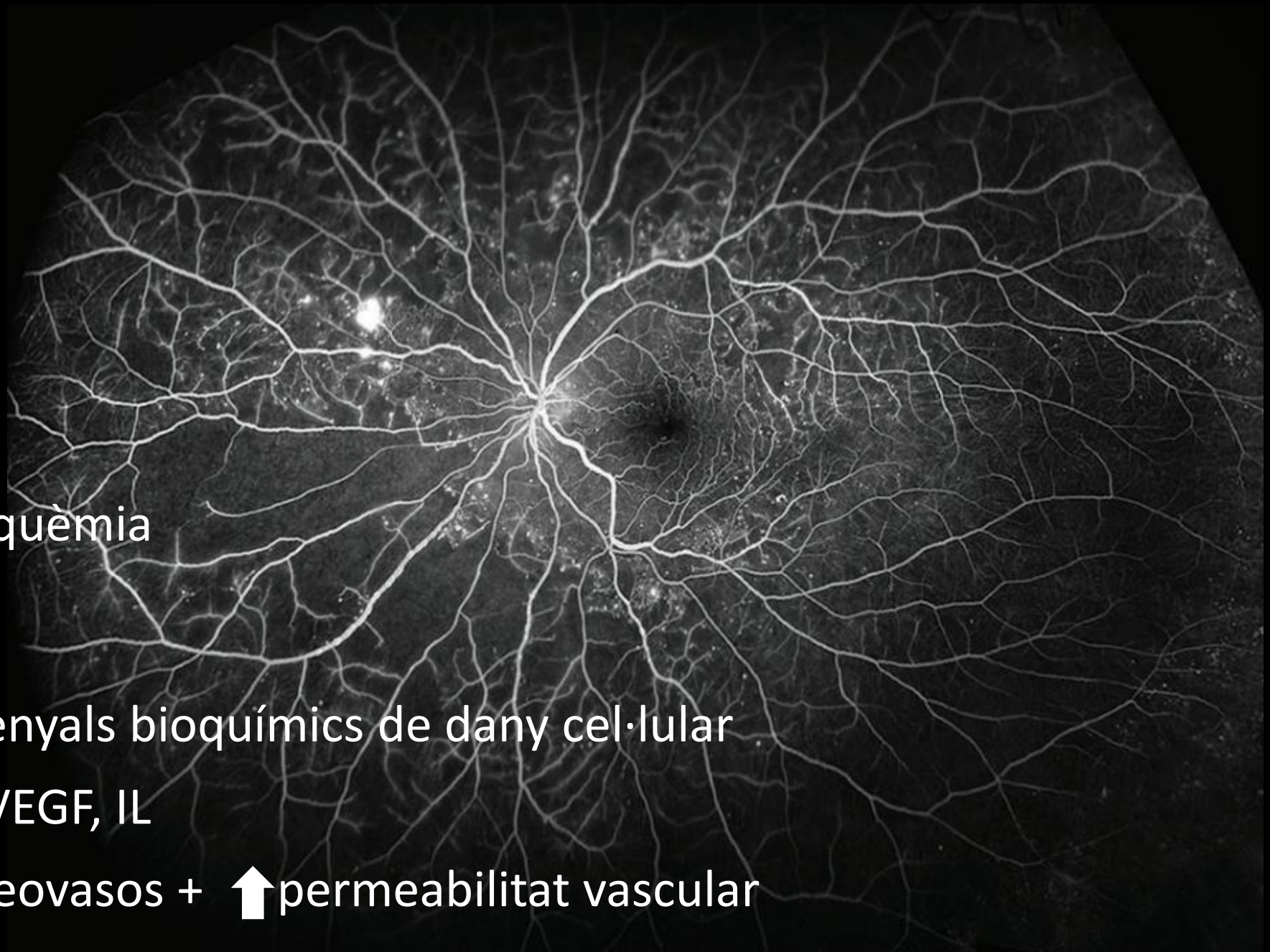
3.1 Clasificación Clínica Internacional de la RD (GDRPC)

Sin RD aparente	Sin alteraciones diabéticas en FO. Ausencia de microaneurismas (μ A).
RD no Proliferativa (RDNP) Leve	Solo μ A. (Figura 5)
RDNP Moderada	μ A asociados a menos de 20 hemorragias (H) intrarretinianas en cada uno de los 4 cuadrantes (C), exudados duros (ED), "exudados" algodanosos (EA), arrosariamiento venoso en 1 solo C. (Figura 6).
RDNP Severa	μ A junto a uno de los siguientes hallazgos - Hemorragias intrarretinianas severas (>20) en cada uno de los 4 C - Arrosariamiento venoso en ≥ 2 C - Anomalías microvasculares intrarretinianas (AMIR) en ≥ 1 C. (Figura 8) Y no signos de retinopatía diabética proliferante
RDP	Neovasos (NV) y/o Hemorragia prerretiniana o Hemovítreo. (Figura 9).









