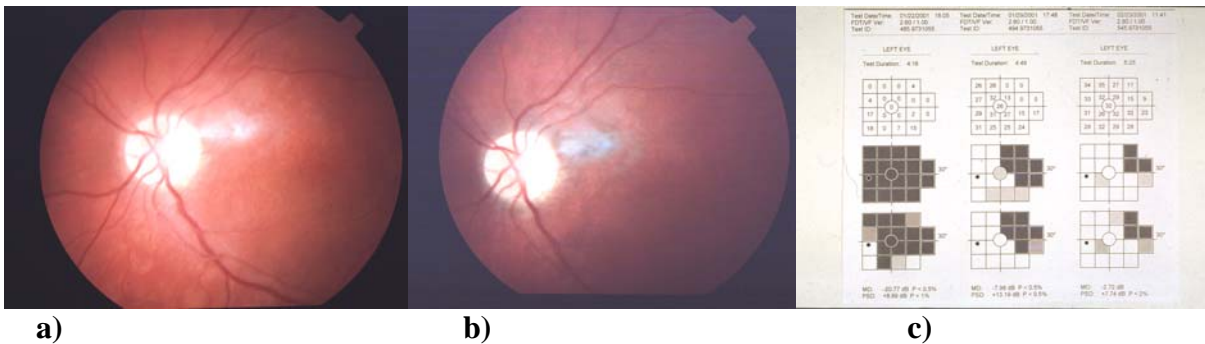


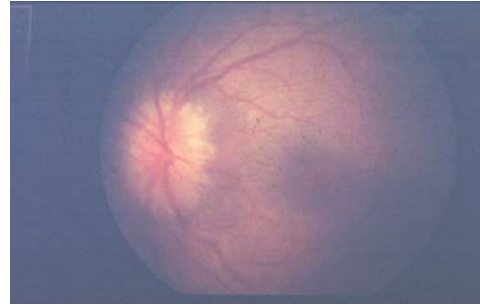
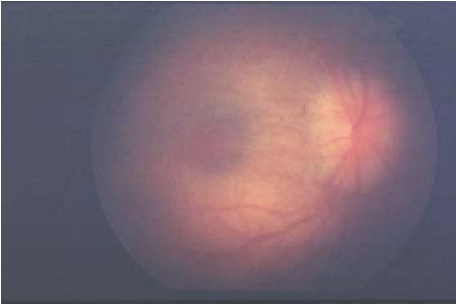
| LE VASCULITI INTRAOCULARI | | |
|----------------------------------|---------------------------------|-------------------------------|
| Associate a patologie sistemiche | Associate a patologie infettive | Patologie <i>solo</i> oculari |
| Behçet | Tubercolosi | Pars Planite |
| Wegener | Whipple | Birdshot |
| Sclerosi multipla | Sifilide | Toxoplasmosi* |
| Sarcoidosi | Rickettsiosi | Necrosi retinica acuta* |
| LES | Lyme | |

- Patologie presenti in forma isolata oculare o in associazione a infezioni sistemiche.

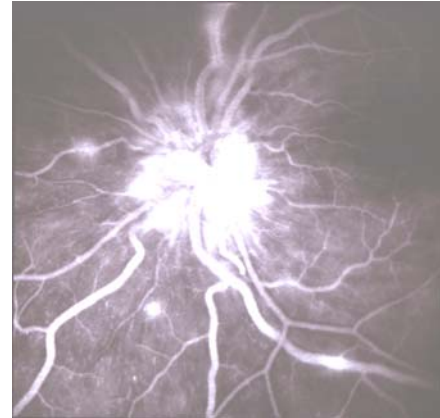
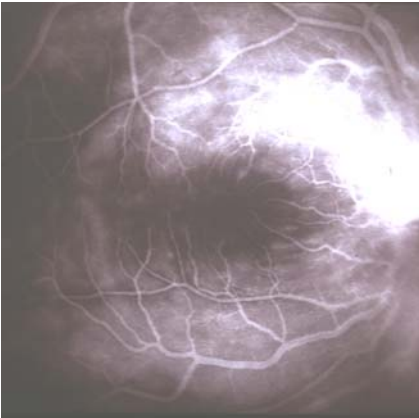


Focolaio corioretinico di Toxoplasmosi:

- a)** fase attiva, **b)** cicatrizzazione, **c)** evoluzione campimetrica



| | |
|--|--|
| Vogt-Koyanagi-Harada | Vogt-Koyanagi-Harada |
| Papillite + sollevamento essudativo retinico | Papillite + sollevamento essudativo retinico |

