2º curso Formación continuada 2016

organizado por la Sociedad Gallega de Oftalmología

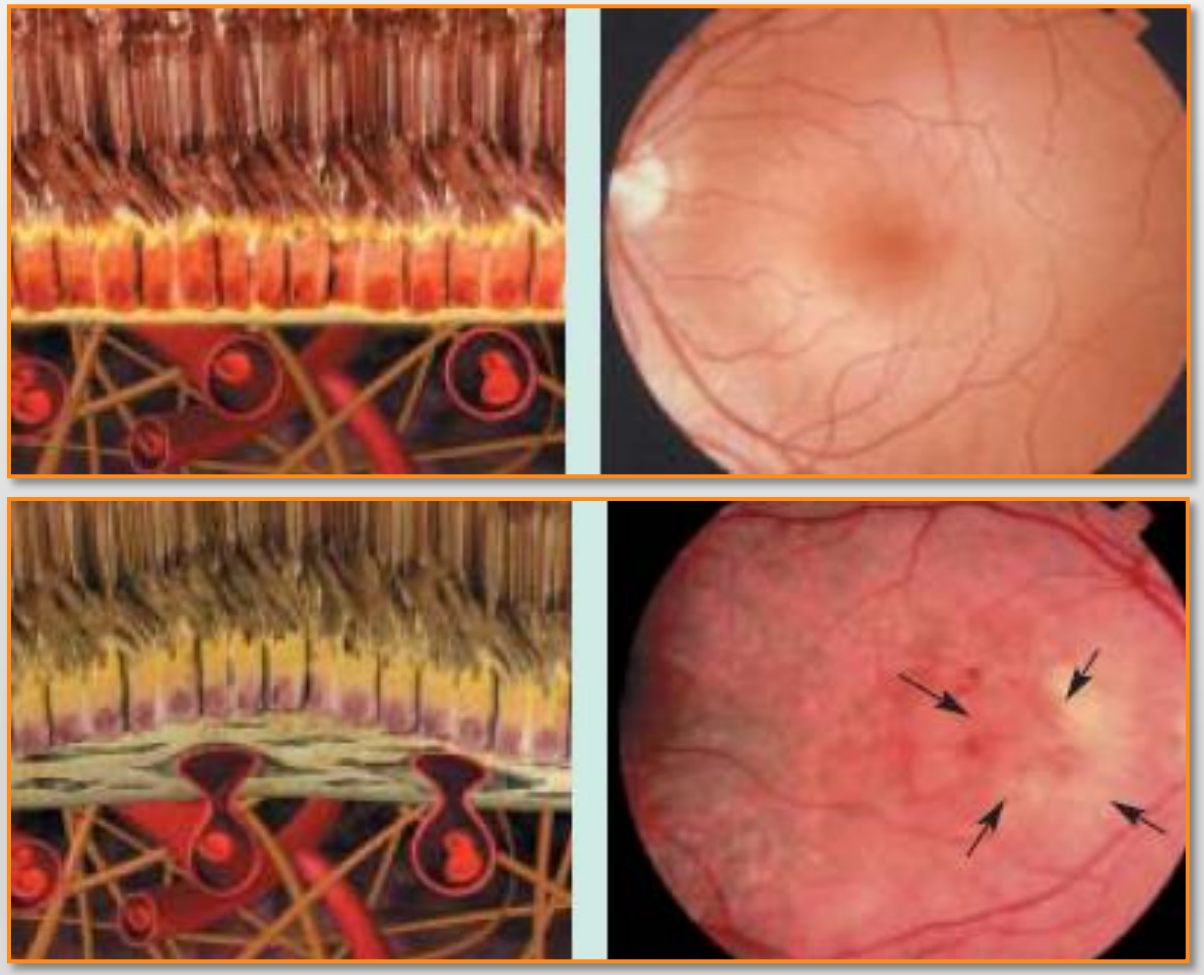
OCT y DMAE

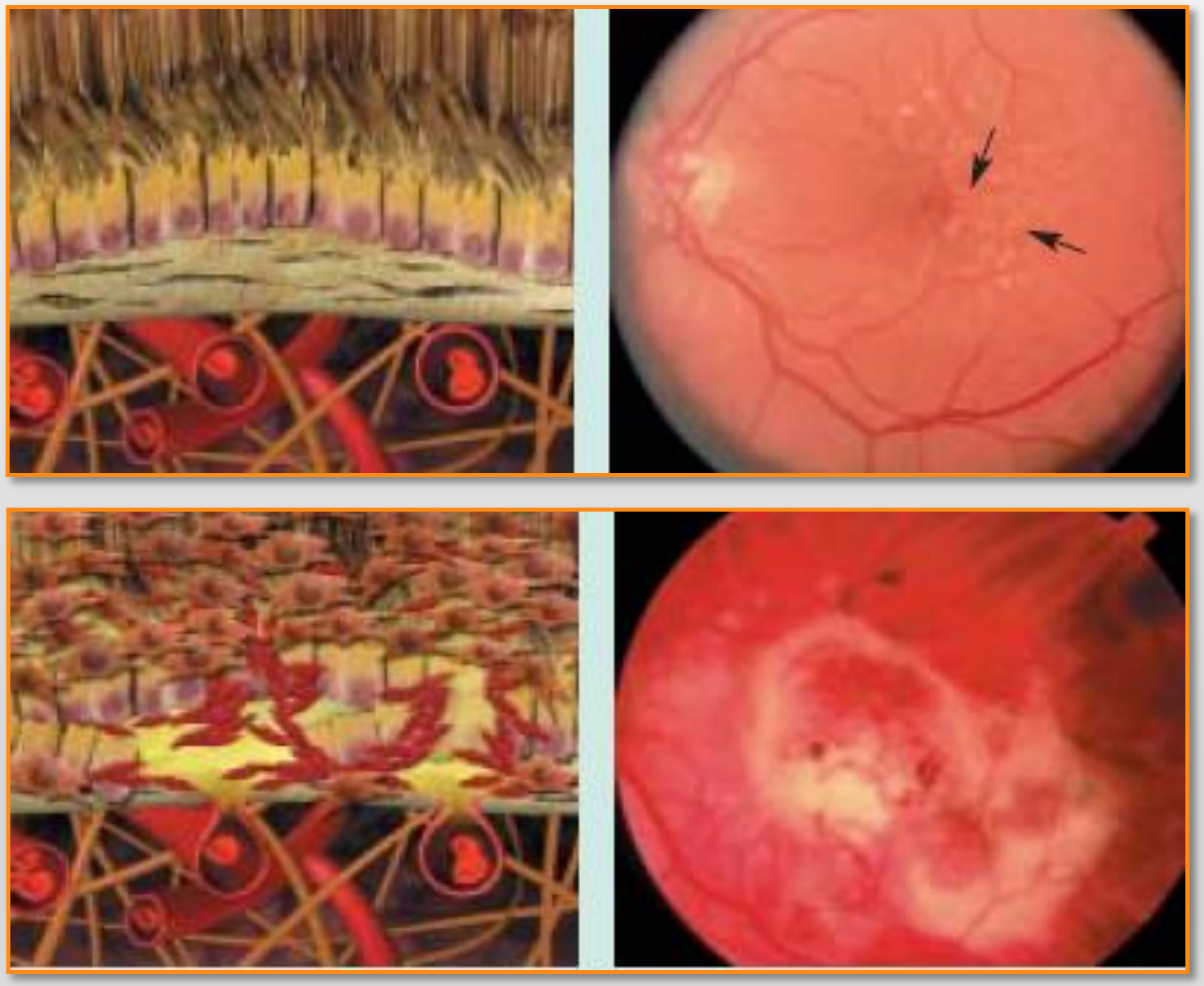
Qué debemos esperar…….