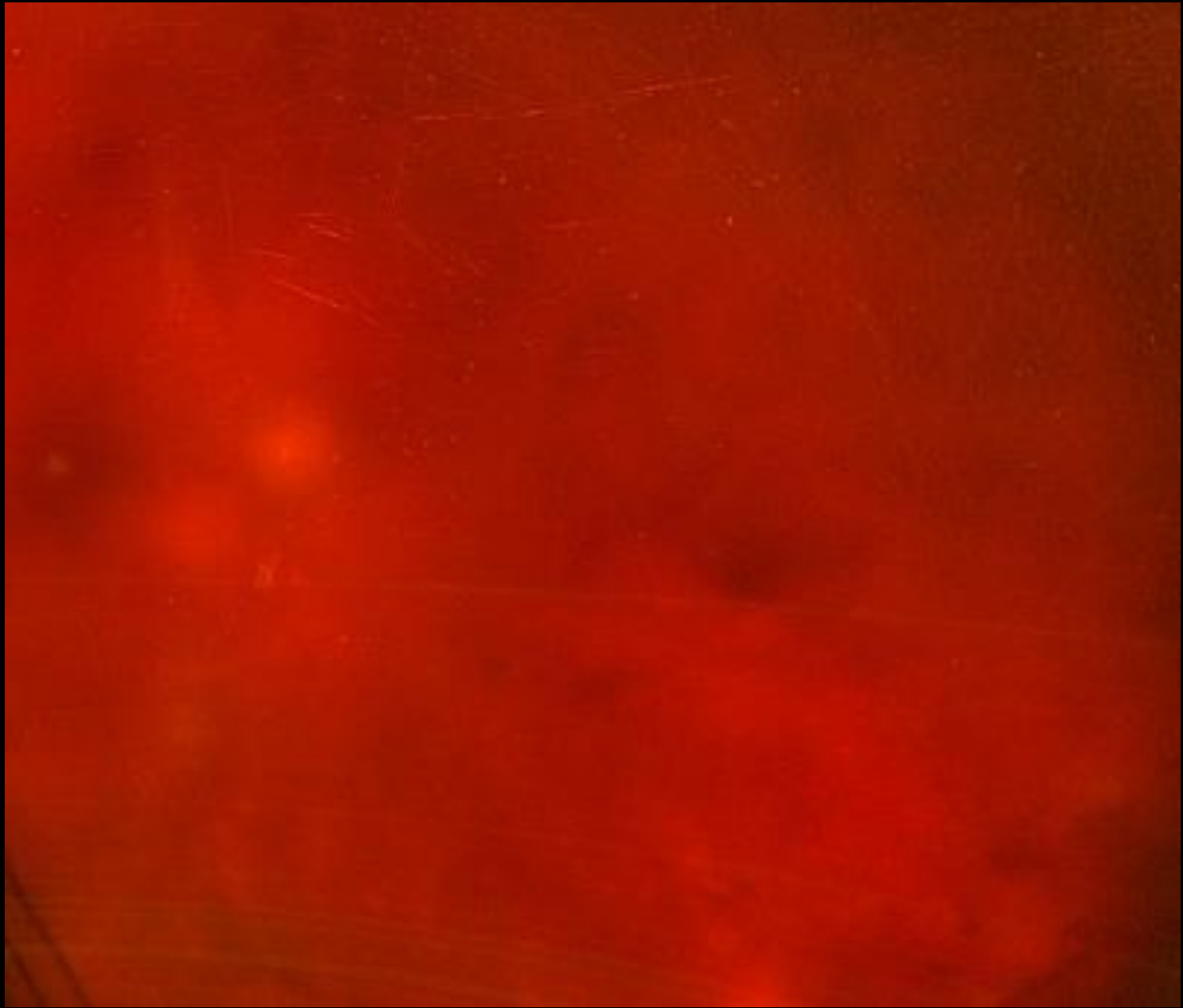
Isquèmia

Senyals bioquímics de dany cel·lular

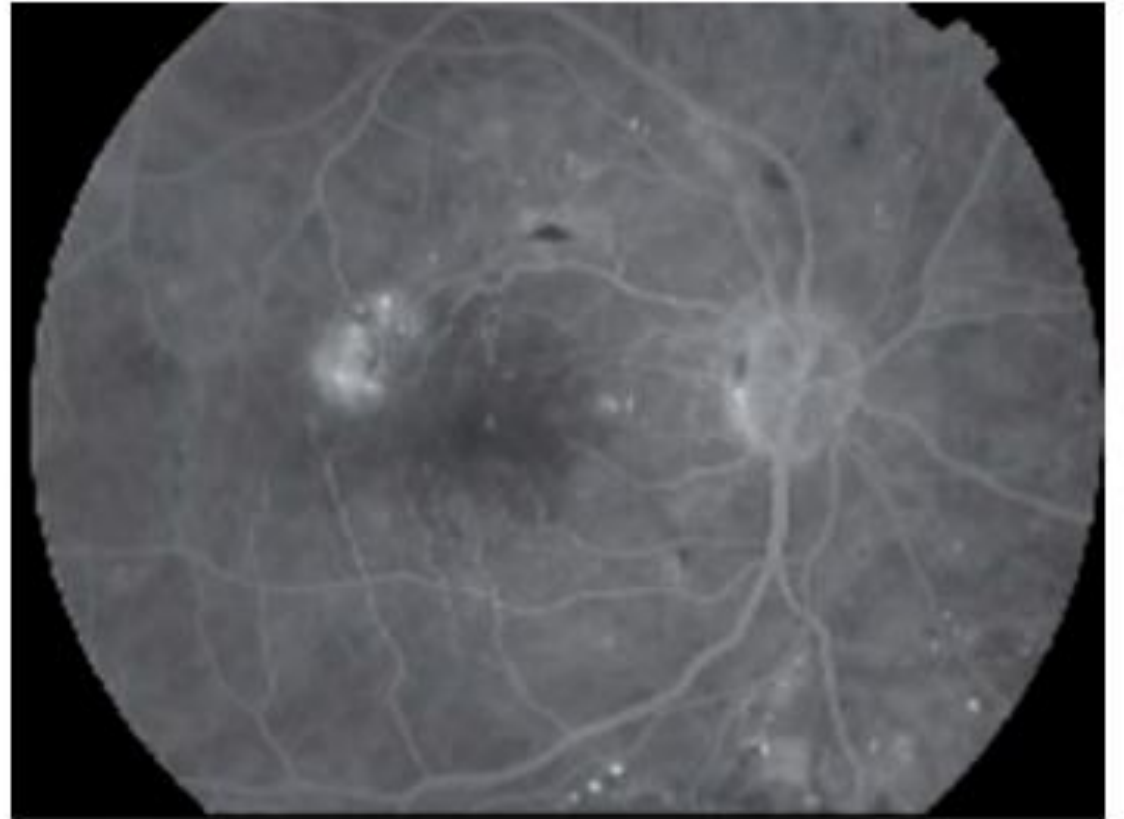
↑ VEGF, IL

Neovasos + ↑ permeabilitat vascular

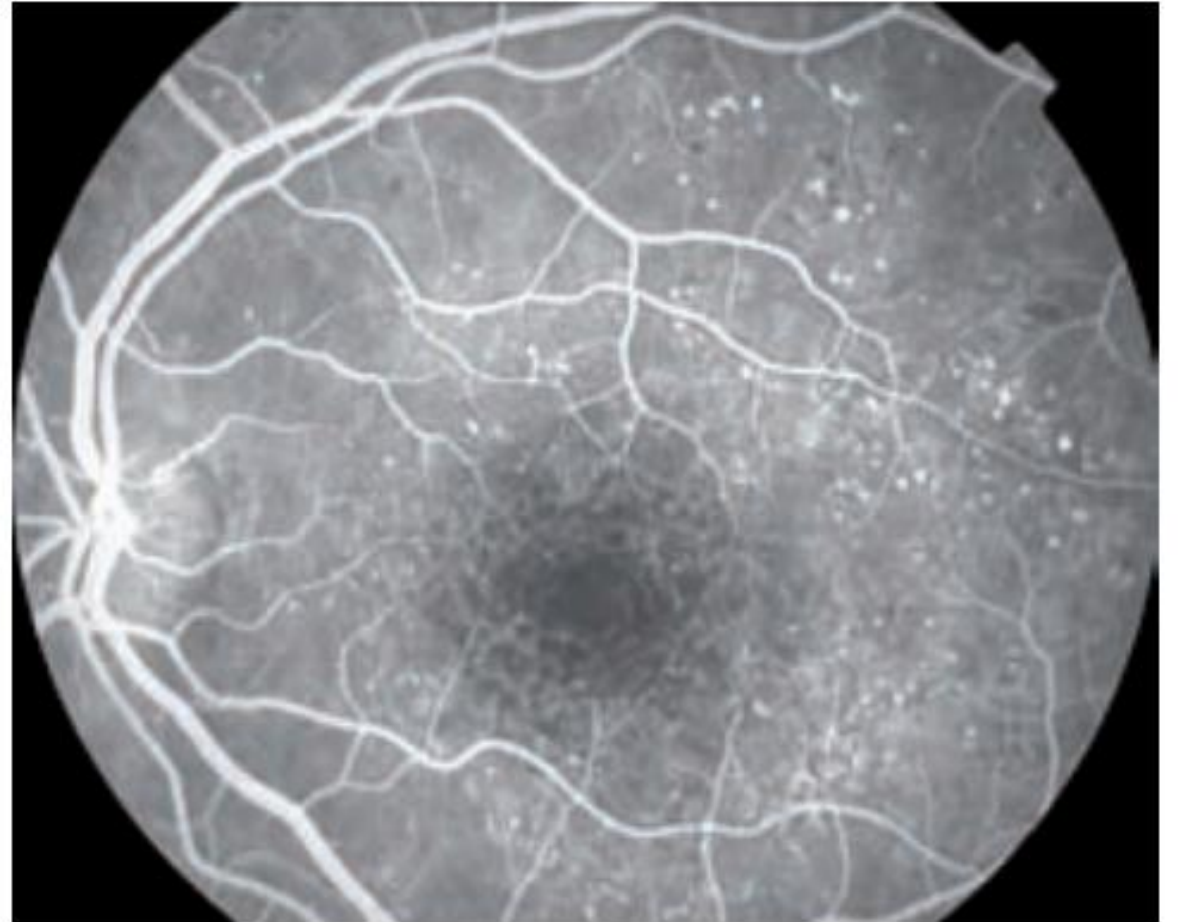