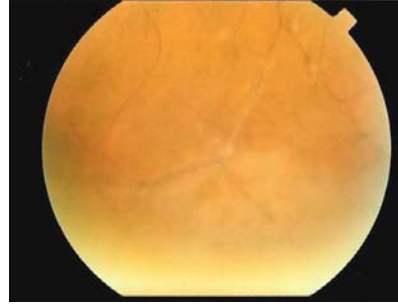


Fluorangiografia Retinica del caso precedente:

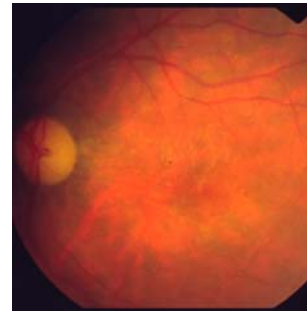
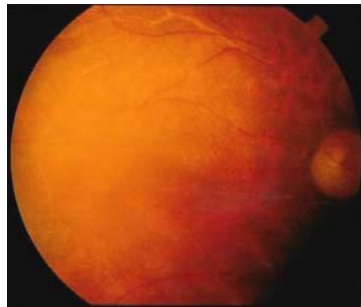
Iperfluorescenza del disco ottico (= papillite); iperfluorescenza peridiscale dovuta ad essudazione retinica. Nella foto di Sn sono evidenti punti iperfluorescenti: lungo l'albero vascolare (vasculite localizzata) e nell'epitelio pigmentato retinico (che sono all'origine del sollevamento sieroso retinico).



Necrosi retinica acuta



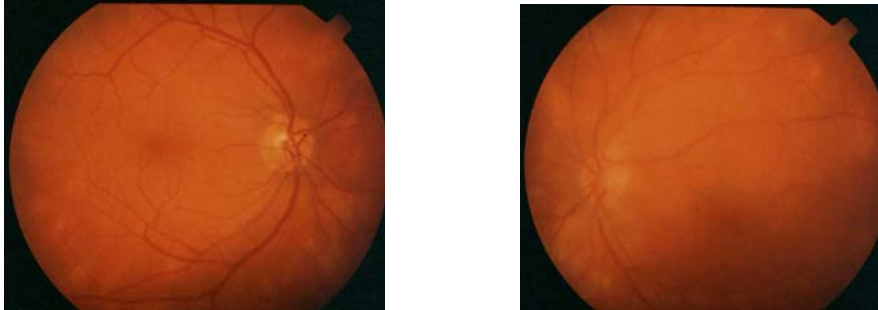
Pars planite:
vasculite periferica e snow-balls vitreali



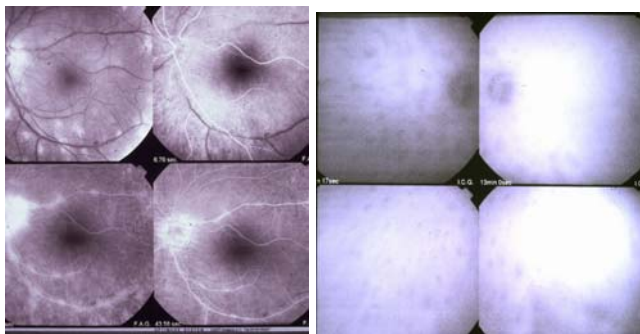
Malattia di Behçet
Vasculite retinica obliterativa.



Lupus Eritematoso Sistemico: ischemia maculare.



Retinocoroidite tipo Birdshot (HLA A-29.1+)

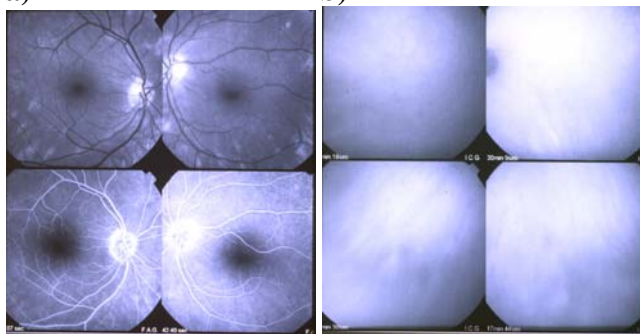


a)

b)

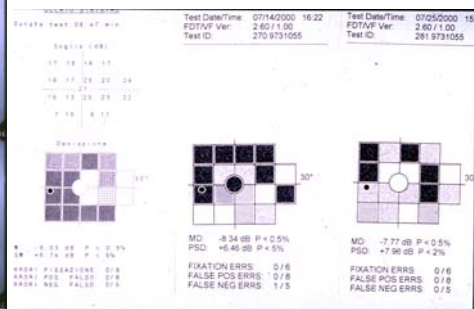


e)



c)