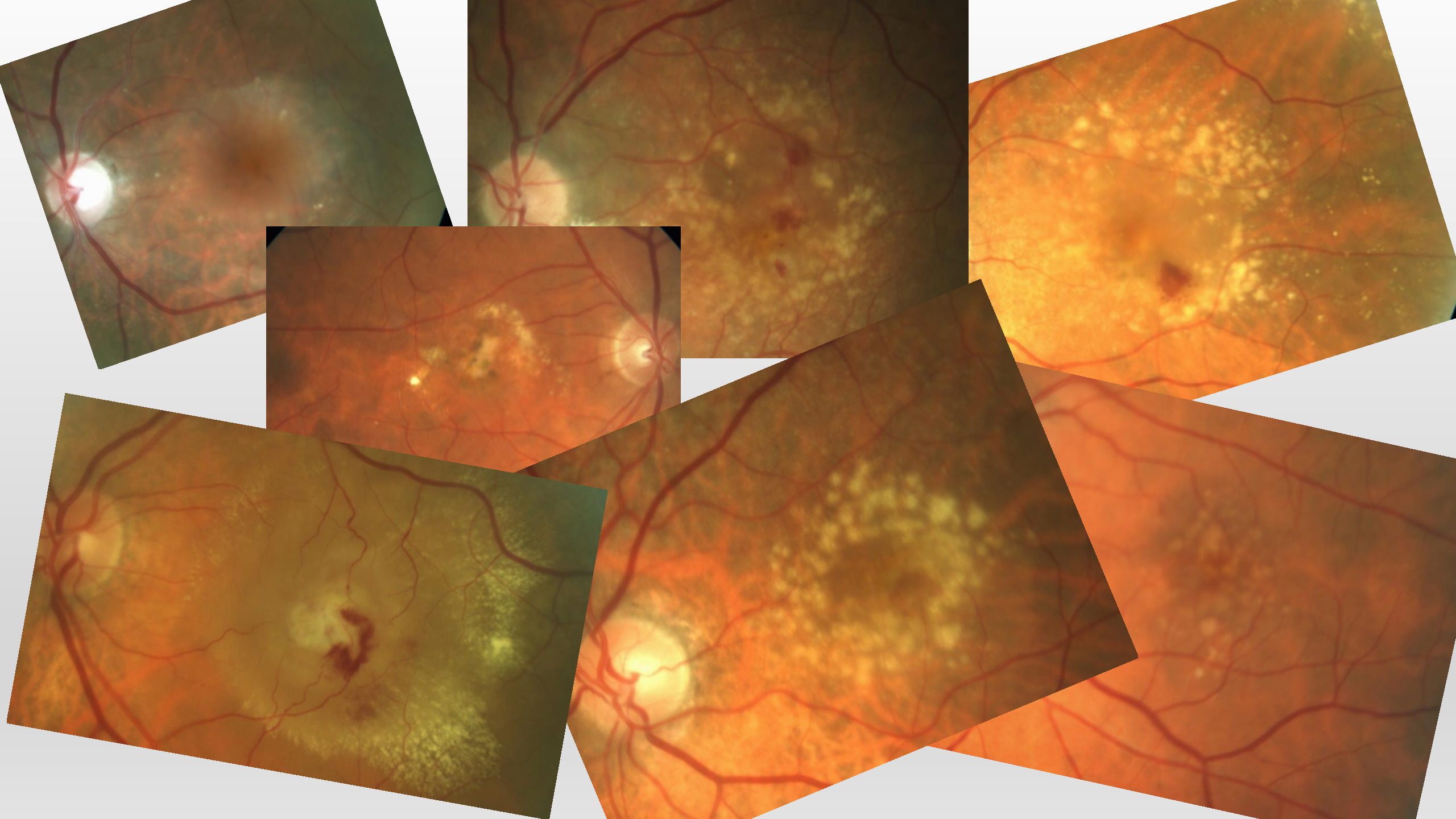
ANA CAMPO GESTO

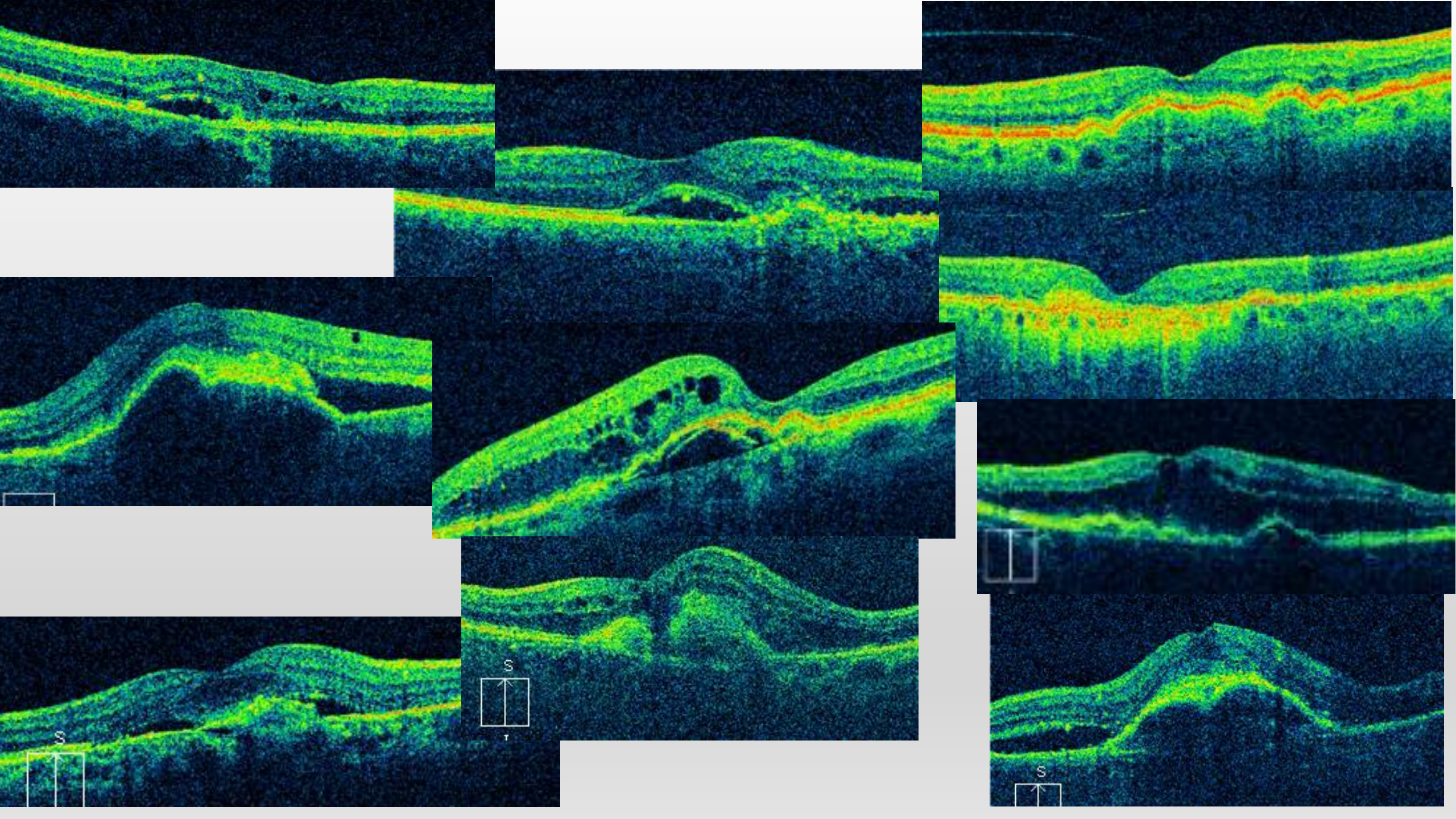
VIGO

DMAE: FISIOPATOLOGIA





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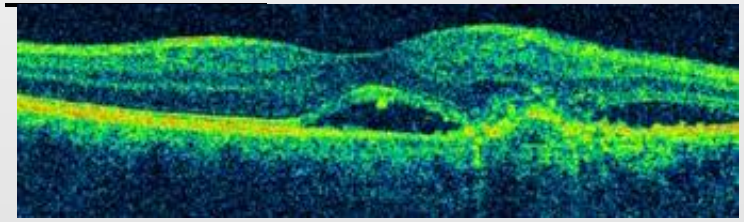
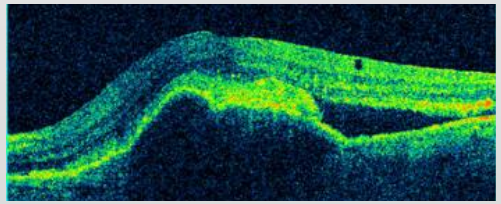
DMAE: CLASIFICACION