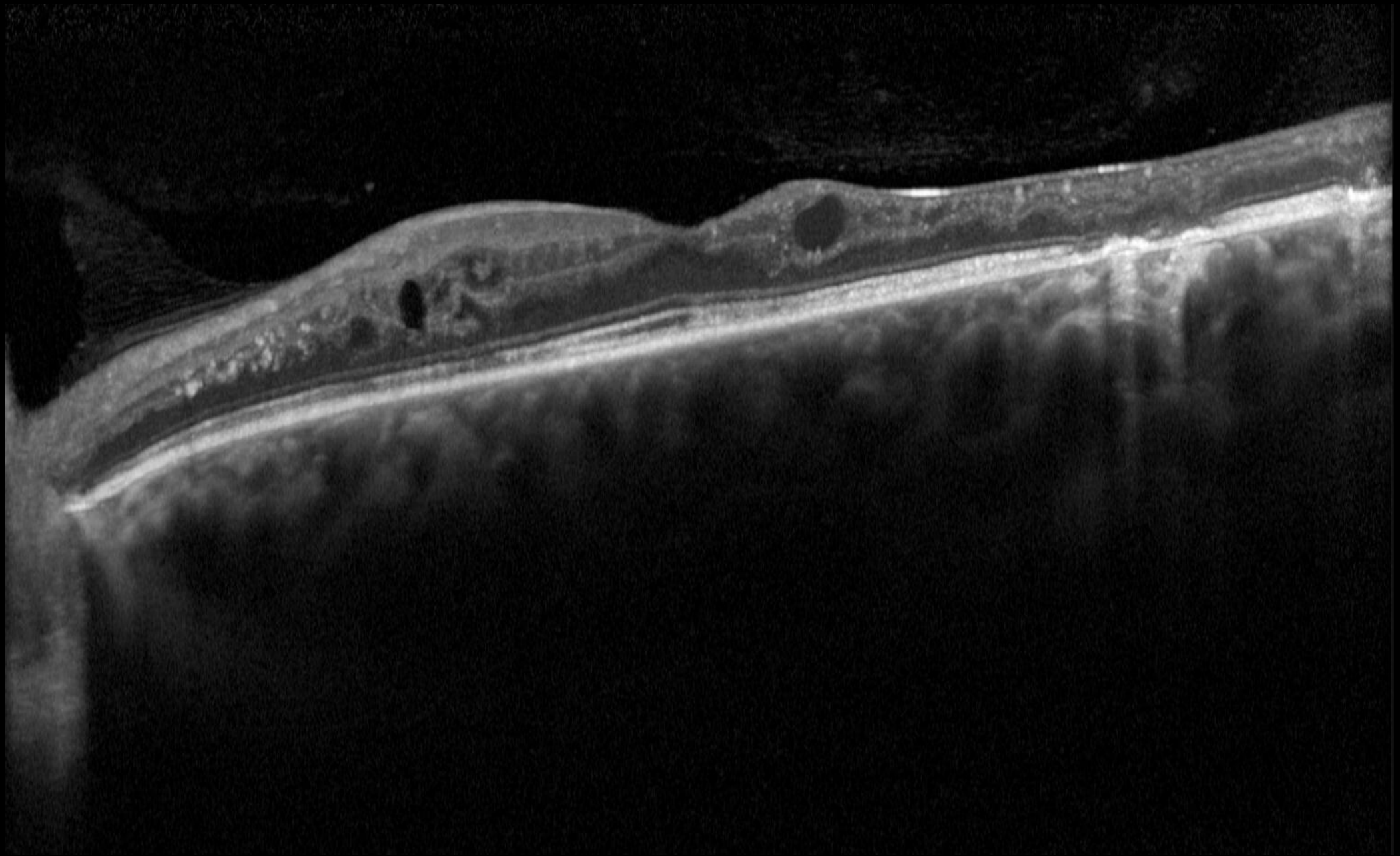


EDEMA MACULAR DIABÉTIC (EMD)



EDEMA MACULAR DIABÉTICO (EMD)





Layers

102→

Layer Modify

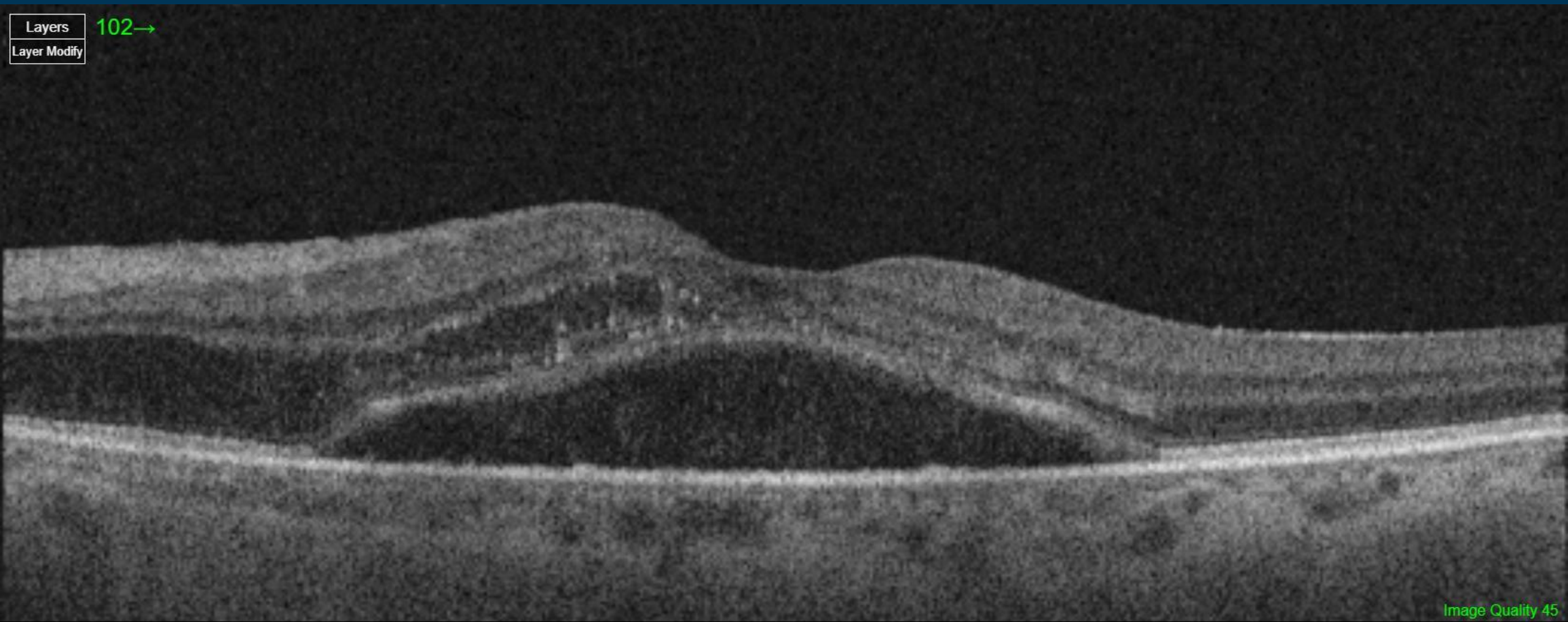
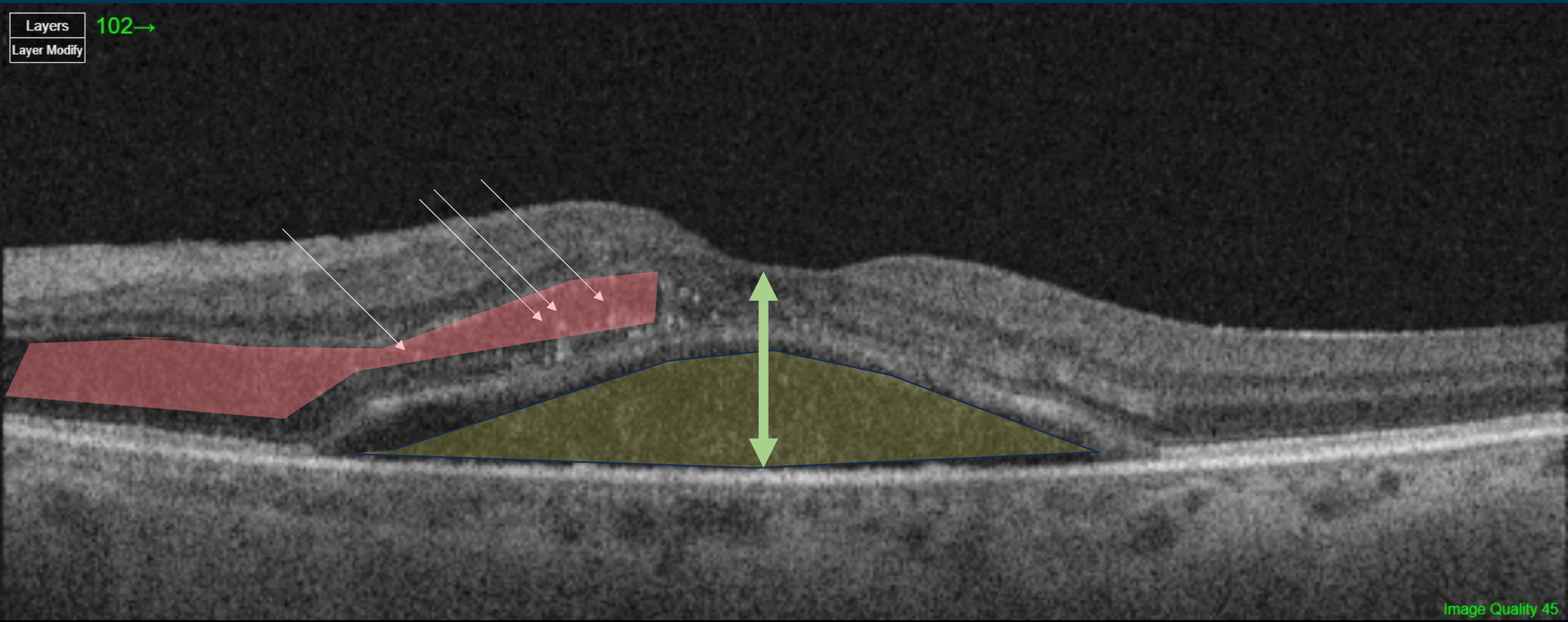
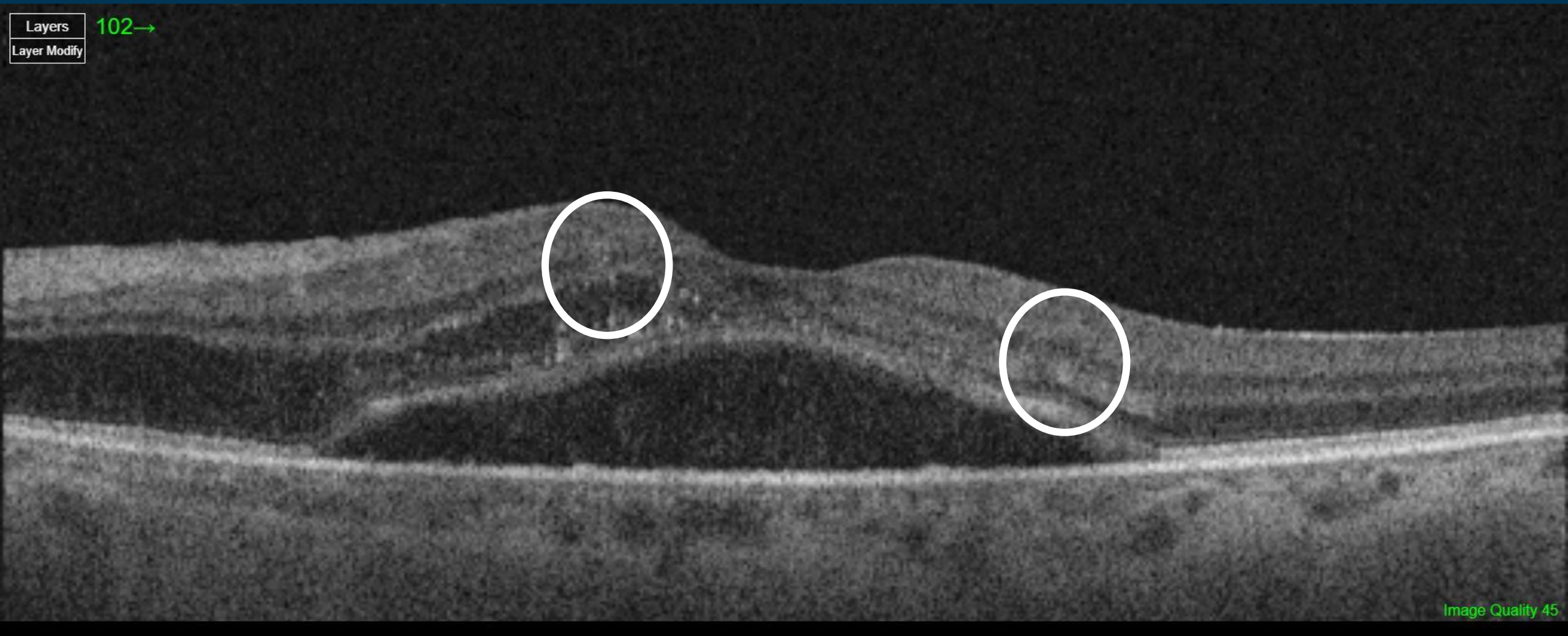


