Onemocnění bělimy

Synek S.

KOO

Anatomické poznámky

- Episkléra
- Skléra
- Lamina fusca

Zánětlivá onemocnění skléry

- Episkleritis, ložiskové nebo difúzní, často bolestivé na tlak
- Skleritis, překrvení – hluboká injekce, bolestivé, u zadní skleritidy pak protruze bulbu, bolesti při pohybech oka
- Sklerokeratitidy- zánět přechází na rohovku- herpes viry, tbc, revmatismus, lepra, onchocerkóza

EPISCLERITIS AND SCLERITIS

1. **Episcleritis**
   - Simple
   - Nodular
2. **Anterior scleritis**
   - Non-necrotizing diffuse
   - Non-necrotizing nodular
   - Necrotizing with inflammation
   - Necrotizing without inflammation
     (scleromalacia perforans)
3. **Posterior scleritis**

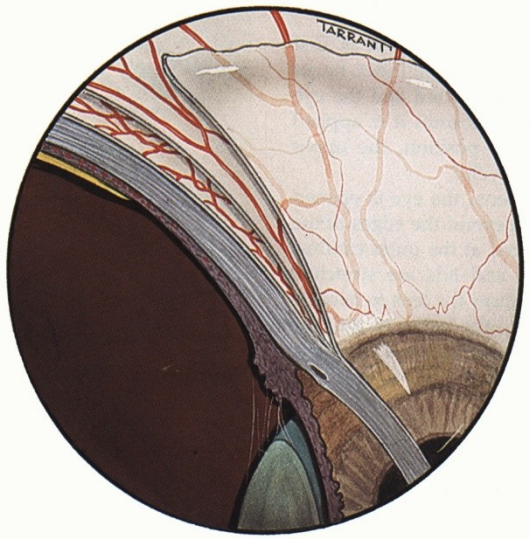
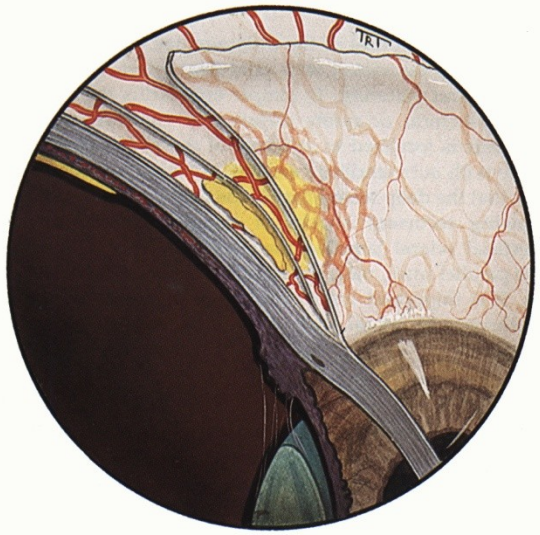
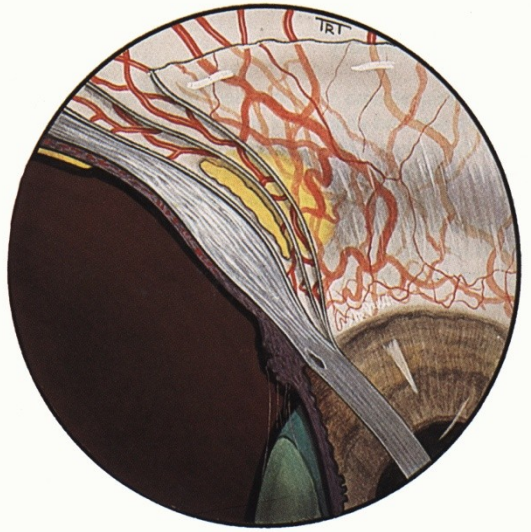
Etiologie

- Herpes zoster
- Choroby vaziva: rheumatiodní arthritida, lupus erythematodes, polyarteritis nodosa, Wegner` s granulomatosis
- Sarcoidosis, tuberculosis

