



CASO CLÍNICO

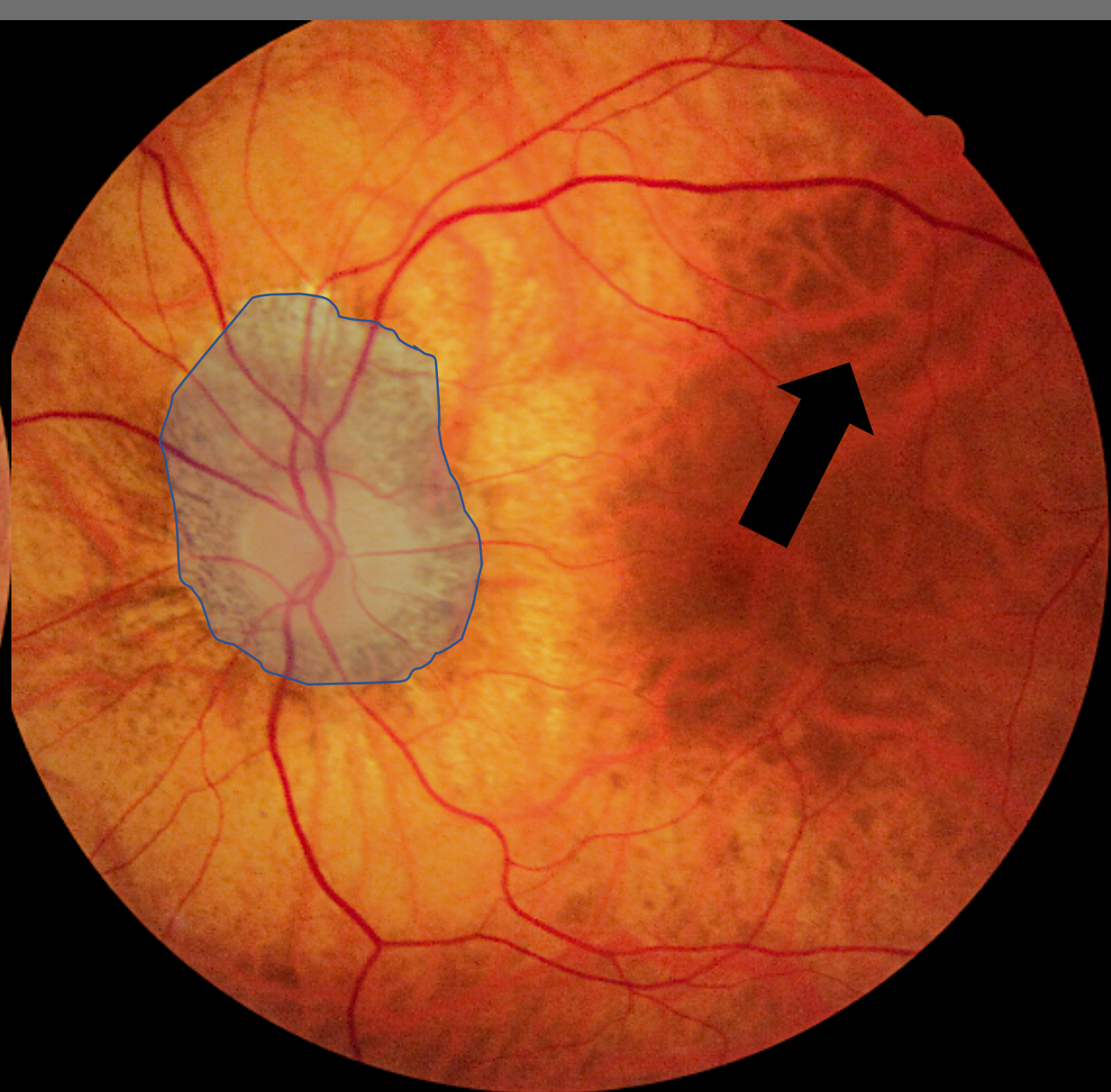
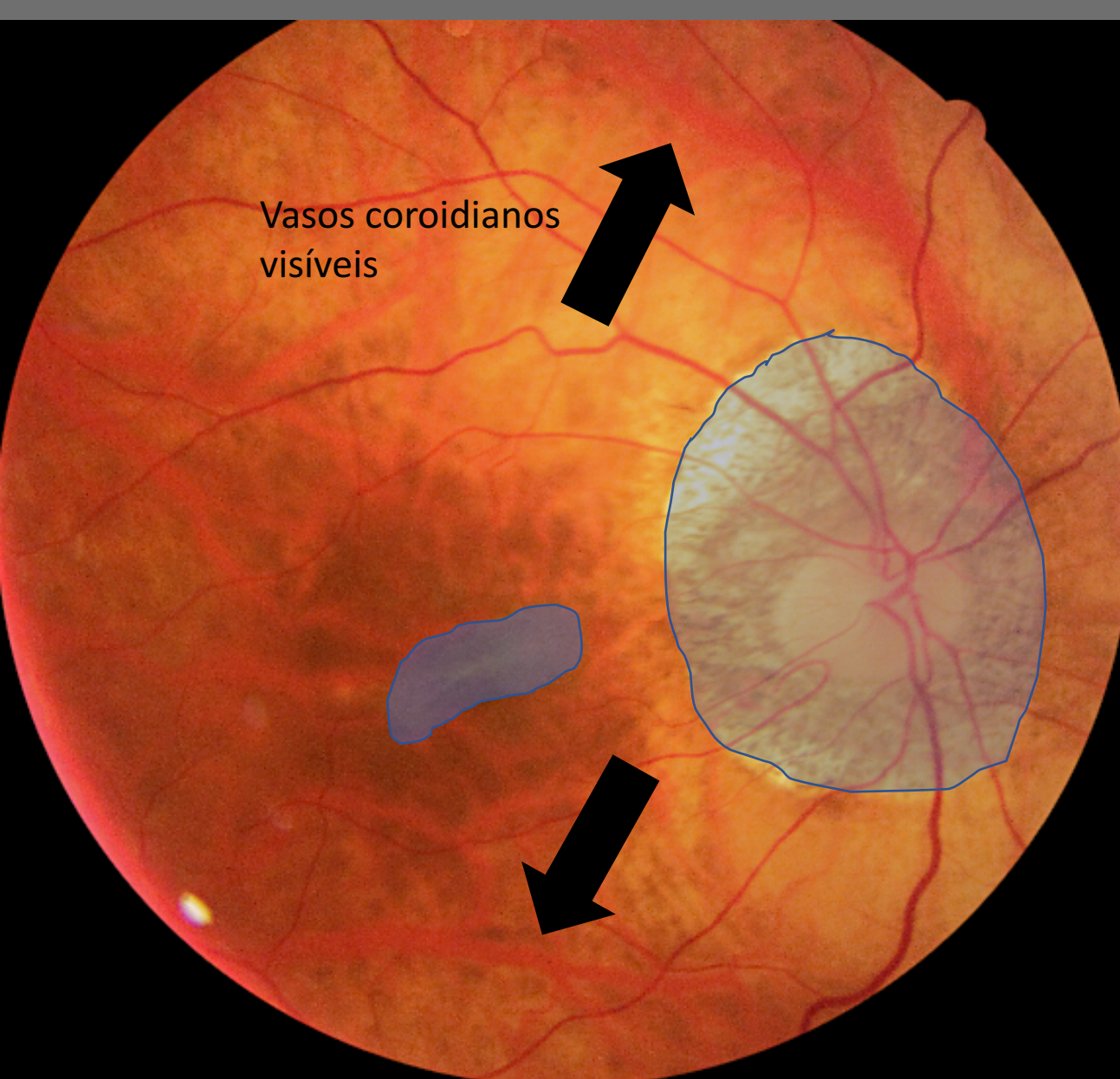
E1 THAÍS BASTOS