Image Quality 45



Gruix Descripteur de l'épaisseur de la rétine (WPD) Thickness (CMT)



Disorganization of retinal internal layers (DRIL)

OCLUSIÓ VENOSA

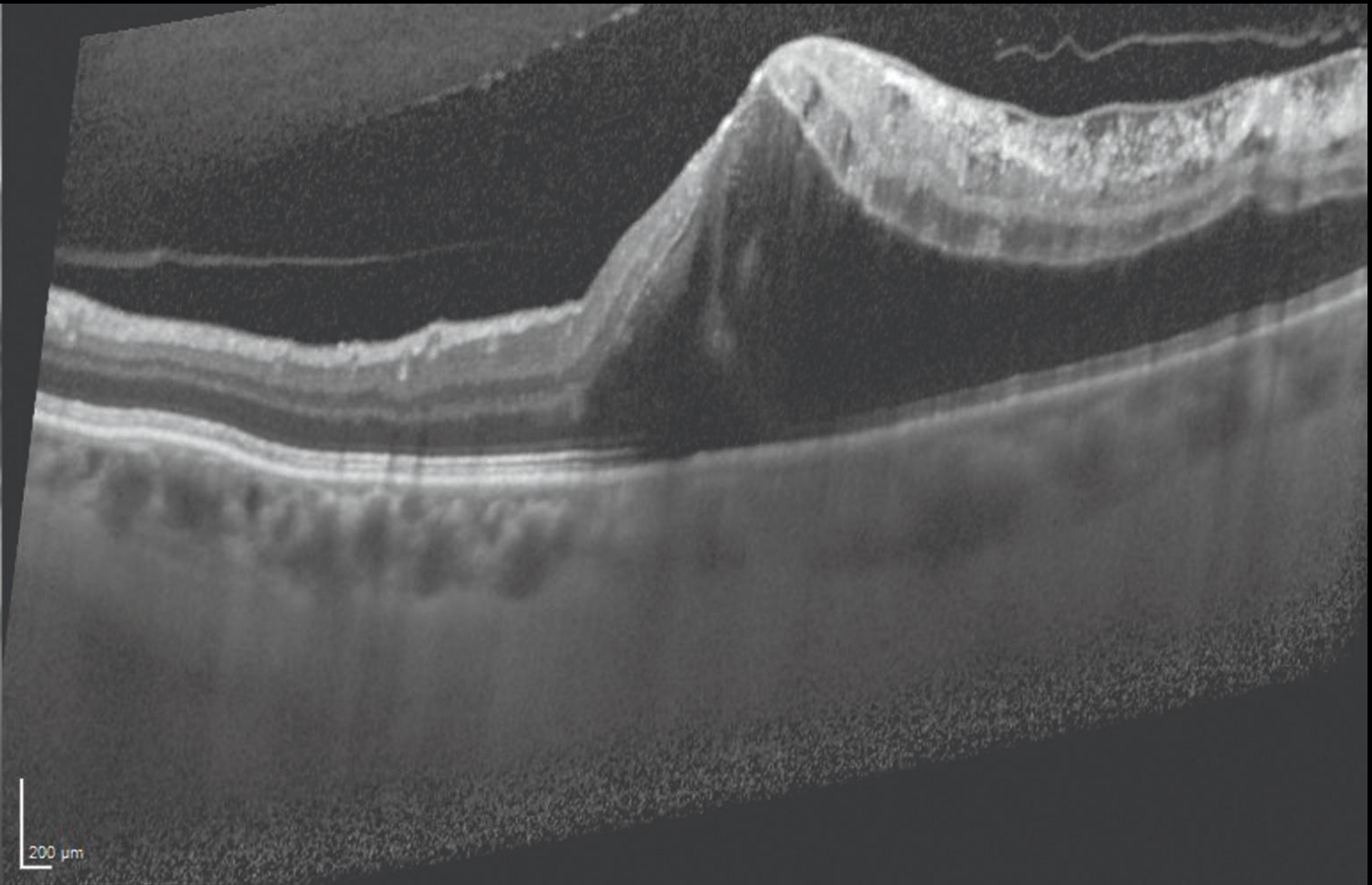


OCLUSIÓ VENOSA

- Glaucoma
- Hipertensió arterial
- Diabetes mellitus
- Hiperviscositat sanguínea
- Hiperlipidemia
- Trombofilia









