Med Čas (Krag) / Med J (Krag) 2017; 51(4): 131-135. PREGLEDNI ČLANAK doi:10.5937/mckg51-16428
UDK. 617.735-053.32

SAVREMENI PRISTUP U LEČENJU RETINOPATIJE PREMATURITETA

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SAŽETAK

Retinopatija prematuriteta je proliferativna retinopatija koja se javlja kod prevremeno rođene dece. Ona još uvek predstavlja vodeći uzrok preventabilnog slepila dečijeg doba širom sveta. Cilj ovog rada je da prezentuje terapijske mogućnosti retinopatije prematuritete. Trenutni zlatni standard u lečenju je laserska fotokoagulacija avaskularne retine radi smanjenja nastale hipoksije. Širenjem naših saznanja o patogenezi retinopatije prematuritete, kao i saznanja o efikasnosti i komplikacijama laserske terapije, pojavljuju se nove terapijske mogućnosti (intravitrealna aplikacija anti-VEGF faktora, genska terapija i primena suplemenata). Radi izbegavanja gubitka vidne funkcije prematurusa izazvanog retinopatijom prematuritetom, prvi izbor predstavlja skrining prevremeno rođene dece.

Ključne reči: *retinopatija nedonoščadi; vaskularni endotelni faktori rasta; antitela, monoklonska, humanizovana.*

child means the transitions in relative hyperoxic environment with possibly added oxygen. Hyperoxigen conditions make the developing of the obliteration and the discontinuation of the already developed retinal blood vessels. That is the first ROP phase that lasts from birth till the 30^{th}-31^{st} week of gestation (9). Further retinal development demands more oxygen because of its increased growth and metabolic processes. Immature, ischemic retinal zones become more hypoxic and stimulate the hyper production of vascular endothelial growth factor (VEGF), which results in the abnormal retinal neovascularization. That is the second ROP phase that starts from the 31^{st}-32^{nd} week of gestation (10, 11). In that phase the insulin-like growth factor (IGF) has a prominent role. Its secretion is in tight conjunction with the gestational age and newborn`s weight. VEGF and IGF are synergists. IGF has a role in the process of normal vascularization. Also, it regulates retinal neovascularization by controlling VEGF activation regardless of oxygenation (11). Low serum level of IGF stops blood vessels development, and it is the predictor of ROP (12, 13). The serum level of IGF is the indicator of

Primljen/Received: 03.02.2018.
Prihvaćen/Accepted: 17.03.2018.

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