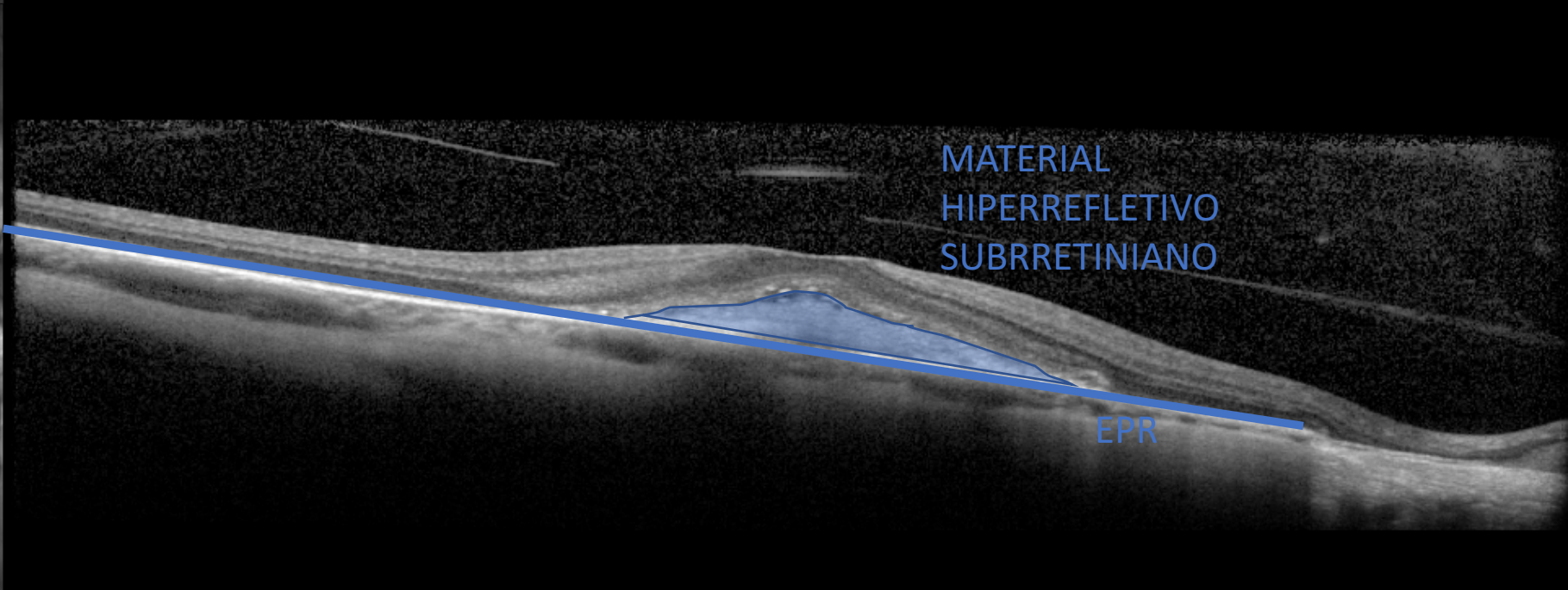
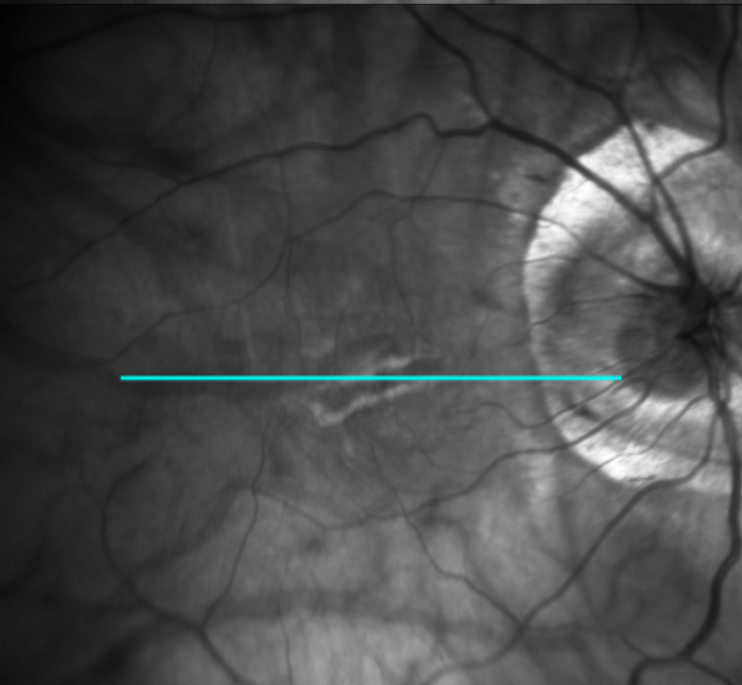