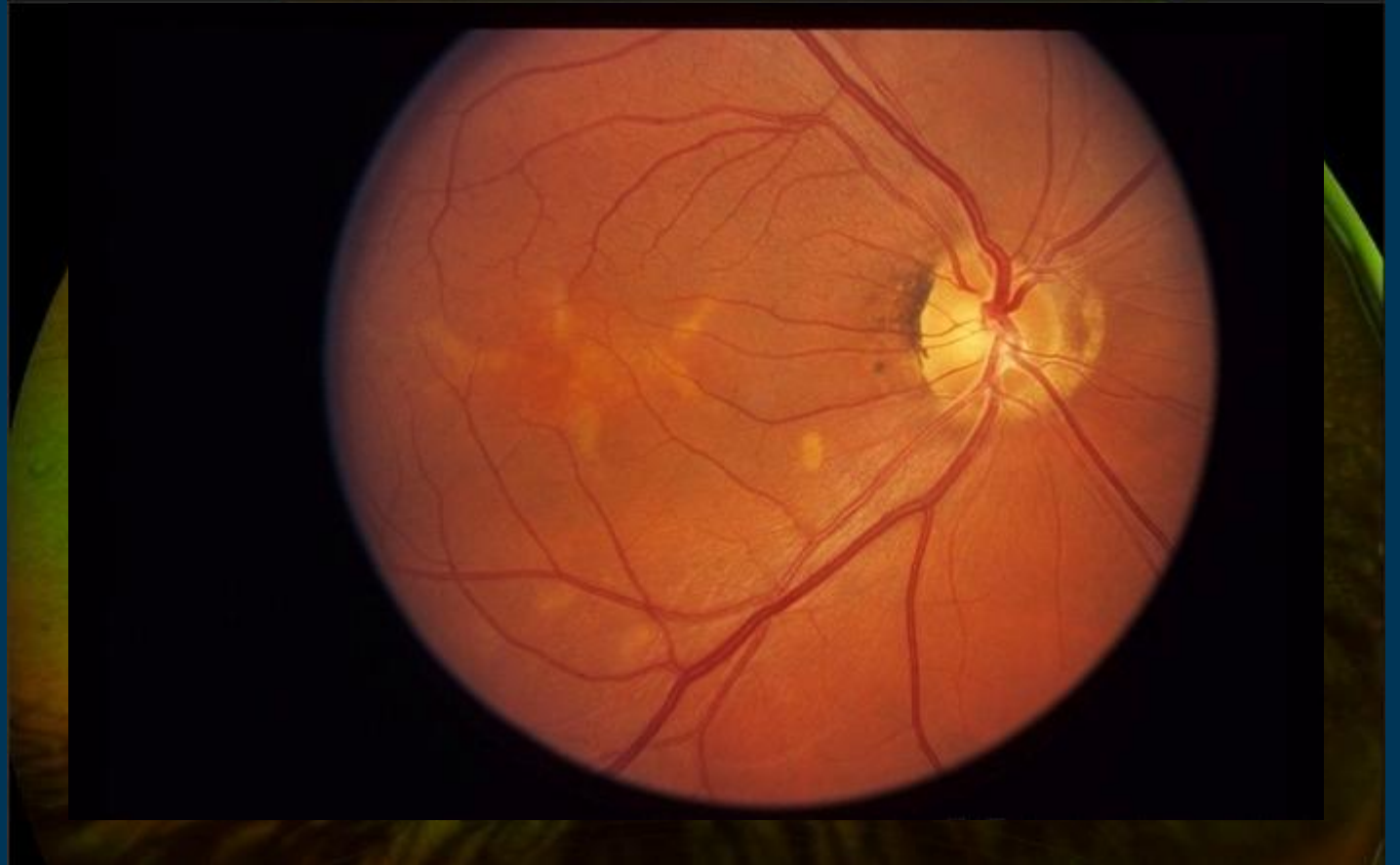
10k_RET_SHPLY
4/14/2016
00

Not original data

James Soque , NY – American society of Retina Specialists

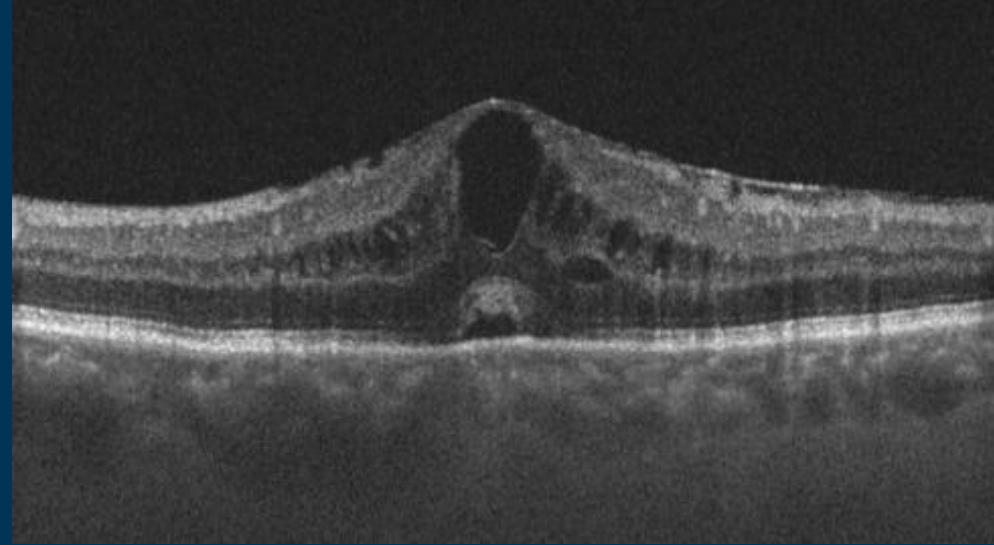
Distròfies retinianes

- Mutacions genètiques
- Poc freqüents
- Molt simptomàtics
- Edat variable

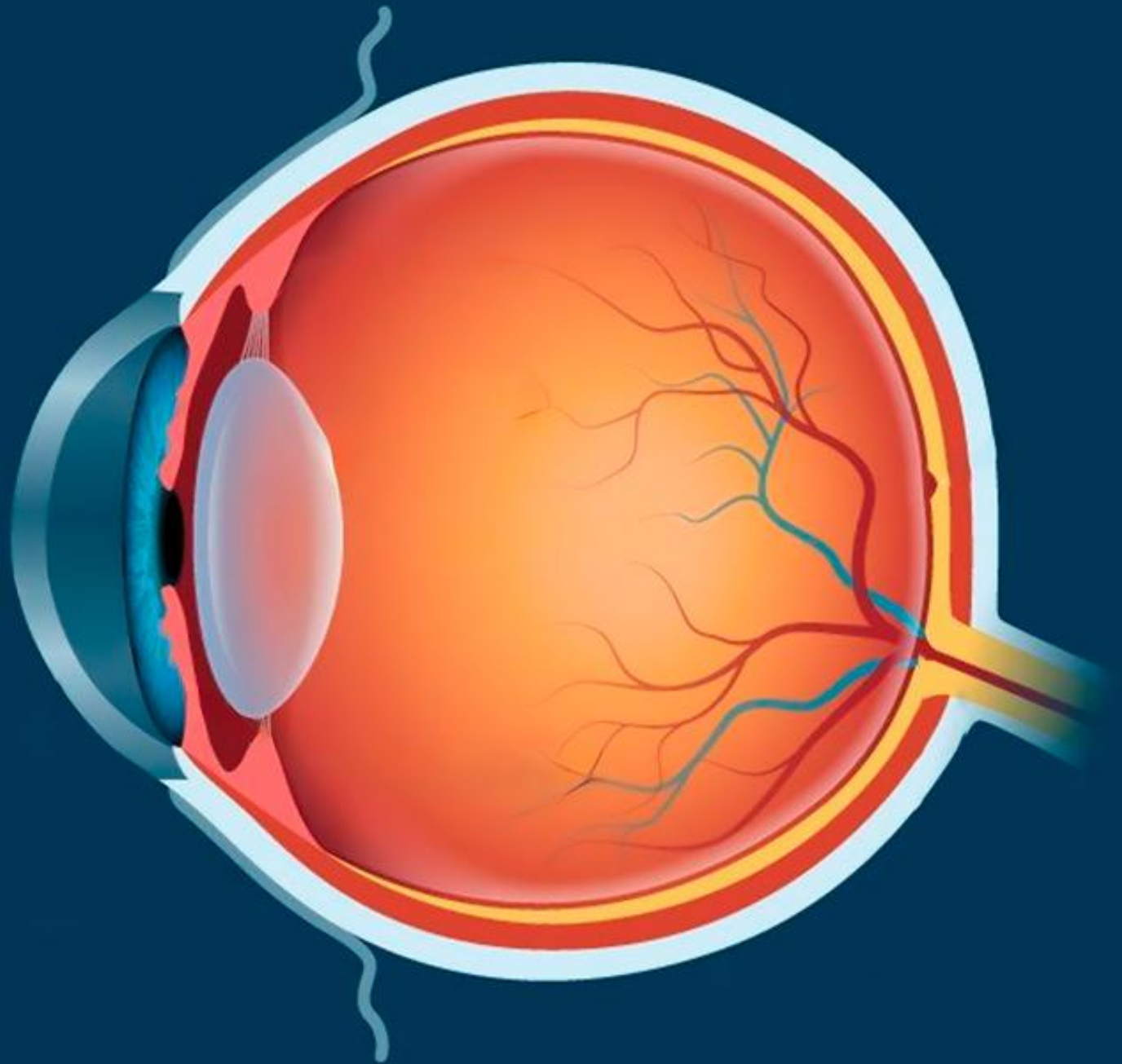


Altres patologies

- Edema post-quirúrgic
- Membranes miòpiques
- Membranes secundàries a cicatrius
- Toxicitat farmacològica (antipalúdics, etambutol, agonistes GLP-1, ...)