Léčba

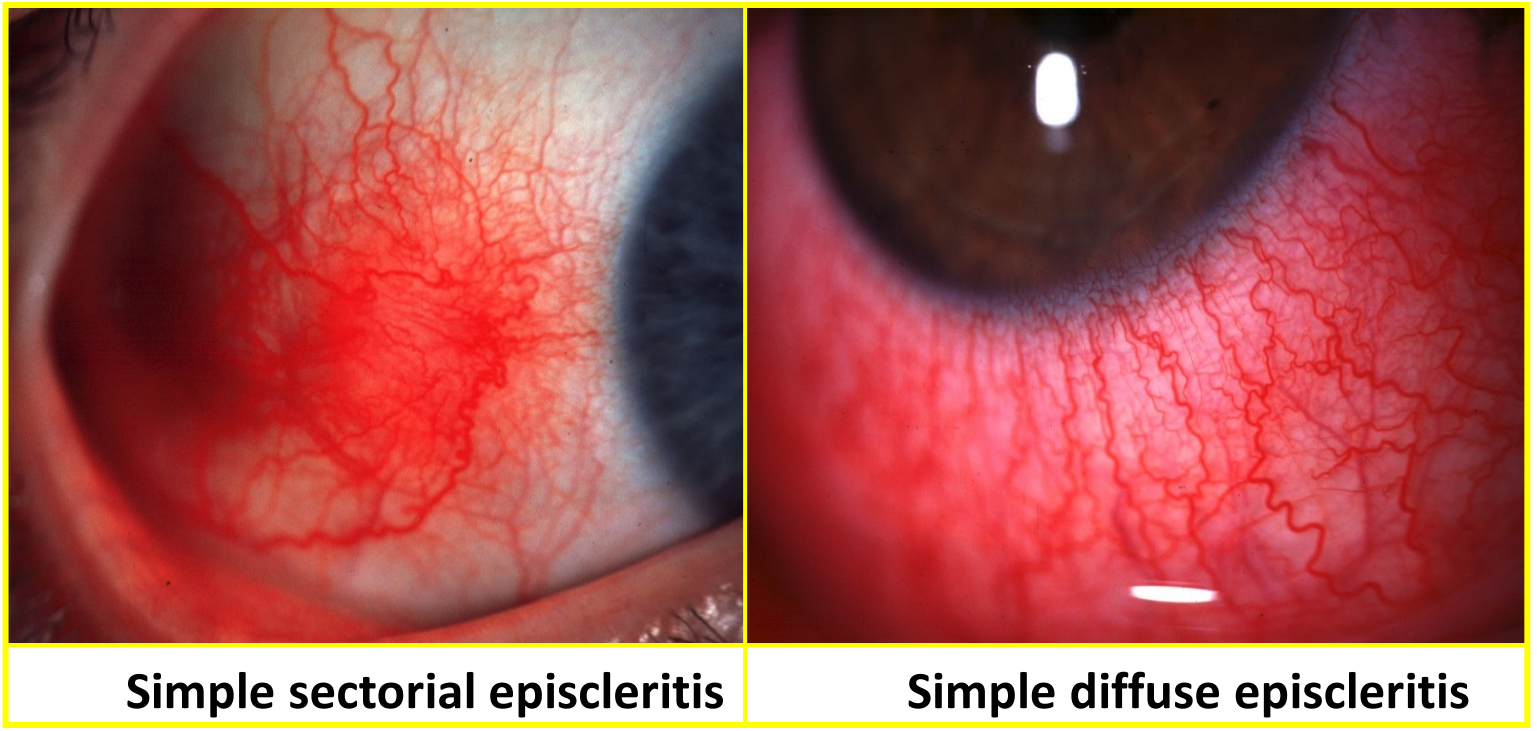
- Nesteroidní antiflogistika- indomethacin 100 mg for 4 days, celkkově prednisolone 60 / 80 mg, imunosupresiva
- Specifická léčba antituberculostatika

Applied anatomy of vascular coats

Normal	Episcleritis	Scleritis
		
• Radial superficial episcleral vessels • Deep vascular plexus adjacent to sclera	• Maximal congestion of episcleral vessels	• Maximal congestion of deep vascular plexus • Slight congestion of episcleral vessels

Simple episcleritis

- Common, benign, self-limiting but frequently recurrent
- Typically affects young adults
- Seldom associated with a systemic disorder



Simple sectorial episcleritis	Simple diffuse episcleritis

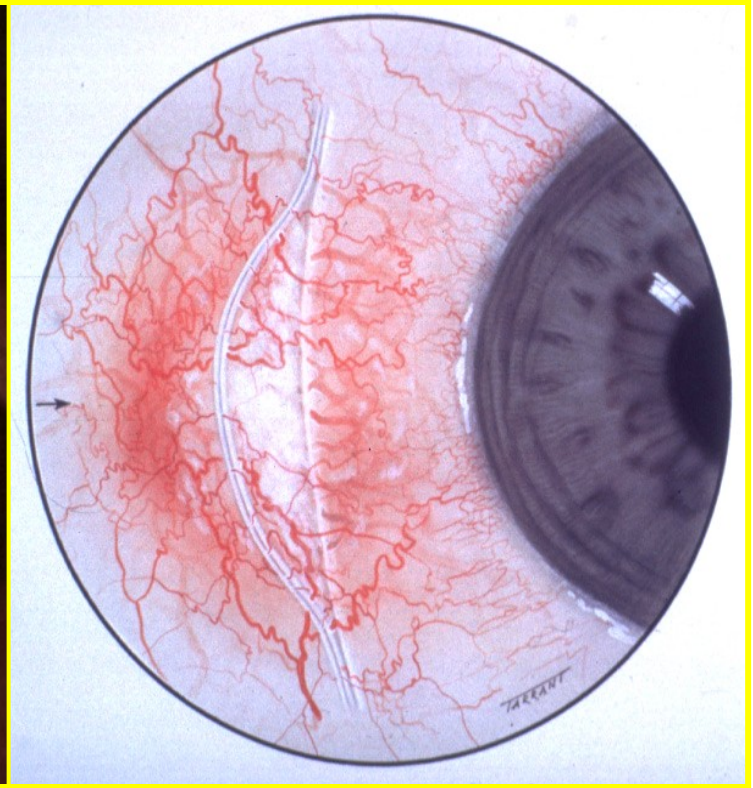
Treatment

- Topical steroids
- Systemic flurbiprofen (00 mg tid if unresponsive

Nodular episcleritis

- Less common than simple episcleritis
- May take longer to resolve
- Treatment - similar to simple episcleritis