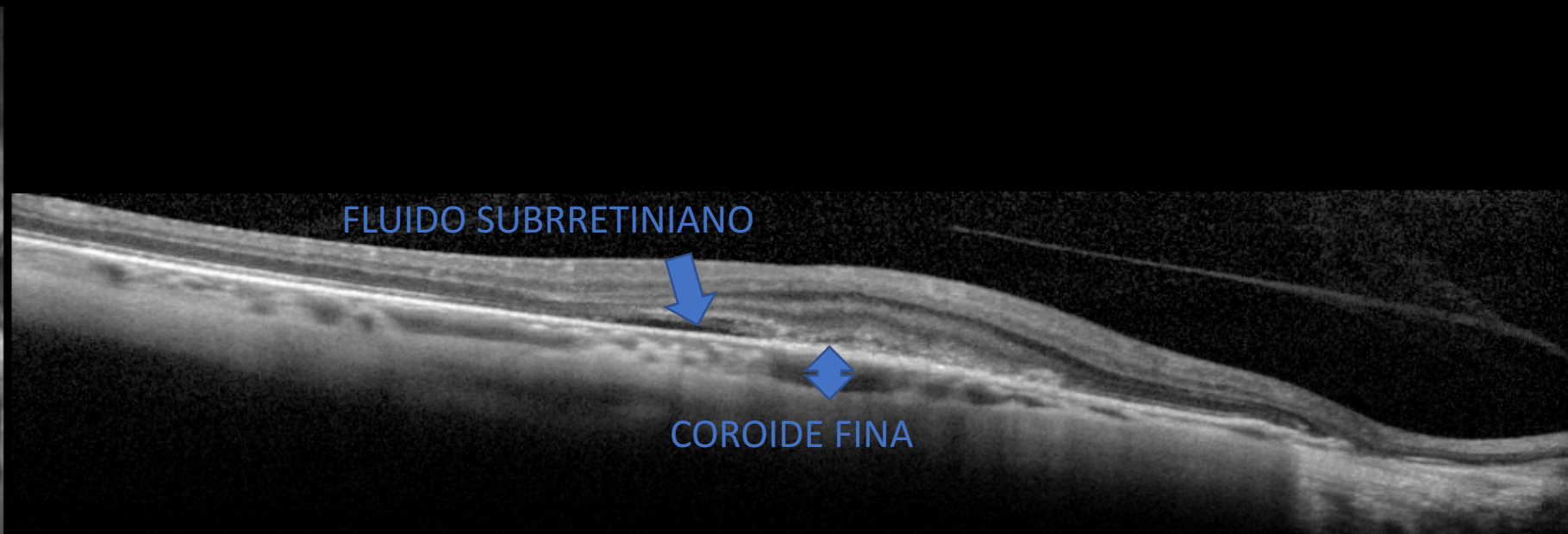
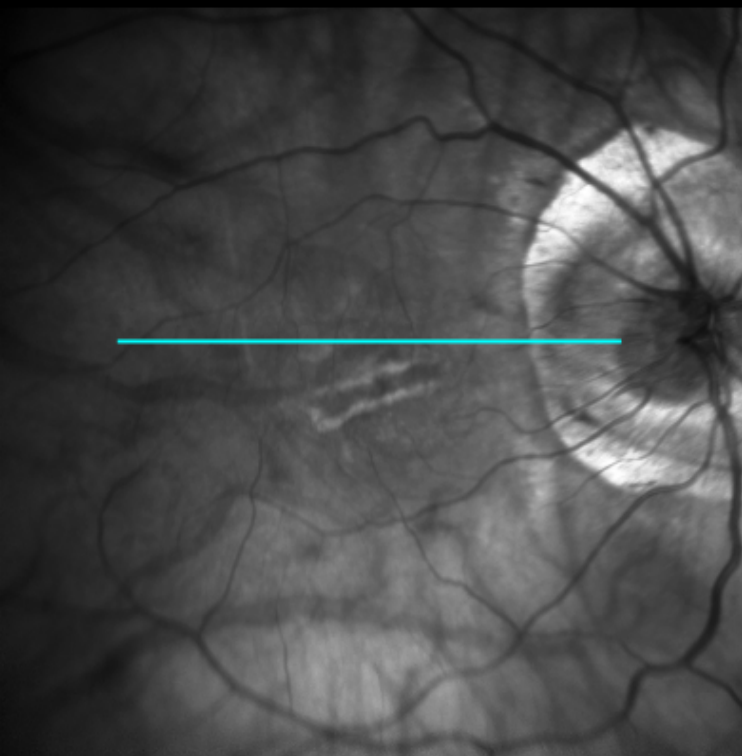
CASO CLÍNICO