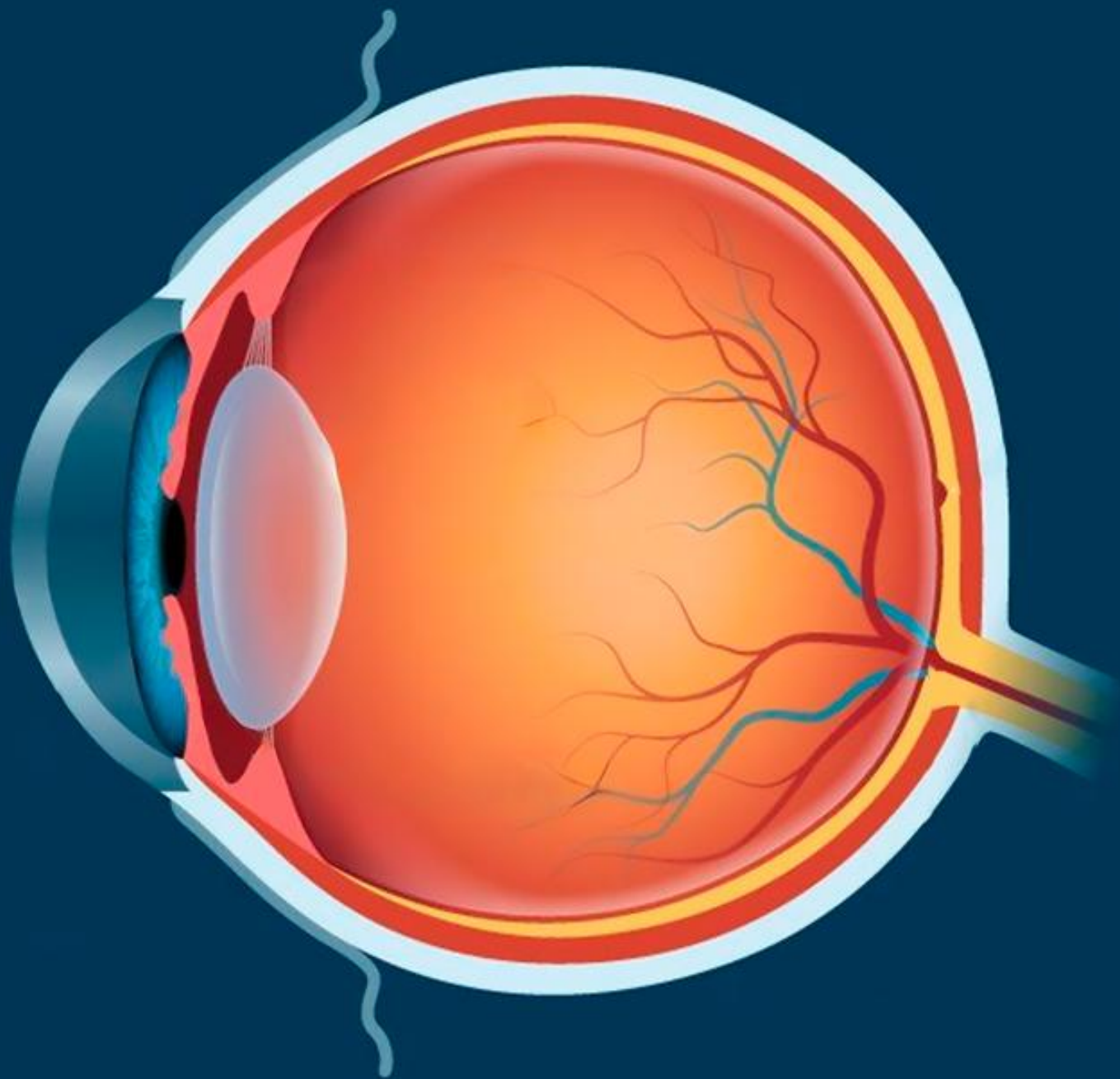


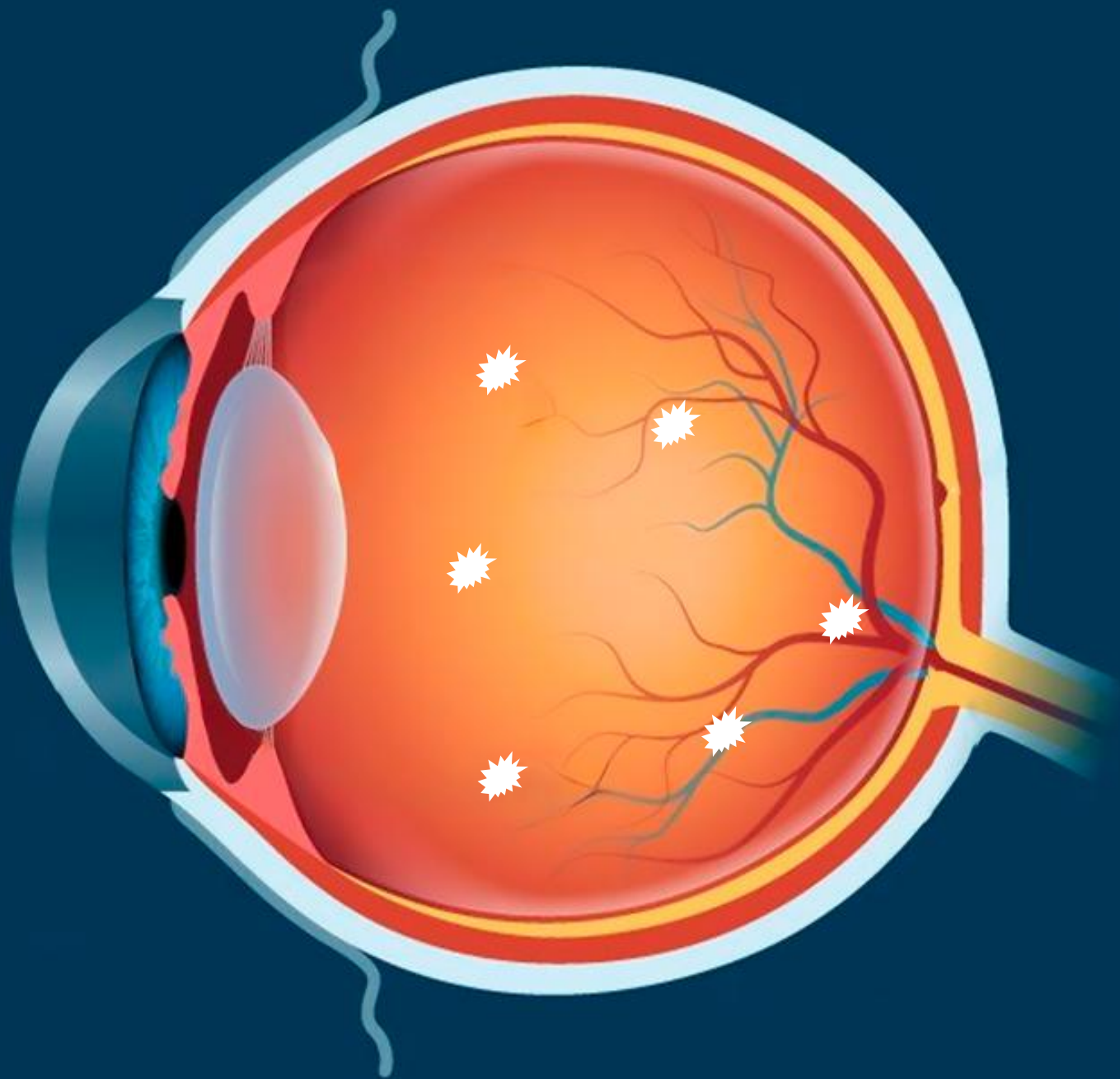
PATOLOGIA DE VITRI I RETINA



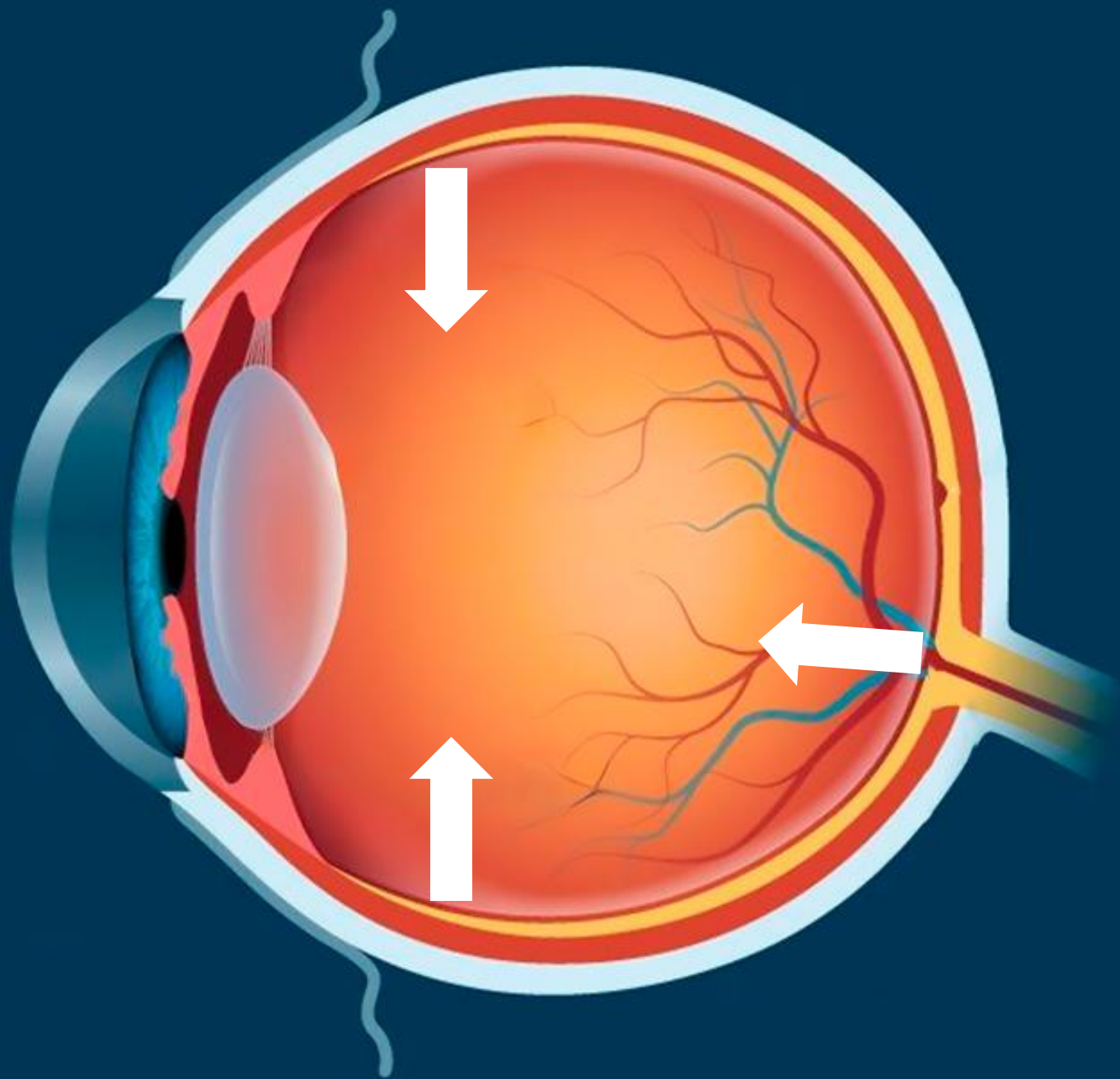
PATOLOGIA DE
VITRI I RETINA

QUIRÚRGICA