Localized nodule which can be moved over sclera



Deep scleral part of slit-beam not displaced

Causes and Systemic Associations of Scleritis

1. Rheumatoid arthritis

2. Connective tissue disorders

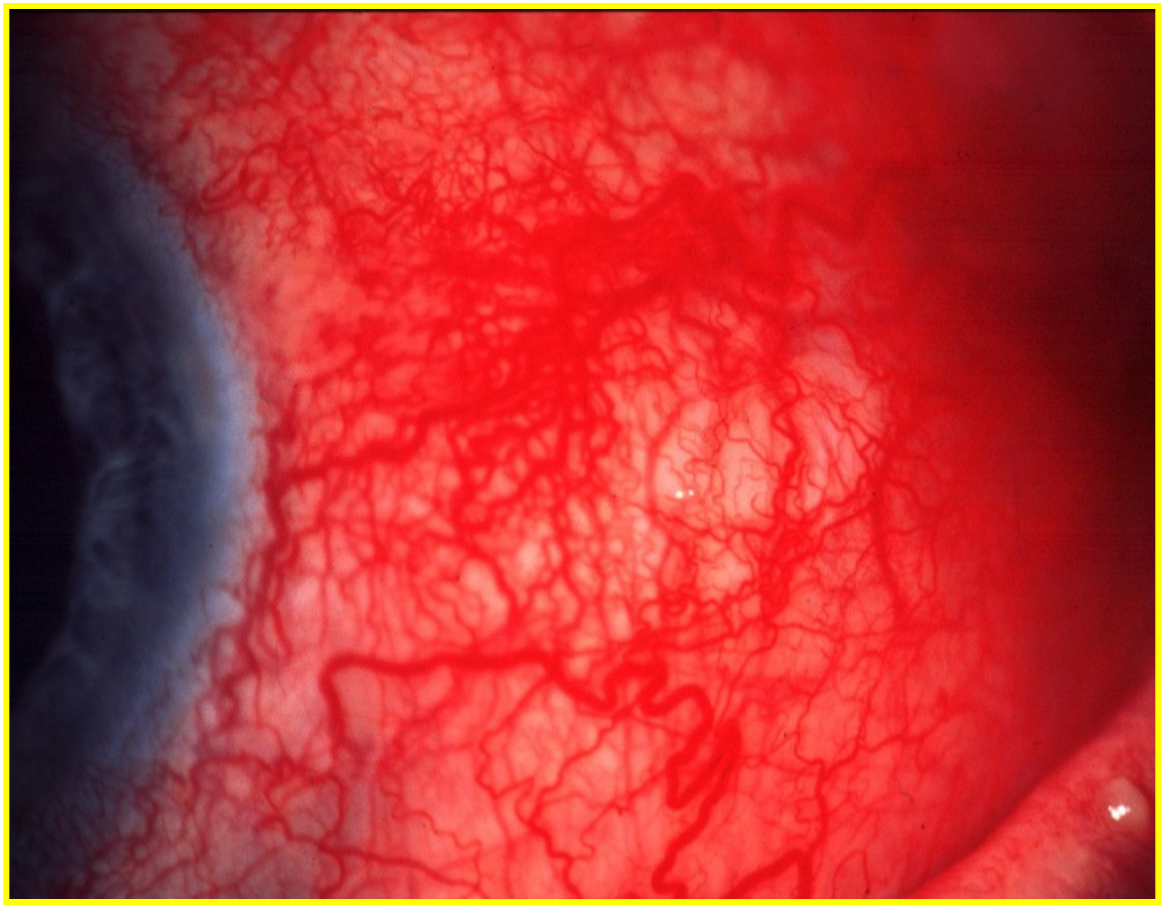
- Wegener granulomatosis
- Polyteritis nodosa
- Systemic lupus erythematosus

3. Miscellaneous

- Relapsing polychondritis
- Herpes zoster ophthalmicus
- Surgically induced

Diffuse anterior non-necrotizing scleritis

- Relatively benign - does not progress to necrosis
- Widespread scleral and episcleral injection