- 53 ANOS, feminino
- BAV progressiva em OD há 6 meses.
- AP: ndn

EXAME

- AV: 20/200 - -11,00 – 4,00 @ 100
20/50 - -12,50 -4,00 @ 70
- BIO: S/ ALT





HIPÓTESE DIAGNÓSTICA

- MIOPIA PATOLÓGICA
- MNV SECUNDÁRIA

MIOPIA PATOLÓGICA

DEFINIÇÃO

- ERRO REFRACIONAL ESFÉRICO MAIOR QUE -6,0D
- COMPRIMENTO AXIAL MAIOR QUE 26,5 mm

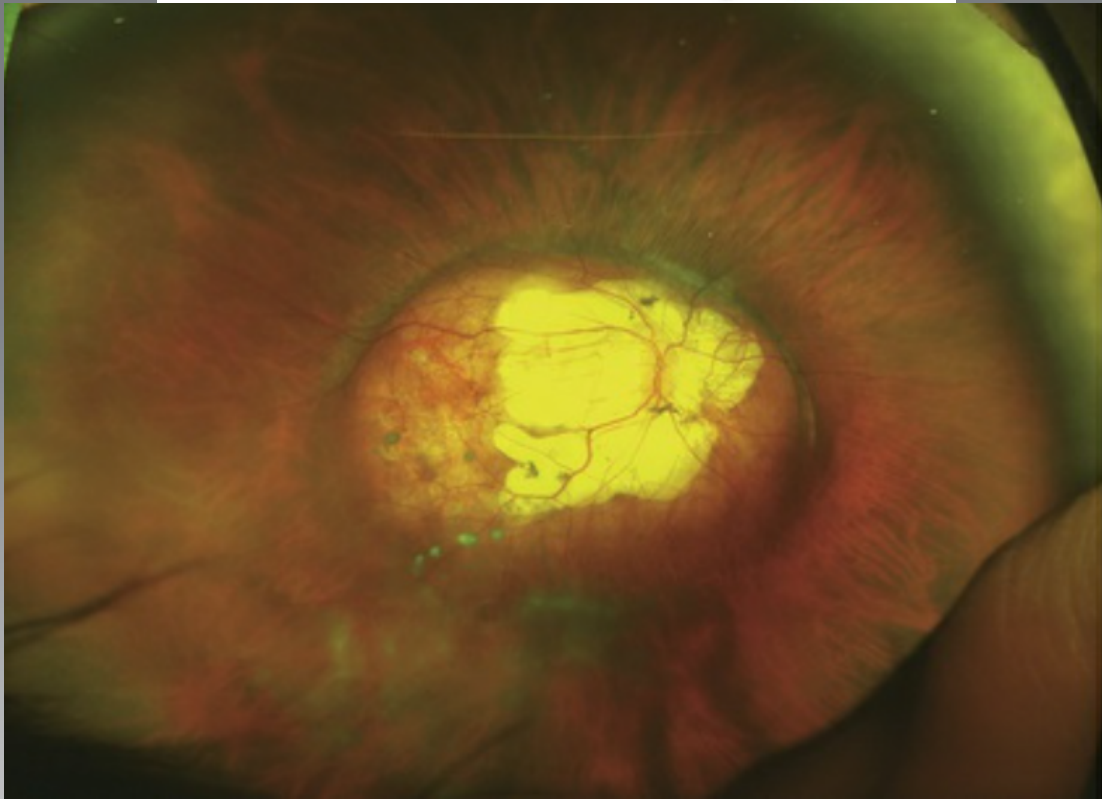
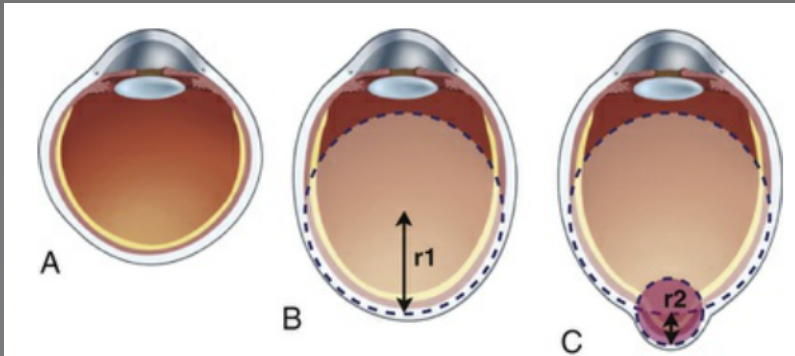
FISIOPATOLOGIA:

- COROIDE E EPR DELGADOS
- ESTAFILOMA POSTERIOR
- RIGIDEZ DA MLI
- ALTERAÇÕES DA INTERFACE VÍTREO-RETINIANA

EPR E COROIDE DELGADOS

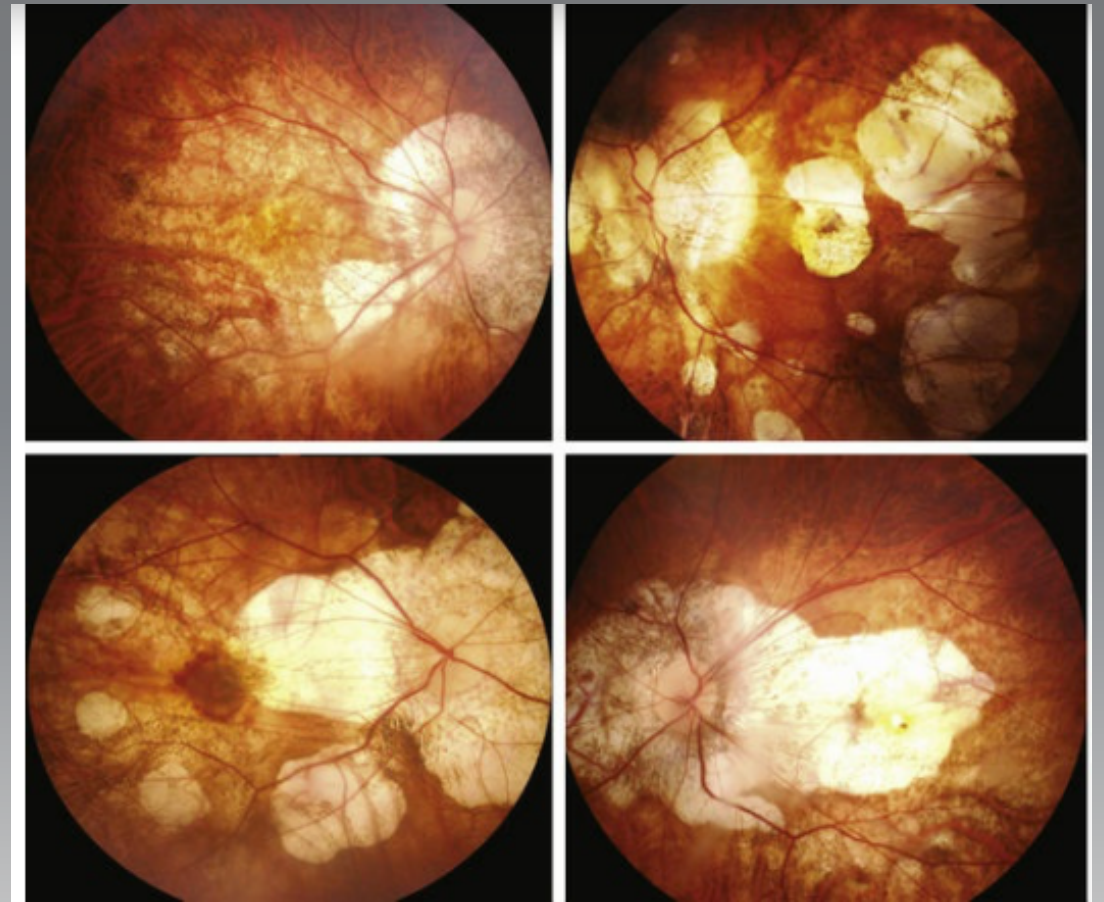
- ATROFIA
- ROTURAS DA MEMBRANA DE BRUCH (LAQUER- CRACKS)
- HEMORRAGIAS SUBRRETINIANAS
- MNV SECUNDÁRIA

ESTAFILOMA POSTERIOR



ATROFIA:

- DIFUSA
- MULTIFOCAL
- MACULAR



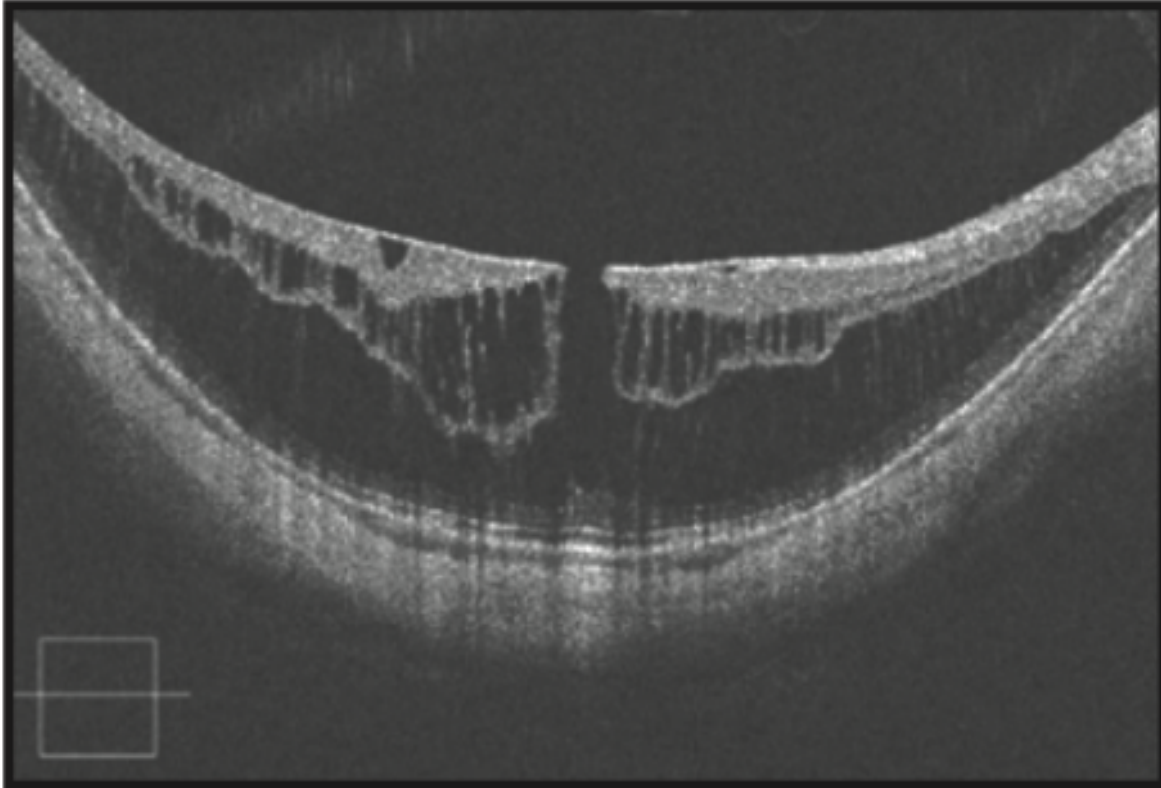
- LACQUER- CRAKS
- HEMORRAGIA SUB-RETINIANA