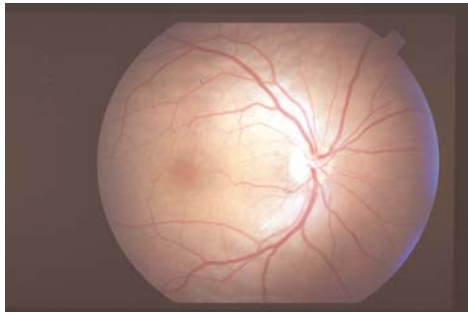
d)



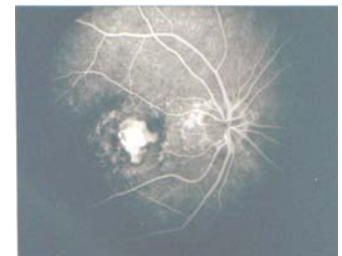
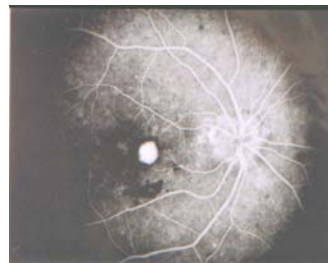
f)

FAG e ICG in corioretinite acuta tipo Birdshot:

a) La FAG mostra vasculite retinica e papillite di OS. **b)** L'ICG presenta, in ambedue gli occhi aree ipofluorescenti diffuse ed in OS zone di iperfluorescenza diffusa attestanti infiammazione acuta. **c & d)** Remissione dopo terapia sottotenoniana (**e)** di steroidi, **f)** confermata anche dal miglioramento del campo visivo.

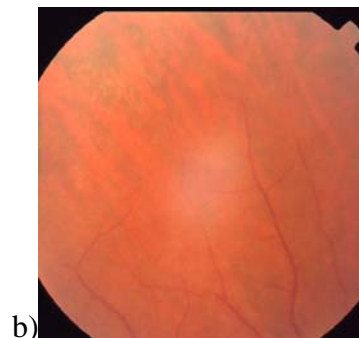
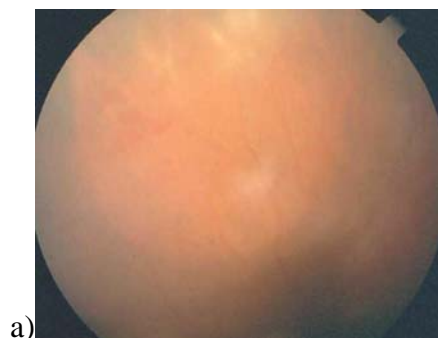


Malattia di Churg-Strauss: pieghe corioretiniche, secondarie a localizzazione infiammatoria orbitaria bilaterale.

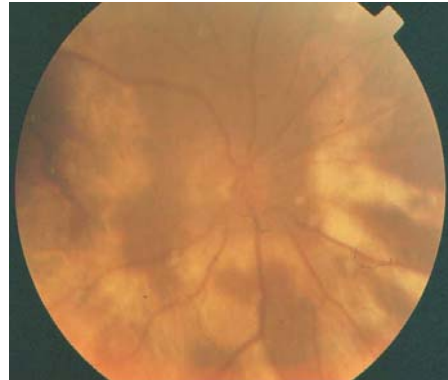
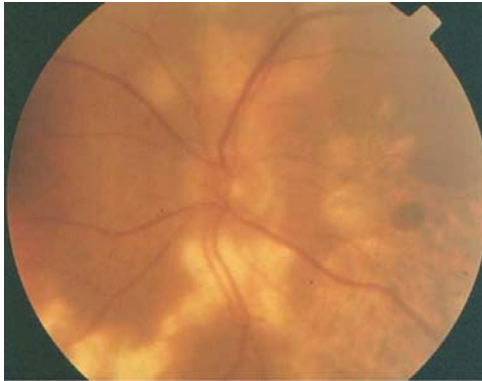


FAG: prima e dopo trattamento laser (PDT)