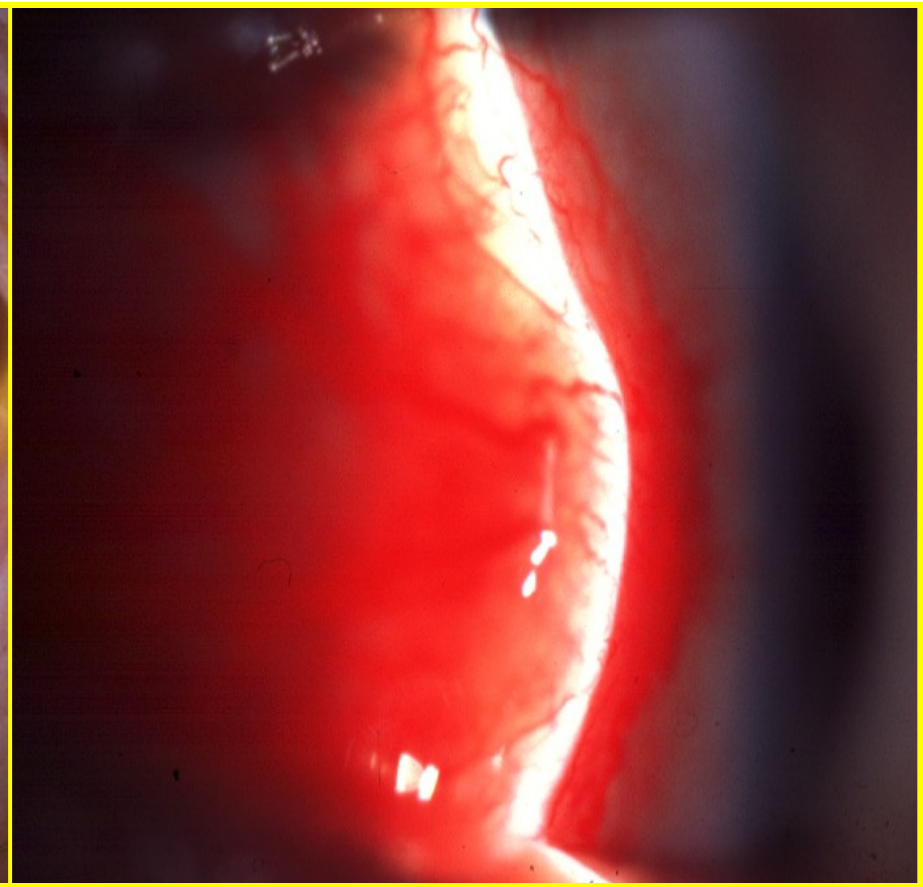
Treatment

- Oral NSAIDs
- Oral steroids if unresponsive

Nodular anterior non-necrotizing scleritis

More serious than diffuse scleritis

On cursory examination resembles nodular episcleritis



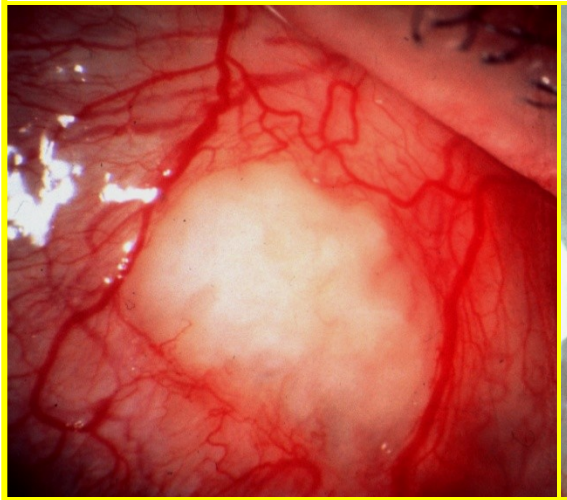
Scleral nodule cannot be moved over underlying tissue

Treatment - similar to diffuse non-necrotizing scleritis

Anterior necrotizing scleritis with inflammation

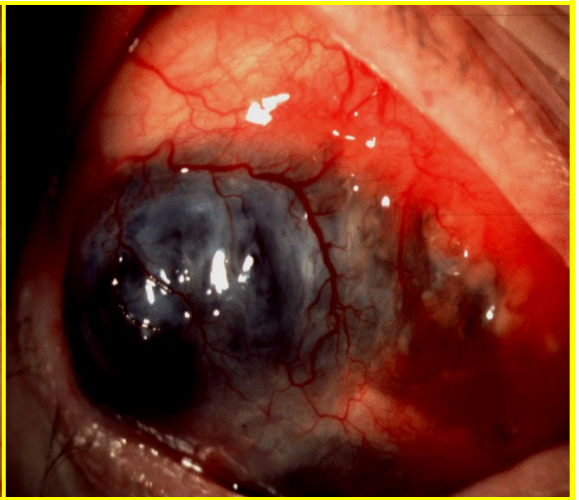
- Painful and most severe type
- Complications - uveitis, keratitis, cataract and glaucoma