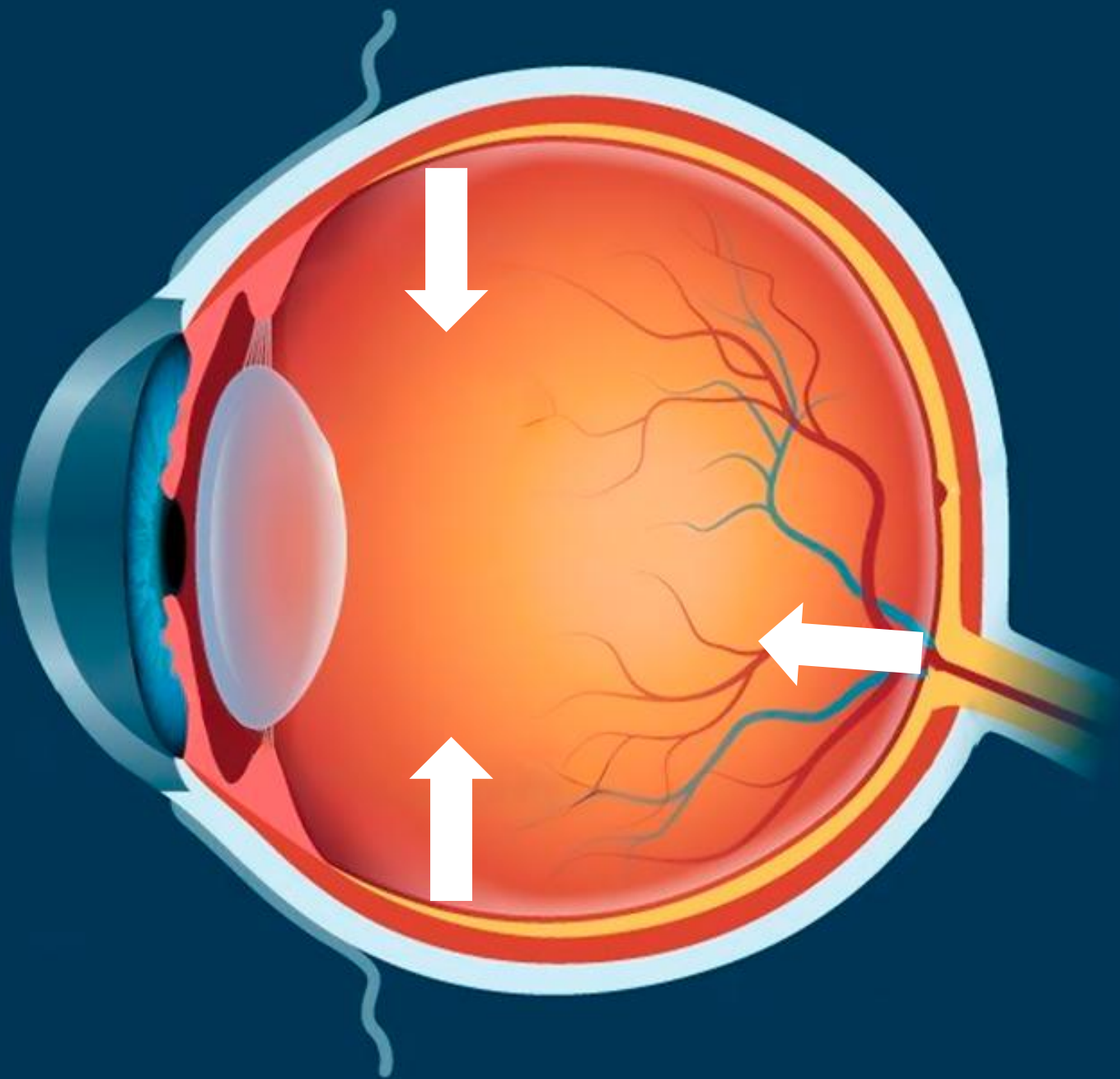
Degeneració vítria



● Degeneració vítria

● Tracció vítria

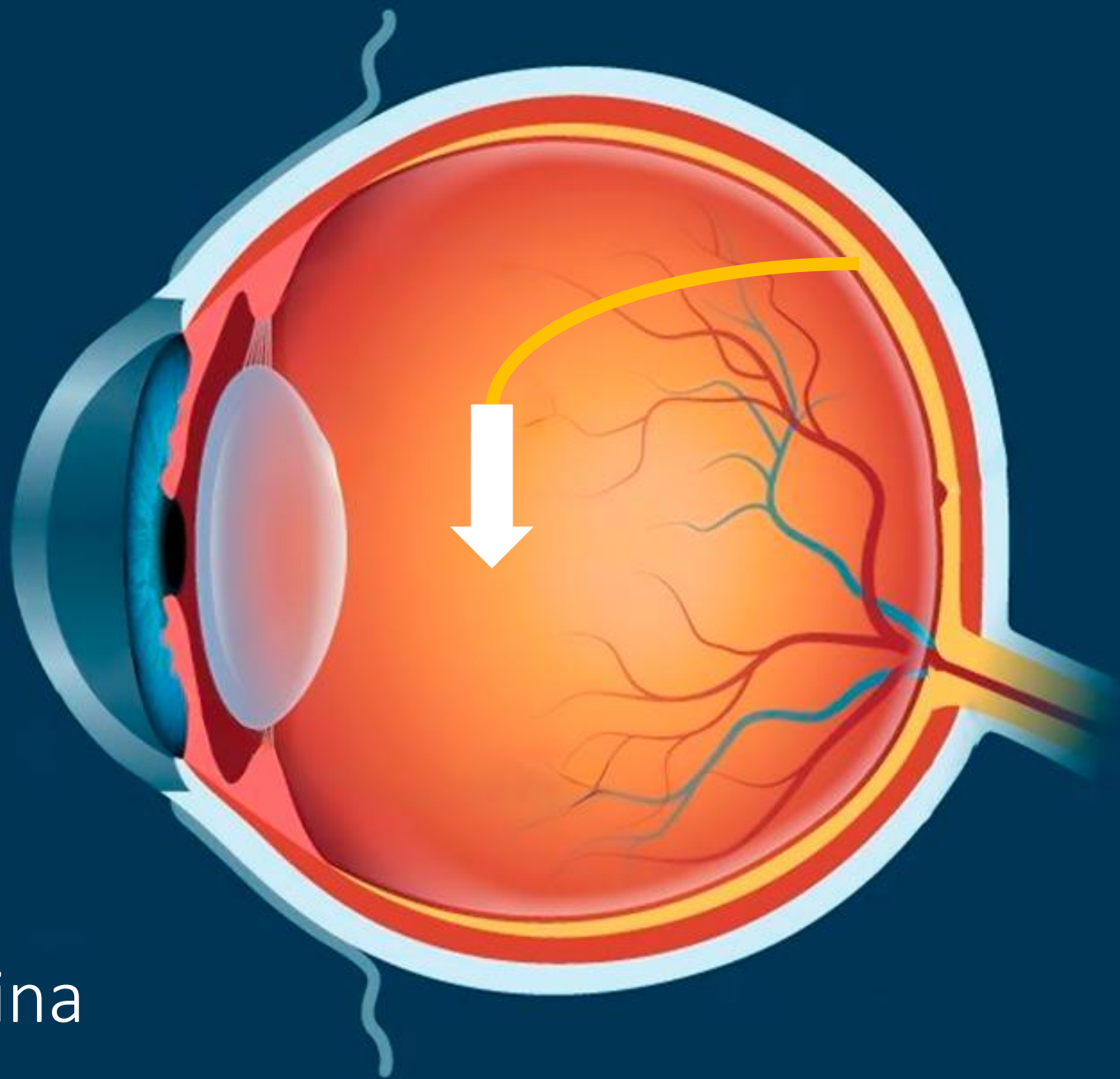
- Degeneració vítria
- Tracció vítria
- Despreniment vitri