- ***NVC TIPO 1***:----------→ ***NVC OCULTA***

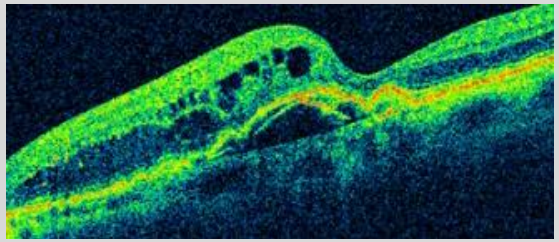


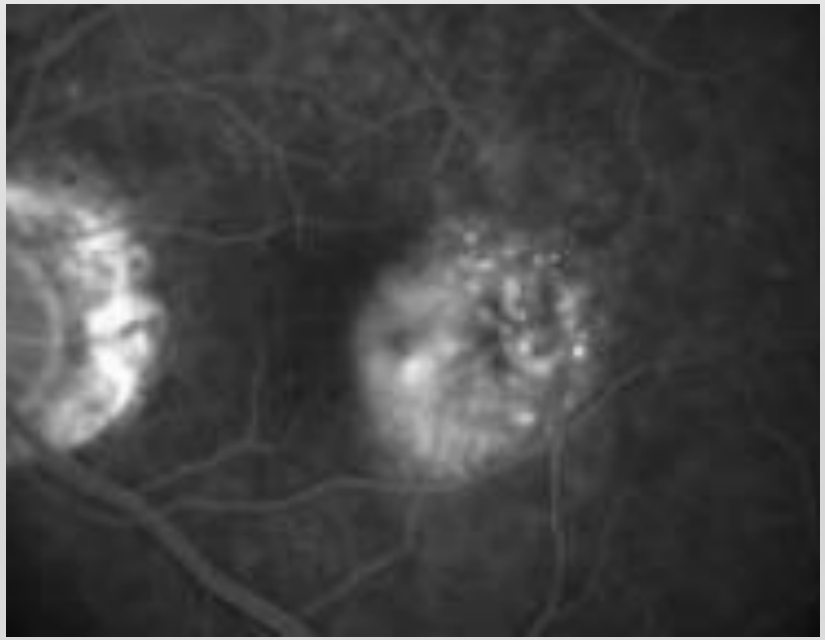
- DEP fibrovasclar: hiperfluorescencia punteada y heterogenea en fases intermedias con fuga en fases tardías
- Escape tardío de origen indeterminado

- NVC TIPO 2:

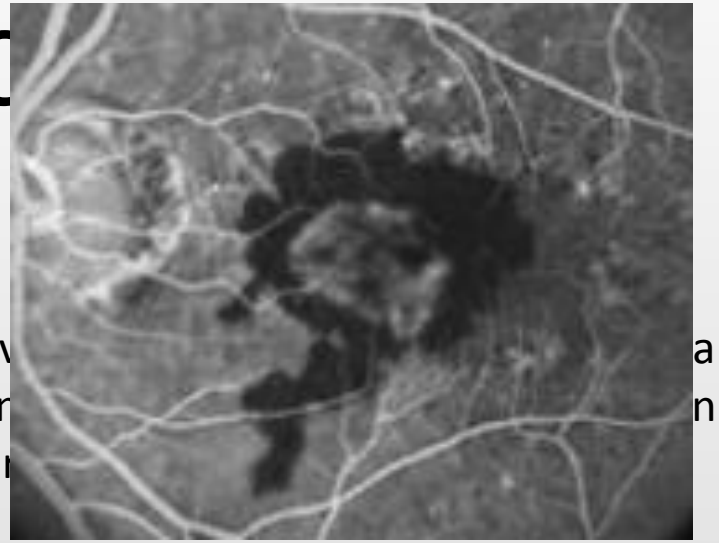


- NVC TIPO 3

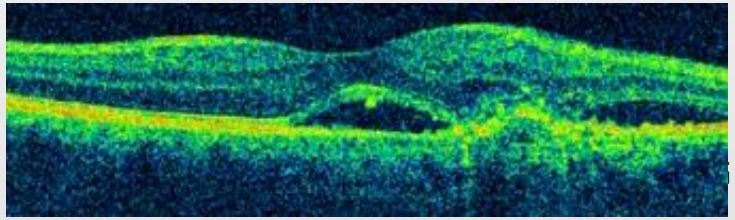




DMAE: CLASIFIC

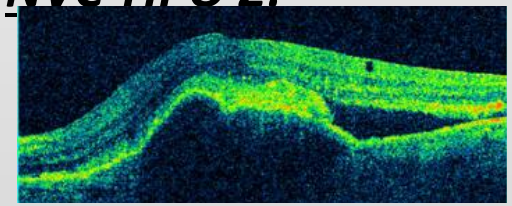


- NVC TIPO 1:----------→ NVC OCULTA



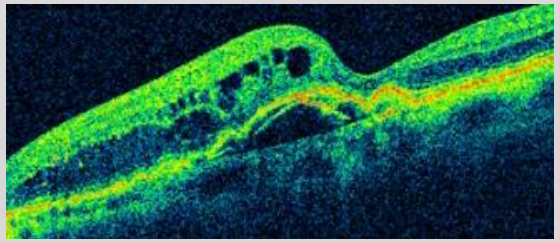
  - DEP fibrov a y heteroger n fases tardías
  - Escape ta

- ***NVC TIPO 2:*** ----------→ ***NVC CLÁSICA***



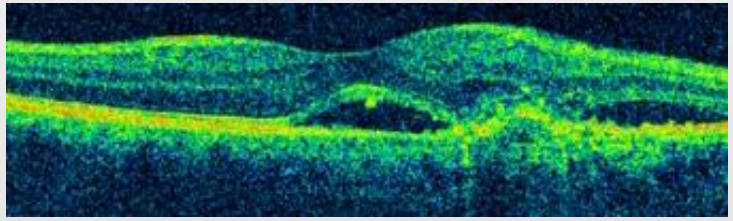
  - Area de hiperfluorescencia bien delimitada en fases iniciales, con difusión de colorante en fases intermedias y tardías

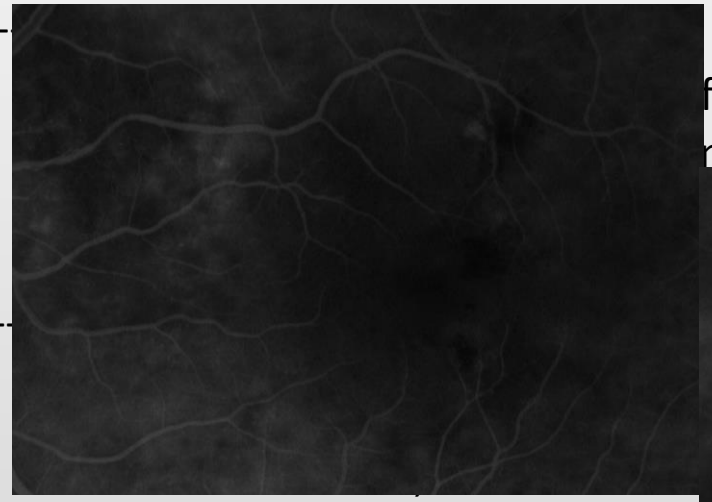
- NVC TIPO 3: Intrarretiniana



DMAE: CLASIFICACION

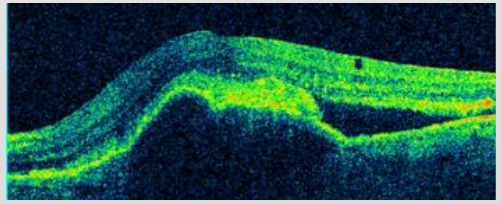
- NVC TIPO 1:----------





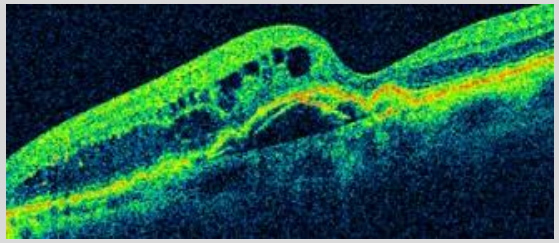
fluorescencia punteada y
ntermedias con fuga en fases tardías

- NVC TIPO 2: ----------



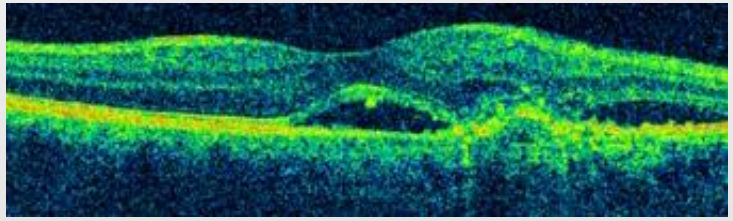
y
tardías

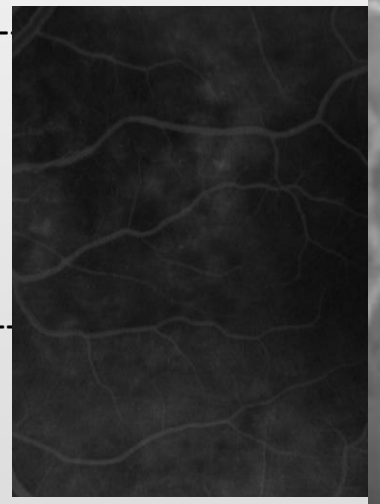
- ***NVC TIPO 3: Intrarretiniana*** ----------→ ***RAP***