Progression



Avascular patches

Scleral necrosis and visibility of uvea



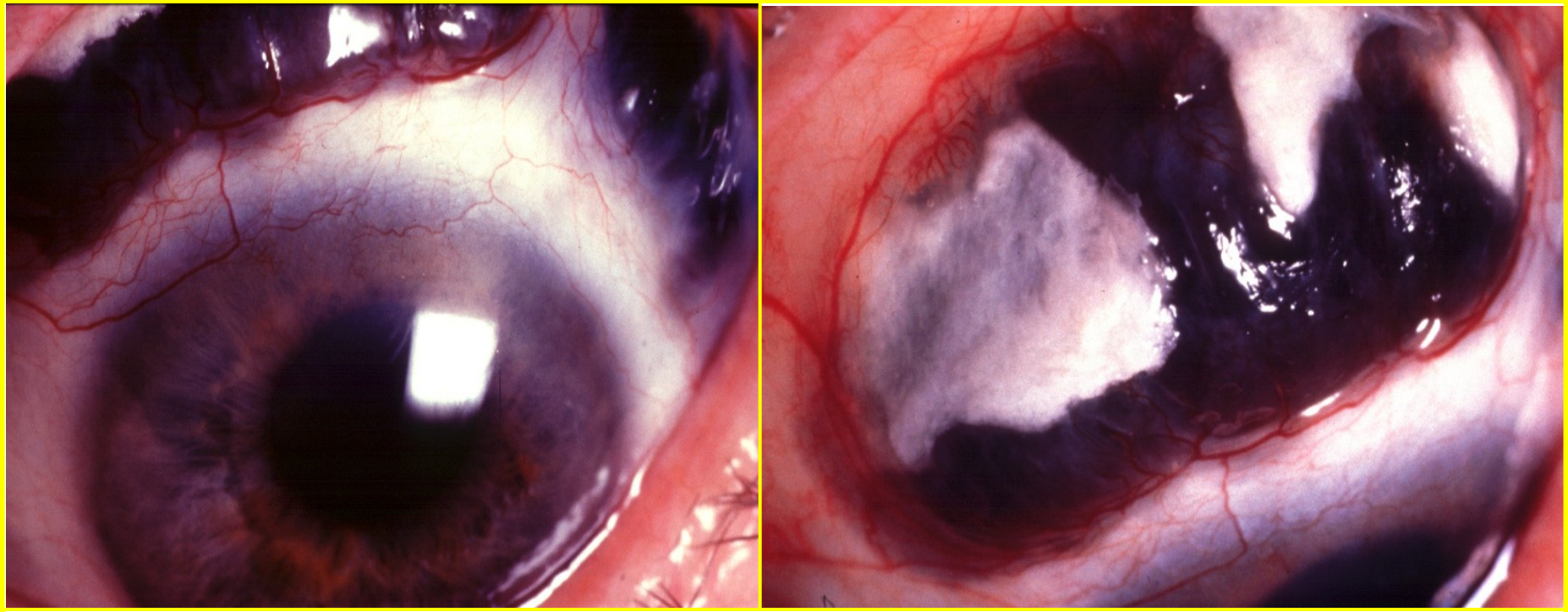
Spread and coalescence of necrosis

Treatment

- Oral steroids
- Immunosuppressive agents (cyclophosphamide, azathioprine, cyclosporin)
- Combined intravenous steroids and cyclophosphamide if unresponsive

Anterior necrotizing scleritis with inflammation (scleromalacia perforans)

- Associated with rheumatoid arthritis
- Asymptomatic and untreatable



Progressive scleral thinning with exposure of underlying uvea

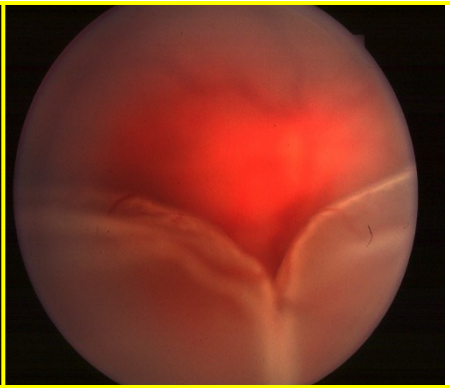
Posterior scleritis

- About 20% of all cases of scleritis
- About 30% of patients have systemic disease
- Treatment similar to necrotizing scleritis with inflammation