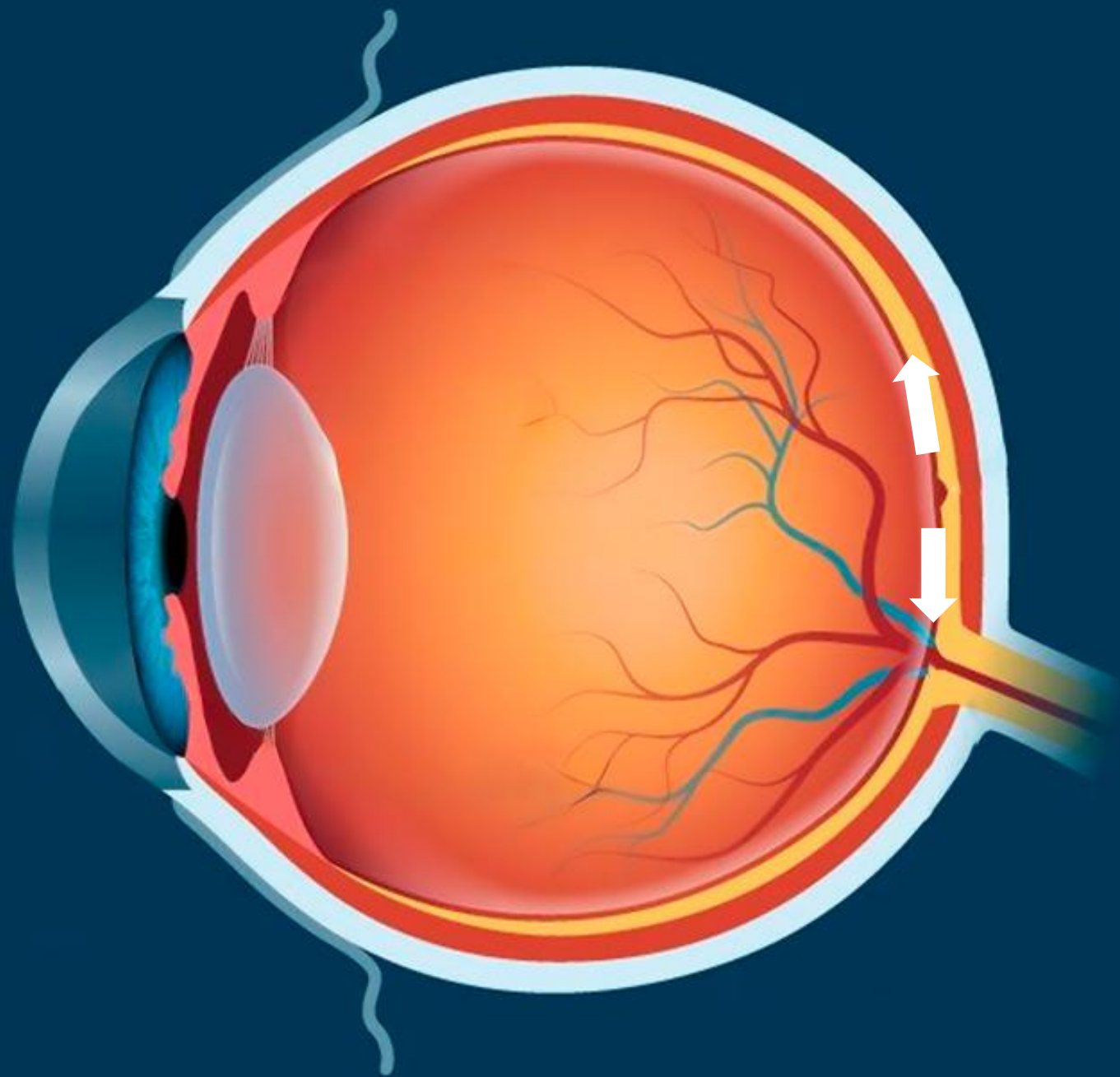
- Degeneració vítria
- Tracció vítria
- Escapiment de líquid vítri

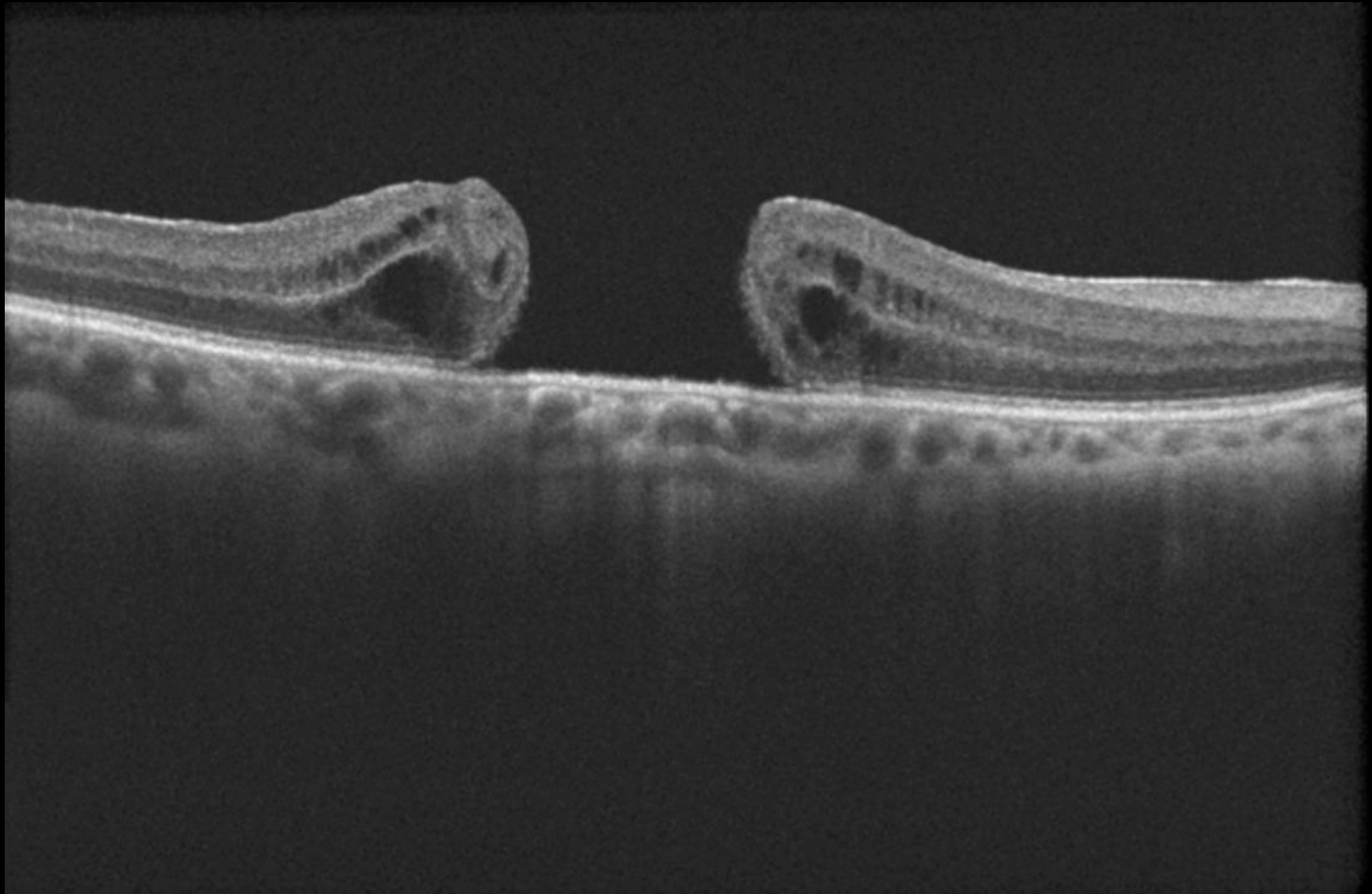
- Degeneració vítria
- Tracció vítria
- Esquinç de retina
- Despreniment de retina





Forat macular





Macular Hole - American Society of Retina Specialist



GRÀCIES