DMAE: CLASIFICACION

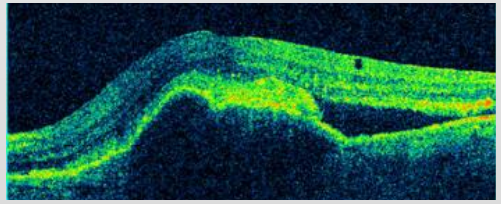
- NVC TIPO 1:----------

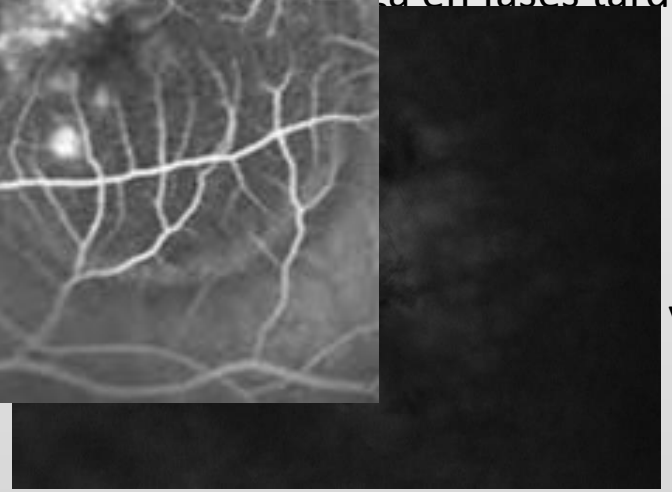




eada y
a en fases tardías

- NVC TIPO 2: ----------

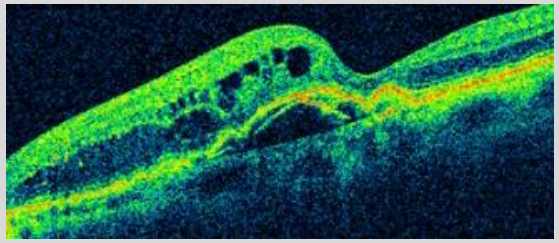




y

tardía

- ***<u>NVC TIPO 3: Intrarretiniana</u>*** ----------→ ***<u>RAP</u>***

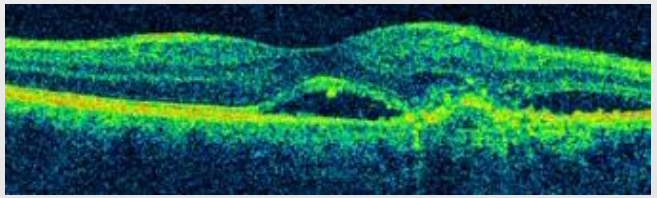


- Complejo angiomatoso neovascular retiniano
- Desprendimiento seroso del EPR
- Comunicación con neovascularizacion coroidea
- VASOS RETINO-COROIDEOS

DMAE: CLASIFICACION

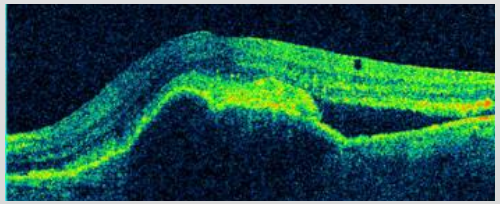
- NVC TIPO 1:----------→ NVC OCULTA

La disfunción de la BHRE permite la acumulación de hemorragias intra y subretinianas. Respuesta compensatoria a la hipoxia de la retina neurosensorial externa. Puede evolucionar a la VCP y su tratamiento puede condicionar la atrofia.



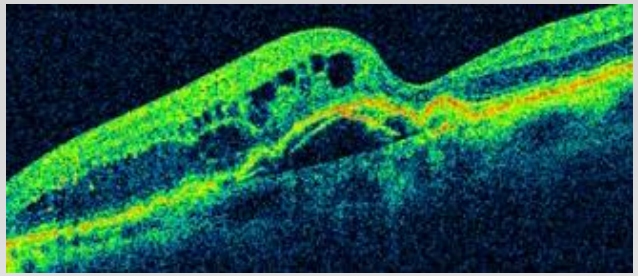
- NVC TIPO 2: ----------→ NVC CLÁSICA

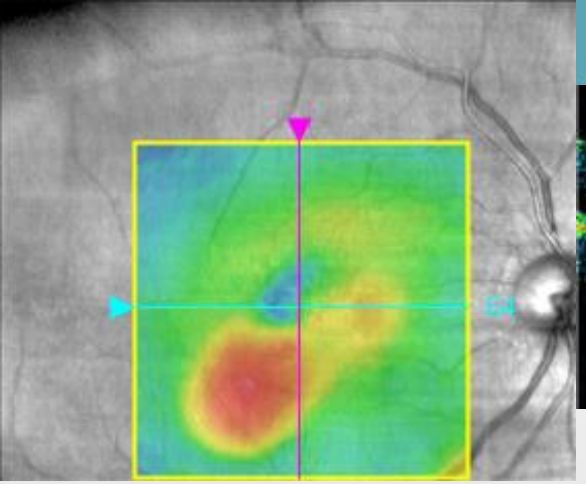
EPR lesionado e invadido por la proliferación neovascular. Perdida focal de EPR facilita las recurrencias y su cronificación

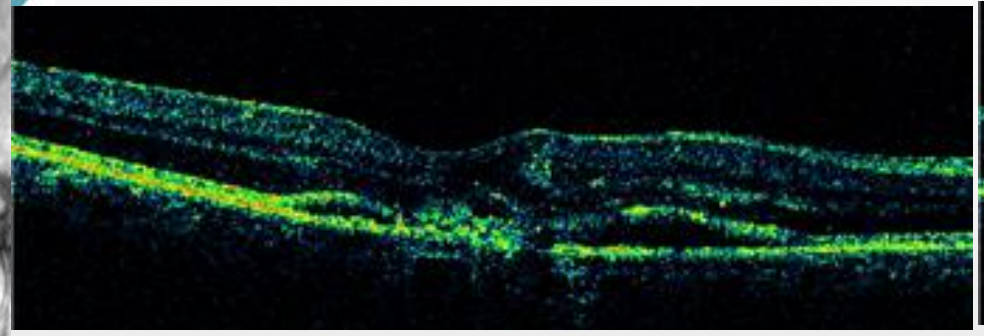


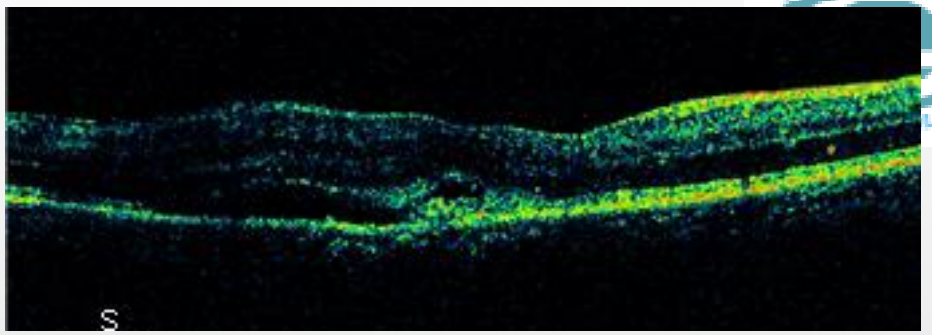
- NVC TIPO 3: Intrarretiniana ----------→ RAP