Signs

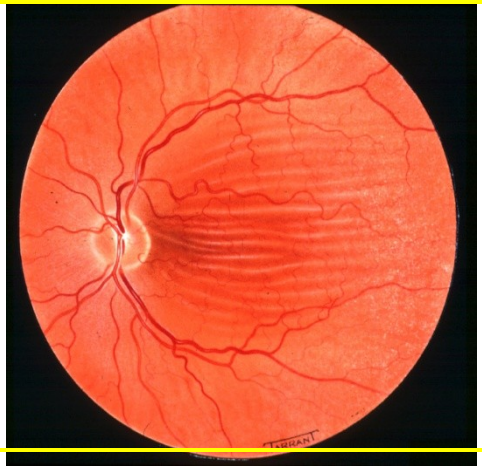
Proptosis and ophthalmoplegia

Disc swelling

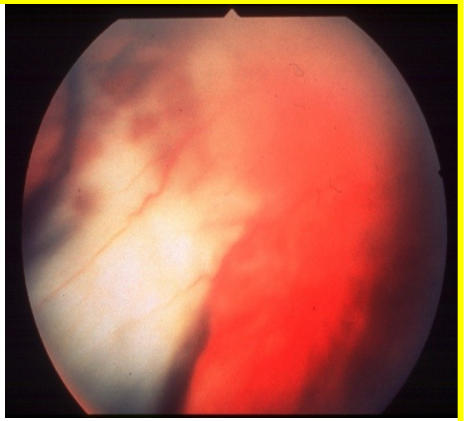


Exudative retinal detachment

Ring choroidal detachment

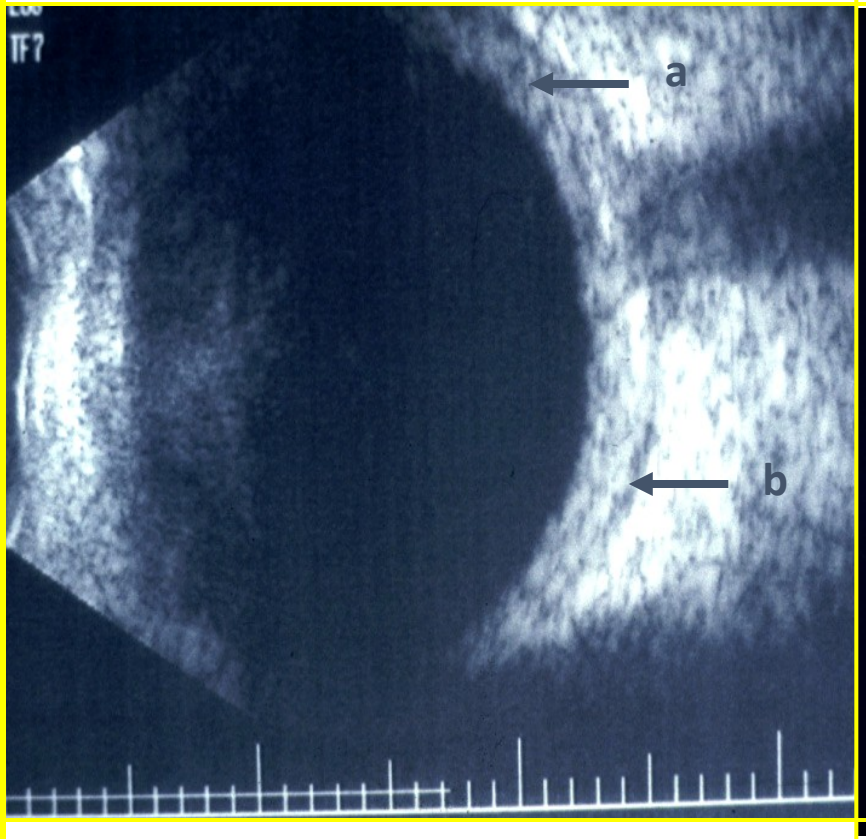
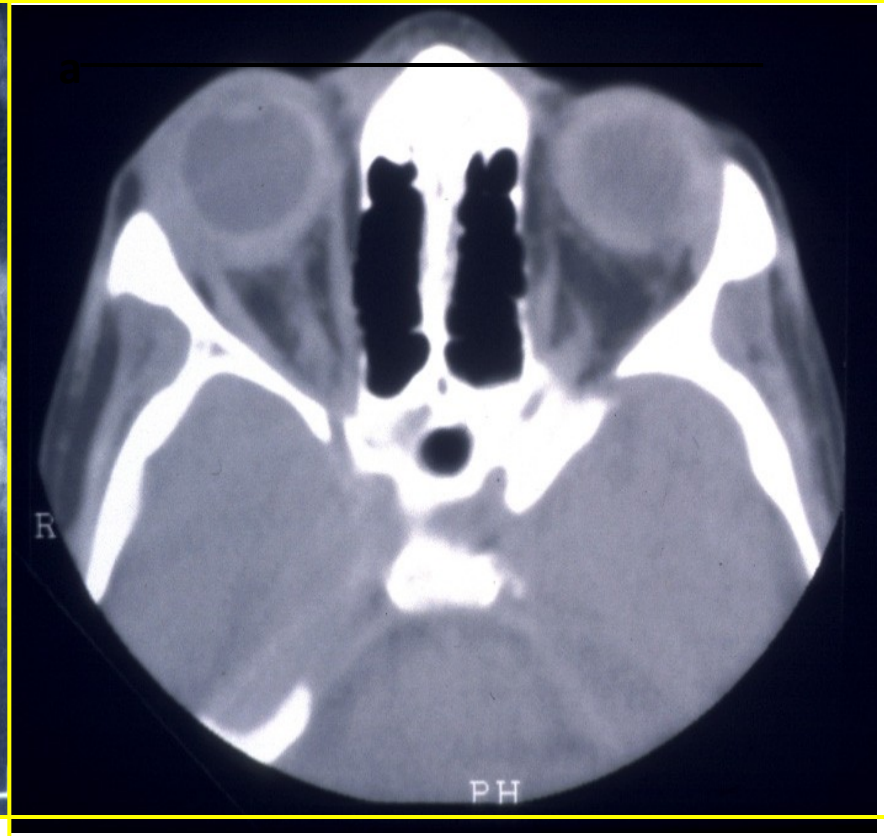