RIGIDEZ DA MLI / ALTERAÇÕES DA INTEFACE VITREO-RETINIANA

- BURACO MACULAR
- RETINOSQUISE
- DR

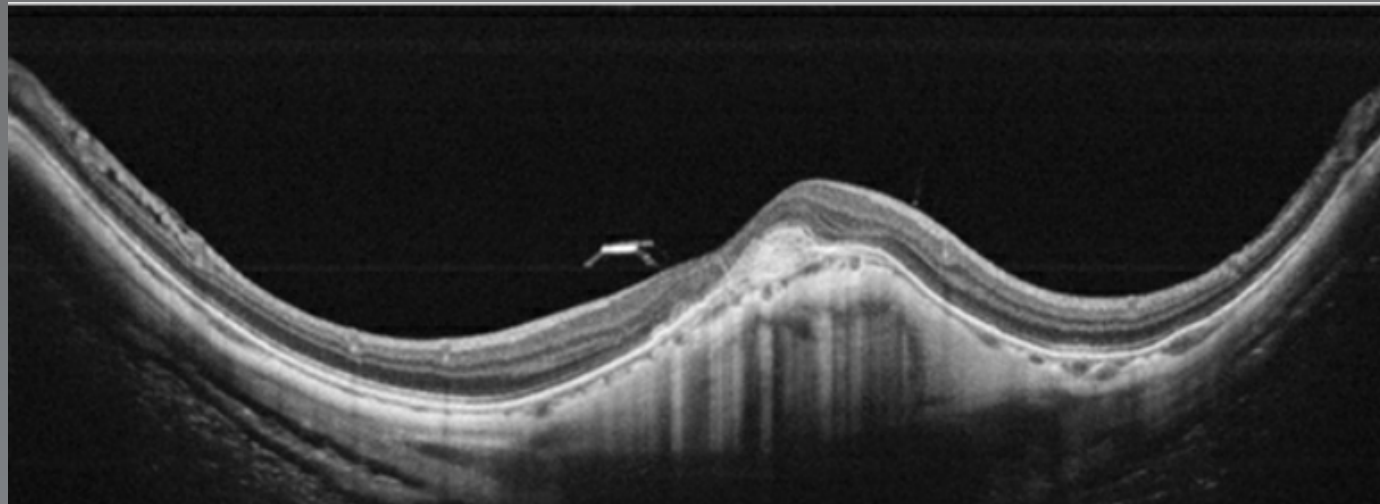
- RETINOSQUISE + BURACO LAMELAR



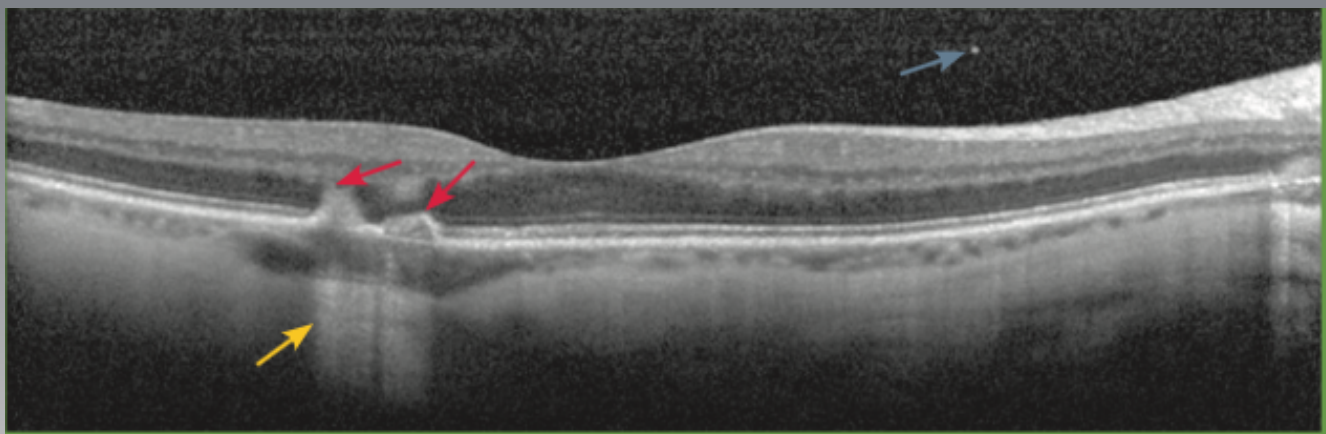
OUTROS

- MÁCULA EM DOME-SHAPE
- CÔNUS MIÓPICO (disco inclinado + crescente escleral)
- COROIDITE MULTIFOCAL (diagnóstico diferencial da MNV)

MÁCULA EM DOME-SHAPED



COROIDITE MULTIFOCAL



RYAN'S RETINA – 6ED.

MNV

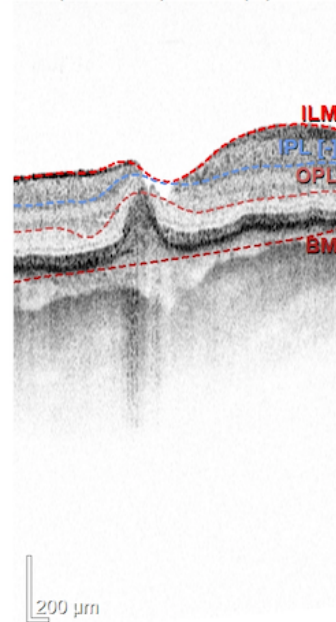
- TIPO 2
- BOA RESPOSTA A ANTI-VEGF
- PROGNÓSTICO RUIM A LONGO PRAZO
- EXAMES COMPLEMENTARES: ANGIO , OCT-A
- PRN
- RETRATAR SE FLUIDO, HEMORRAGIA, PIORA DA VISÃO

IR 15° ART [HR]

253 / 512

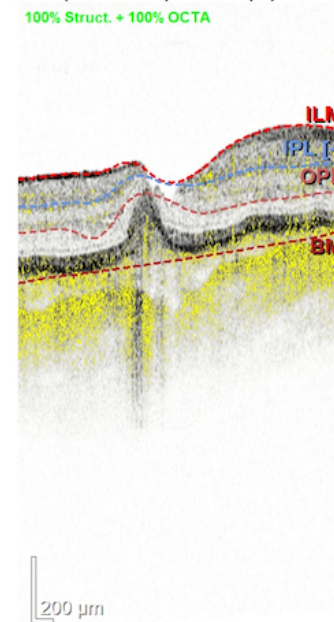


OCT 10° (2.9 mm) ART (4) Q: 41 [HR]

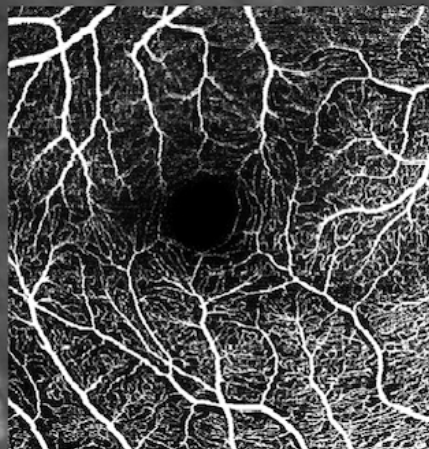


OCT 10° (2.9 mm) ART (4) Q: 41 [HR]