La neovascularizacion suele ser extrafoveal
Simula edema macular diabetico

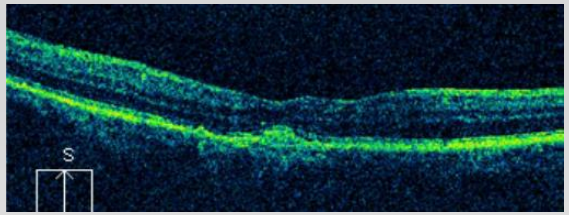






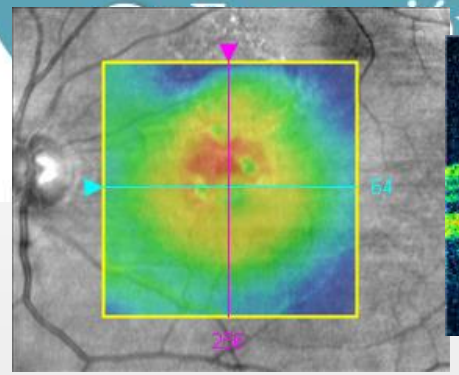


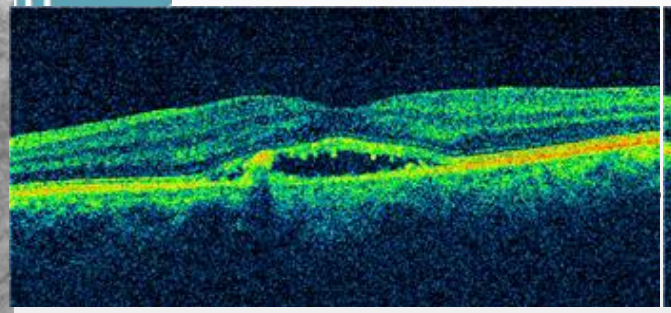
- Sept 2012: AVMC 0,20
  - 3 dosis mensuales y PRN mensual →AVMC 0,80
  - REACTIVACION ABRIL y NOV 2013, MARZO, JUNIO, AGOST AVMC 0,50
    - 1 dosis anti-VEGF y PRN mensual
- REGIMEN TREAT AND EXTENT (OCTUBRE 2014-MAYO 2016)
    - 9 inyecciones el primer año + 2 inyecciones en 2016 (régimen de 10 y 12 semanas)
    - AVMC 0,6 DIFICIL

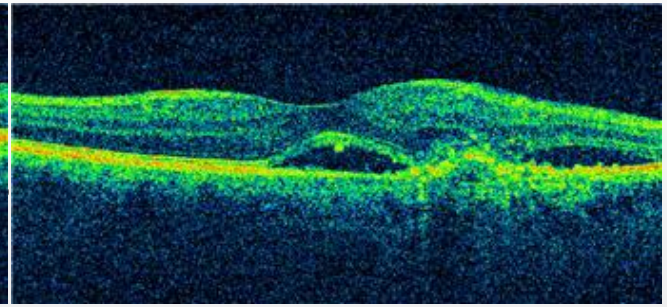


24 MESES:
8 dosis
16 revisiones

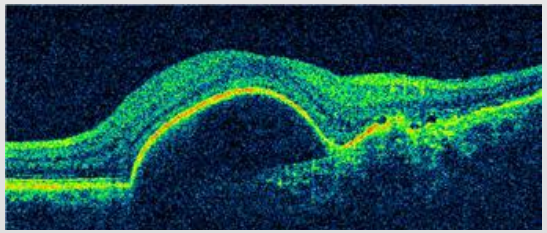
20 MESES
12 dosis
9 revisiones



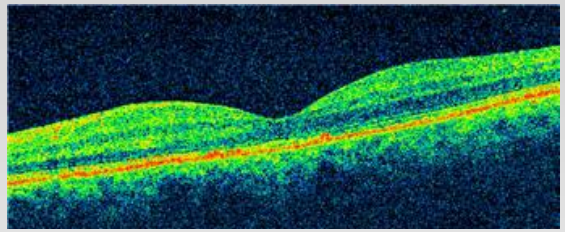


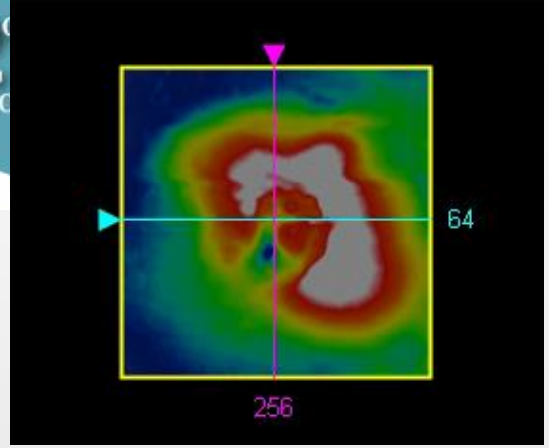


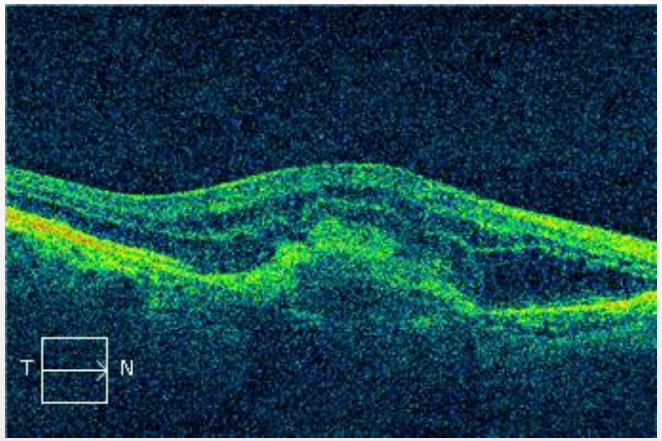
- **JUNIO 2012: Perdida AV OI (AVMC 0,6) y metamorfopsia**
  - 3 dosis mensuales y PRN mensual ---→ **AV OI 0,9**
  - DURANTE EL PRIMER AÑO NECESITA SOLO LAS 3 DOSIS DE CARGA