Choroidal folds

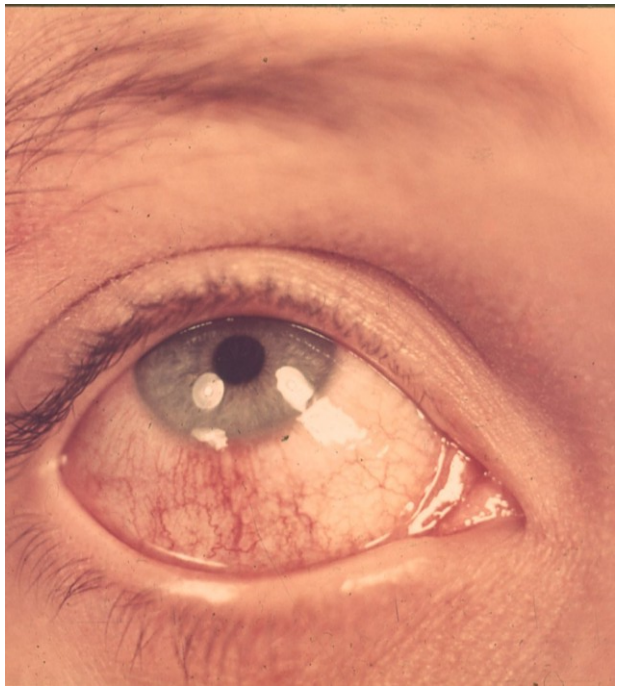


Subretinal exudation

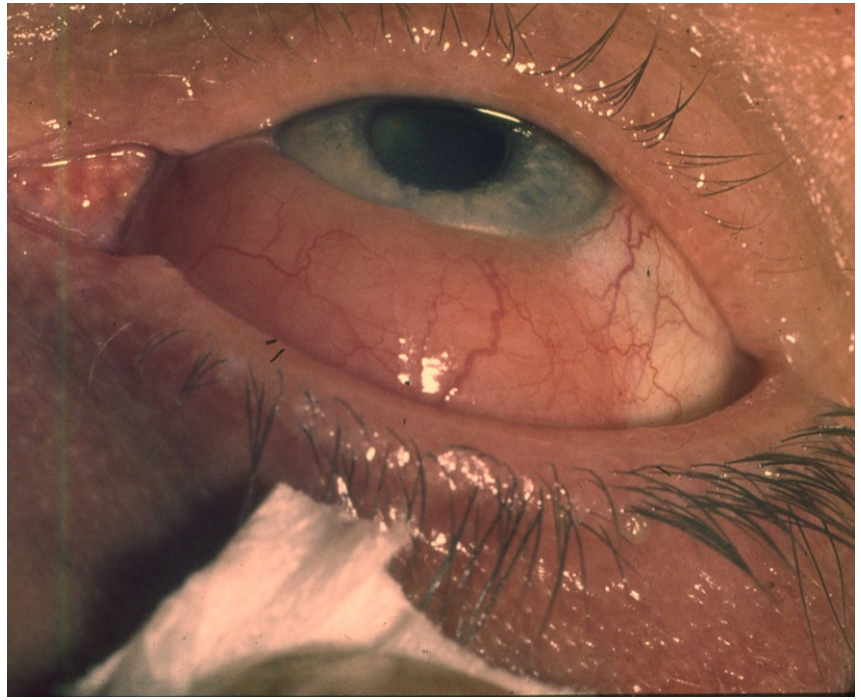
Imaging in posterior scleritis

Ultrasound	Axial CT
	
a - Thickening of posterior sclera b -Fluid in Tenon space ('T' sign)	Posterior scleral thickening