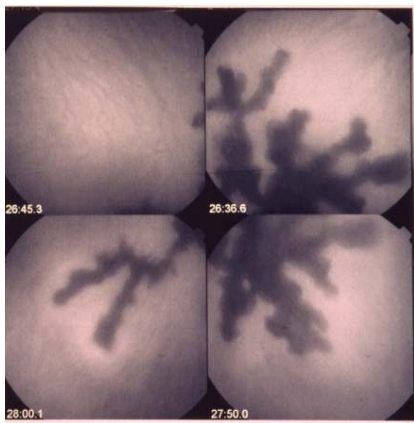
Coroidite Multifocale complicata
Da membrana neovascolare sub-foveale



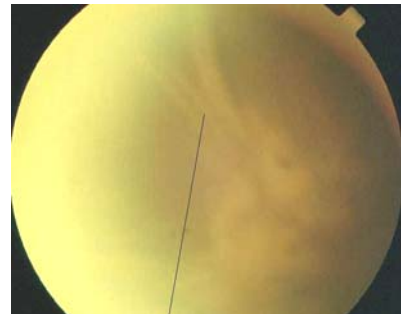
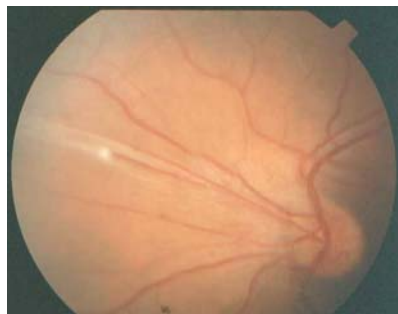
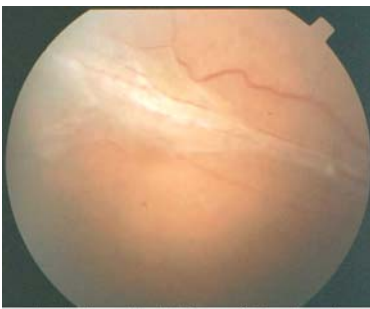
Sifilide (paziente HIV+):
(a) vasculite retinica periferica attiva, emorragia retinica + vitreite; (b) risoluzione del quadro.



Retinocoroidite Serpiginosa



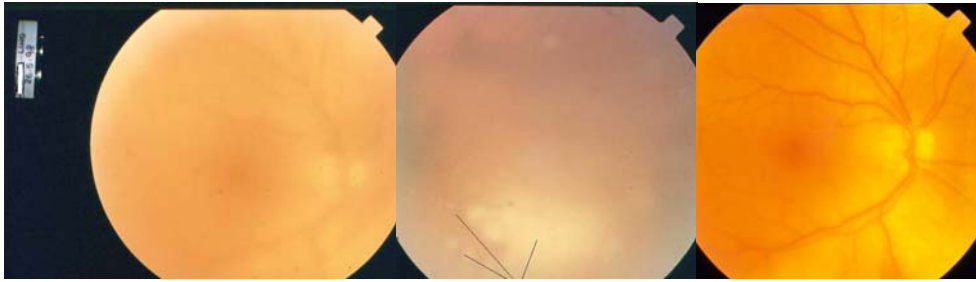
Retinocoroidite Serpiginosa: l'ICG evidenzia segni di infiammazione attiva dimostrati dall'alone di iperfluorescenza perilesionale (presente nella figura di sinistra) svanito dopo 90 gg. di terapia.



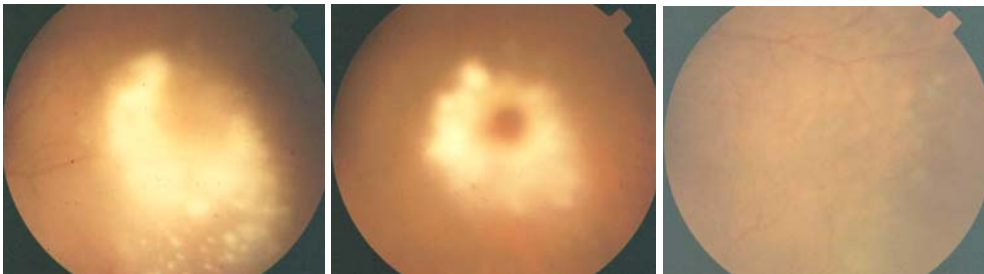
Toxocara:

Toxocara: Tralcio di connettivo tra la lesione periferica ed il d. ottico.

Dott. Luca Cimino
Ambulatorio Immunologia Oculare
Ospedale S.M. Nuova, Reggio Emilia



Candida: uveite intermedia. localizzazioni vitreali dopo 30 gg di terapia



Sarcoidosi:
risoluzione di granuloma corioretinico dopo tre iniezioni sottotenoniane di steroide