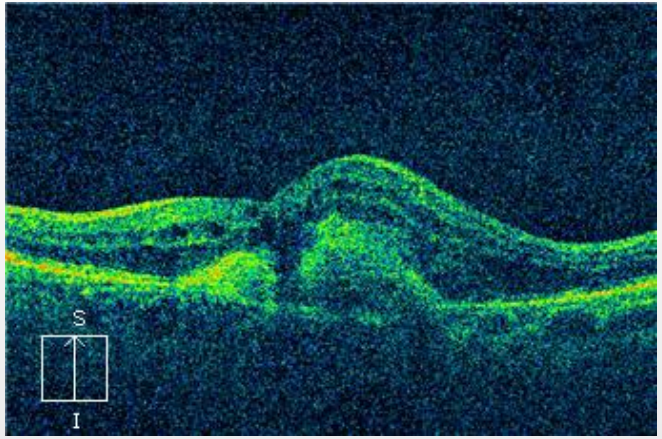


- **REACTIVACION:** 14 meses después (Nov 2013): **AV OI 0,30**
  - 3 dosis mensuales y PRN mensual ---------→ **AV OI 0,80**
    - ***EL PACIENTE RECHAZA LA TERCERA DOSIS***
- **REACTIVACION** A LOS 3 MESES (Enero 2015)
  - TTO EN REGIMEN BIMESTRAL Y EXTENDER…. (ENERO 2015-OCTUBRE 2015)
    - 5 inyecciones
  - PRN mensual. Ultimo tratamiento 21 de octubre ----→ **AV OI 0,80**

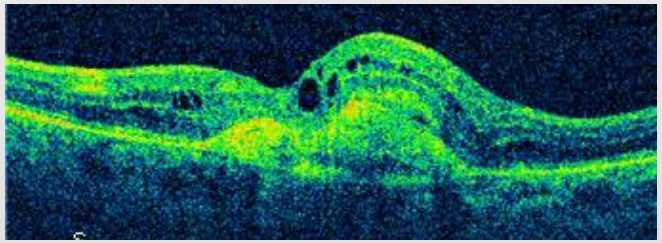


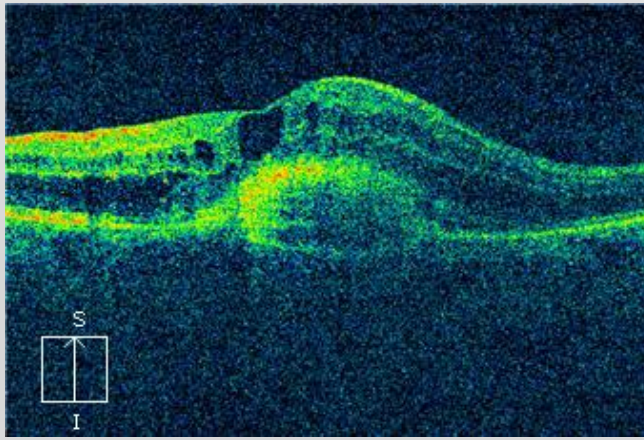






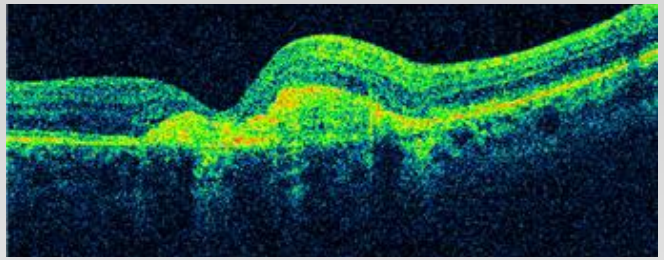
- **MAYO 2012: AVMC OD 0,10**
  - 3 dosis mensuales y PRN mensual ---→ AV 0,10
  - Reactivación a los 3 meses de la tercera dosis
    - 3 dosis mensuales y PRN mensual ---------→ AV 0,10
  - Reactivación a los 3 meses de la última dosis
    - 1 inyección y PRN mensual ----------→ AV 0,10

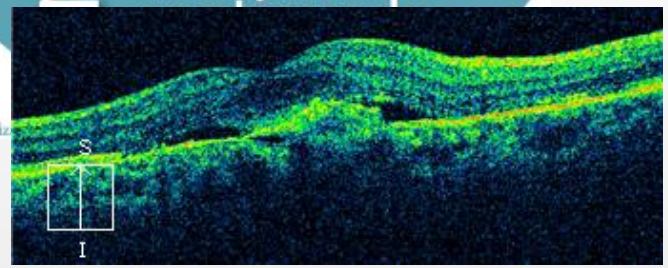


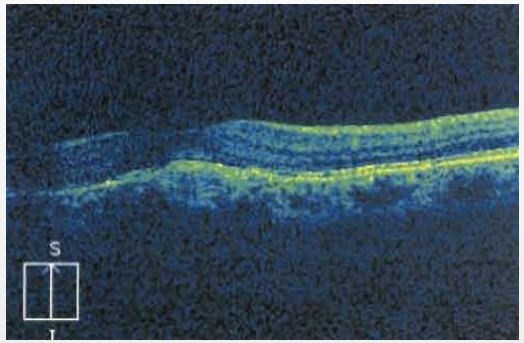


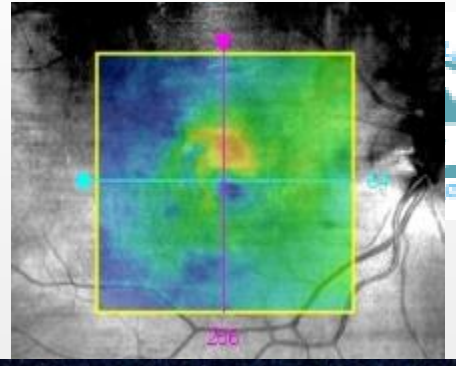
- 2º AÑO: MAYO 2013-MAYO 2014
  - 1 INYECCIÓN EN MARZO 2014