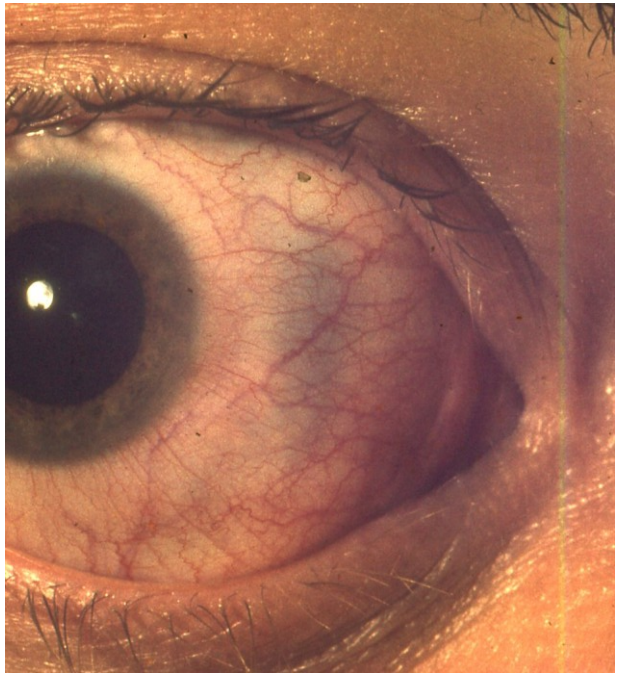
episkleritida



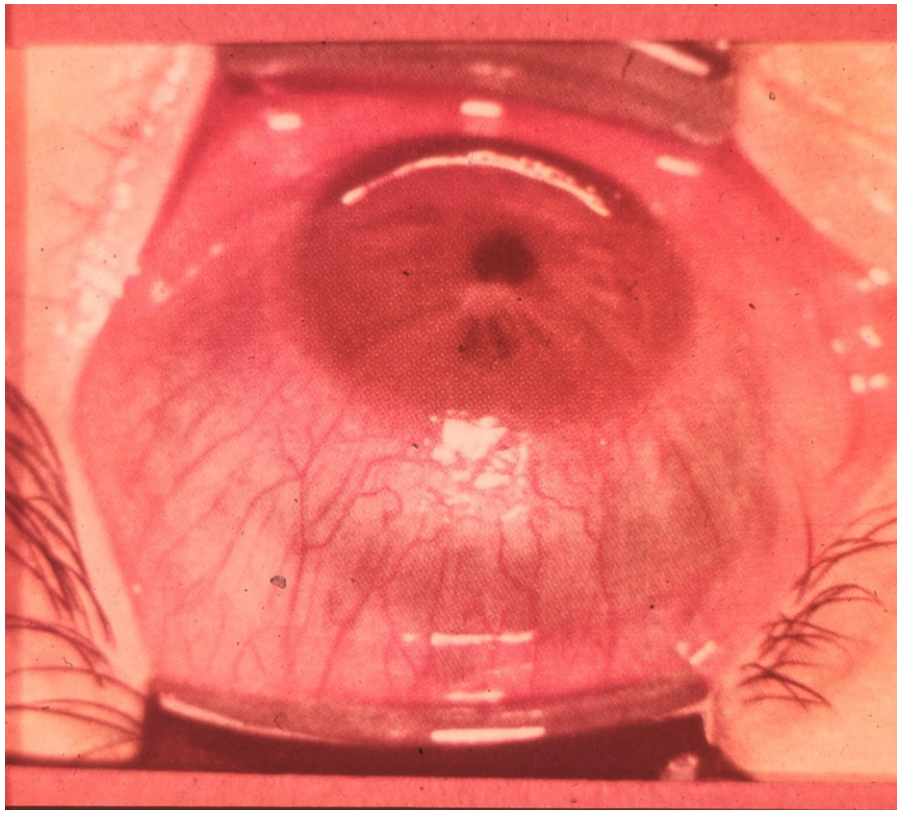
Skleritida



Stafylom



Skleritis



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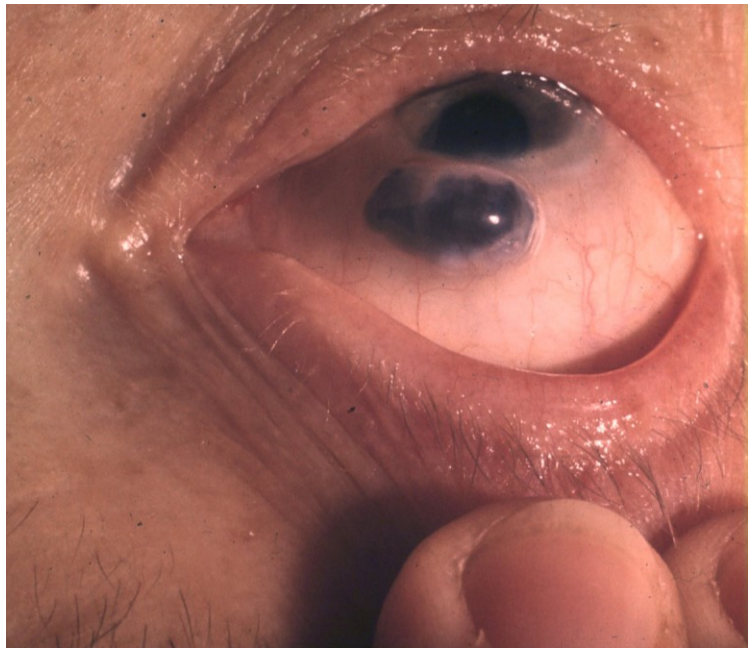

Episkleritida

Děkuji za pozornost