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· 病例报告 ·

年龄相关性特发性黄斑裂孔自愈一例

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患者,女,70岁。于2006年10月8日因右眼视力下降3个月就诊。眼科检查:视力右眼0.1,左眼1.0,双眼外眼未见异常,角膜透明,晶状体皮质轻度混浊,右眼黄斑区疑似全层裂孔,视网膜其他部位未见异常。左眼眼底正常。光学相干断层扫描仪(OCT)检查,右眼黄斑中心凹有囊样变性,中央部较大的囊腔顶有一小裂孔,直径155 μm,孔底直径758 μm,玻璃体不完全性后脱离(图1)。临床诊断:右眼年龄相关性特发性黄斑裂孔。患者未同意行玻璃体切割裂孔封闭手术,故门诊观察。于2008年12月15日再次来诊,视力右眼0.5,左眼1.0,右眼黄斑区裂孔封闭,黄斑中心凹平伏,余同术前。OCT检查黄斑中心凹裂孔封闭,留有视网膜色素上皮局限性断裂,玻璃体后脱离表现同前(图2)。

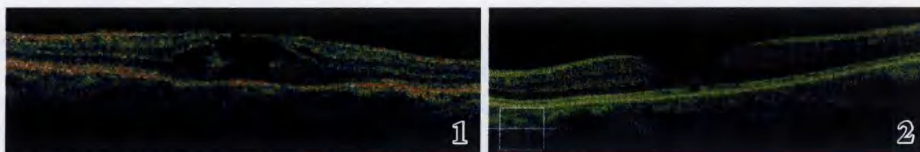


图1 初诊时黄斑裂孔 OCT 图像 图2 复诊时黄斑裂孔愈合后 OCT 图像

讨论:1988年Gass首先提出了年龄相关性特发性黄斑裂孔的临床分期和发生机制,认为裂孔的发生与玻璃体牵引有关。随着OCT等眼底形态学测量仪器的出现,Gass的这一学说得以证实。OCT分辨率高达10 μm,可以直观准确地显示裂孔的形态、大小及有无合并周围视网膜脱离等各种情况,同时也可以观察视网膜受玻璃体牵拉的程度及二者之间的关系,为

黄斑裂孔的临床分期、手术方案的制定及随访观察提供了可靠的依据<sup>[1]</sup>。

黄斑裂孔一旦形成则极少自愈,一般会进一步扩大<sup>[2]</sup>,有关特发性黄斑裂孔自愈的报道较少。李永等<sup>[3]</sup>报道了3例黄斑裂孔自愈的患者,其中1例为特发性裂孔。外伤性黄斑裂孔的自愈率要高于特发性裂孔。李学伟等<sup>[4]</sup>报道了28例外伤性黄斑裂孔的随访研究,发现在裂孔形成后1~4个月,有10.7%的裂孔自行闭合。Privat等<sup>[5]</sup>报道了510例特发性黄斑裂孔患者,其中有14例患者的裂孔发生自愈,发生率为2.7%,均是裂孔直径较小(一般<400 μm)的患者。根据Gass分期,本例患者初诊时为Ⅱ期裂孔,应属于小孔径裂孔。因此,当造成玻璃体牵拉的原因自行解除后,小孔径黄斑裂孔有自愈的可能。

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