100% Struct. + 100% OCTA



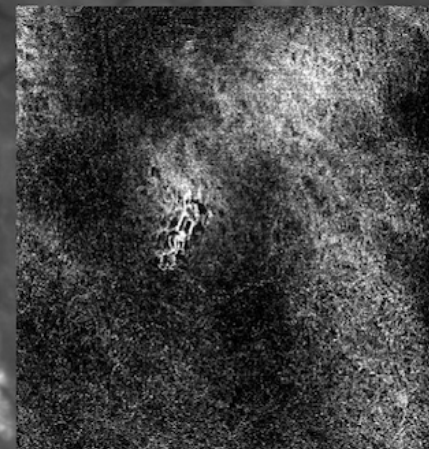
Superficial Vascular Complex
PAR off



Deep Vascular Complex
PAR on

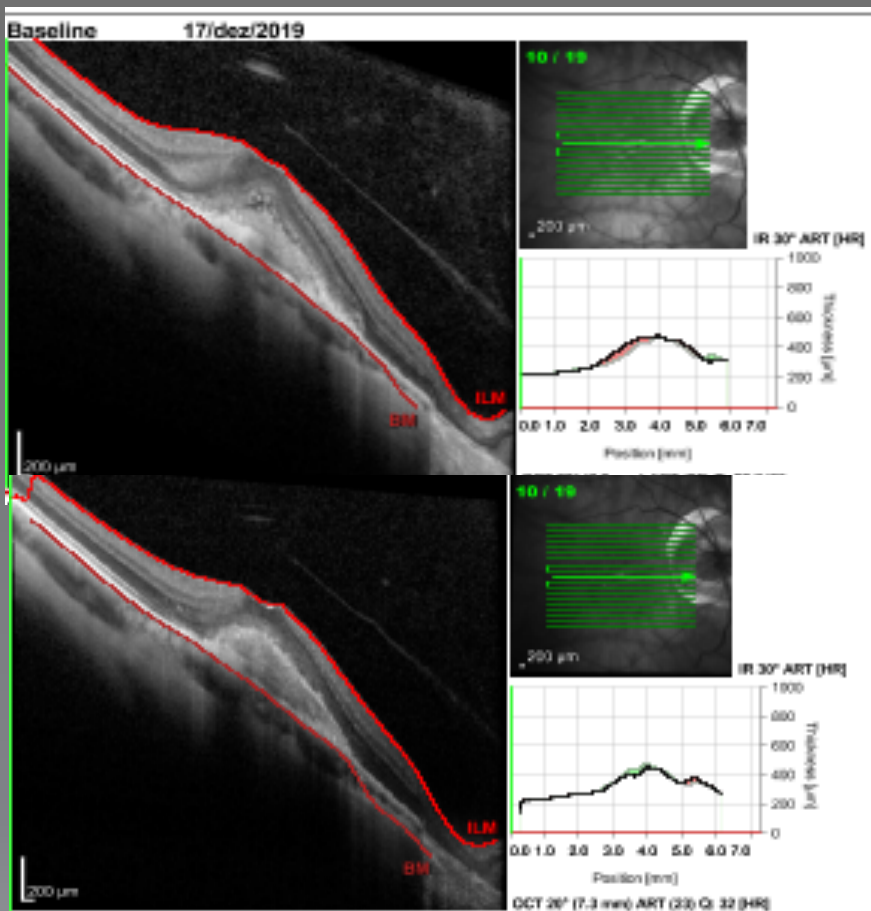


Avascular Complex
PAR on



EVOLUÇÃO

- INDICADO AVA OD

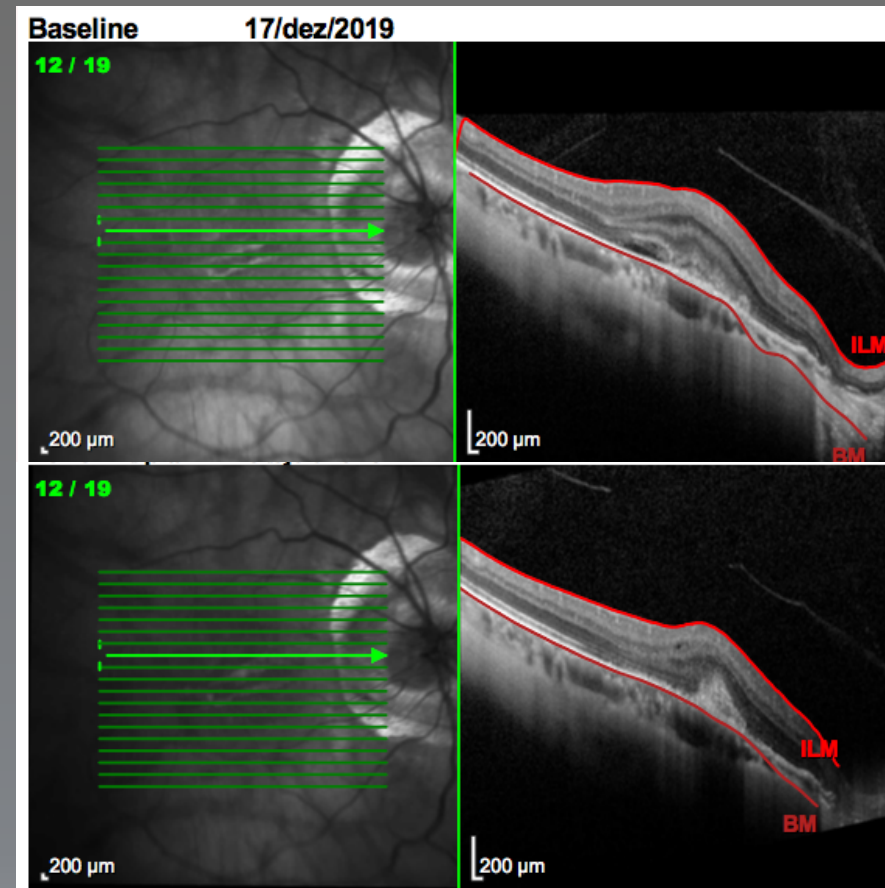


AV: 20/200



AV: 20/50

6 AVA



OBRIGADA!