AV 0,10

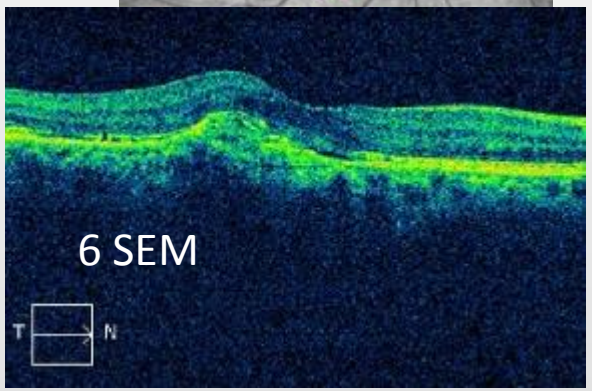




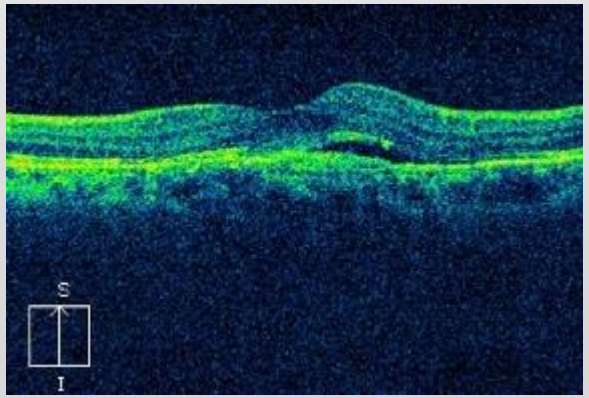


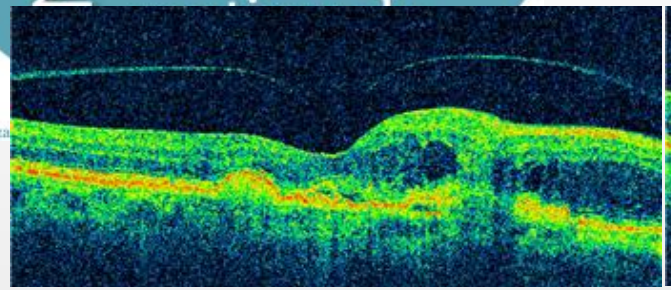


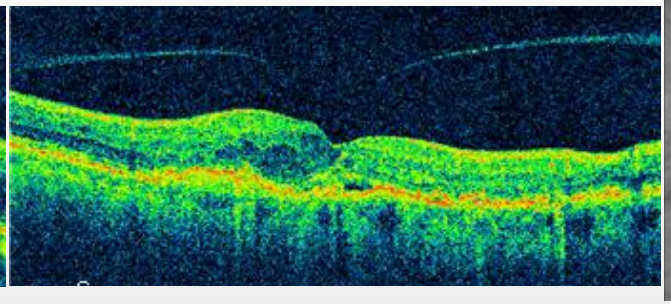
- **JULIO 2013: metamorfopsia OD, AVMC 0,8**
  - Se indica 3 dosis mensuales y PRN mensual (16 meses)
    - ✓ 9 inyecciones el primer año
    - ✓ 10 inyecciones + 7 visitas-→ **AV 0,30**

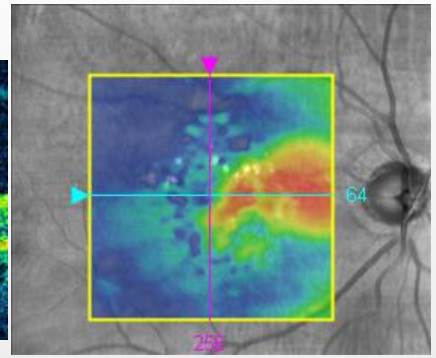


- **REGIMEN TREAT AND EXTENT: Enero 2015-ABRIL 2016**
  - ✓ 12 inyecciones y 7 visitas
  - ✓ Tiempo máximo sin actividad : 6 semanas
    - AVMC 0,4
    - PENDIENTE FACO OD
    - DEPOSITOS DE SILICONA EN VITREO
    - PENDIENTE DE VER RESULTADOS CON OTRO ANTIVEGF

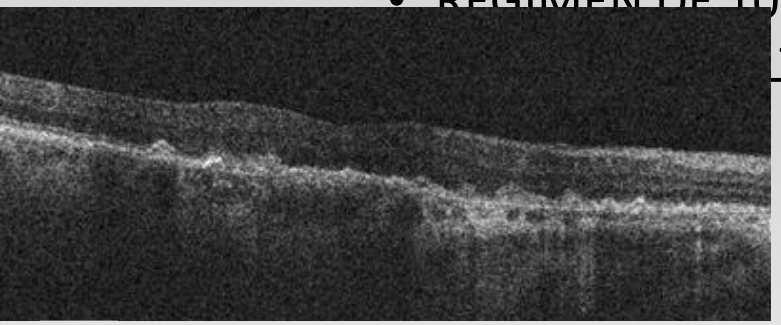


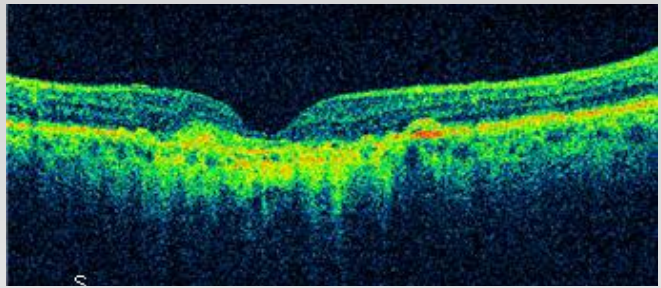






- **MAYO 2012: REVISION RUTINARIA AVMC OD 0,25 (RAP OI EN 2009, AV 0,05)**
  - 3 DOSIS MENSUALES RANIBIZUMAB Y PRN MENSUAL
    - PRIMER AÑO 6 INYECCIONES Y 8 VISITAS----→ AVMC OD 0,30
    - SEGUNDO AÑO 3 INYECCIONES y 7 VISITAS --→AVMC OD 0,30 (REVISION BIMESTRAL)
    - TERCER AÑO: REVISION TRIMESTRAL. NO PRECISA TTOS: AVMC 0,16-0,20
- JULIO 2015: AVMC OD 0,16→ FACO OD--→ AV 0,25-0,30
- **SEPTIEMBRE 2015: REACTIVACION RAP OD (AVMC 0,20)**
  - TREAT AND EXTENT
    - 5 INYECCIONES
    - REGIMEN DE 10 SEMANAS
    - LTIMO TTO 8 DE ABRIL





QUE RESALTAR….

- **NVC TIPO 1: Debajo del EPR**
  - LSR
  - No hay edema macular quístico
  - MENOR PROGRESION A ATRFOFIA GEOGRAFICA

BUENA RESPUESTA A ANTIVEGF
NO DESCUIDARNOS!!!

- **NVC TIPO 2: Por encima del EPR**
  - Fluido intrarretiniano
  - MAYOR PROGRESION A FIBROSIS SUBRETINIANA

PARTE DE LA LESION SE RESISTE AL EFECTO ANTIVEGF
TTO AGRESIVO DURANTE EL PRIMER AÑO

- **NVC TIPO 3: Intrarretiniana**

  Fluido intrarretiniano
  DEP
  LSR
  - VARIABILIDAD EN LA RESPUESTA A ANTI-VEGF
  - MAYOR PROGRESION A LA ATROFIA GEOGRAFICA.

SEGUIMIENTO EXAHUSTIVO
BILATERALIZACION
RESPUESTA VARIABLE A ANTIVEGF
A VECES REQUIERE TTO COMBINADO