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Abstract: Lens ectopy is a condition in which the natural crystalline lens is dislocated. The lens may be completely dislocated out of the hyaloid fossa, float freely in the vitreous body, or be dislocated in the anterior chamber of the eye or lie directly on the retina. If the lens stays within the space of the objective and is minimally displaced, it is called a subluxated lens.

There are a few reasons that may cause lens ectopy, but it usually occurs after an eye trauma. Other possible causes are systemic and ocular diseases.

The treatment of the patient depends on the etiology. If the dislocation of the lens occurs as a result of trauma, it may cause other complications of the eye, such as glaucoma, refractive changes, destruction of the retina, and blindness.

Etiology: Systemic and ocular diseases, as well as eye trauma, are the main causes of lens dislocation. Traumatic lens ectopy is usually a result of direct injury to the eye, but it may also occur after a head injury. This condition must be diagnosed as soon as possible to start treatment.

The diagnosis is based on the ophthalmic examination, which includes vision assessment, refractometry, tonometry, and examination with a biomicroscope. The biomicroscope exam can reveal if the lens is totally dislocated or minimally displaced (subluxated). The fundus is also examined because retinal ablation is another possible cause of lens ectopy.

Patients with lens ectopy may experience symptoms such as epiphora, a feeling of a foreign body in the eye, hyperemic conjunctiva, and pain. The treatment depends on the degree of lens dislocation and whether there are complications.

If the lens is dislocated in the anterior chamber, the treatment includes surgically removing the lens and replacing it with a new one.

Dislocated intraocular lens is a rare but serious complication in which the intraocular lens is dislocated from its natural position in the eye.

Globally, lens dislocation occurs at a rate of 0.2% to 3%.

Keywords: Ectopy, lens, etiology, treatment

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Апстракт: Ектоција на леката е состојба кога природната кристална лека е дислоцирана. За дислоцирана лека зборуваме кога леката лежи целосно надвор од хијалоидната јама, може да лебди слободно во стаклестото тело , да биде изместена во предна комора или пак да лежи директно на ретината. Доколку леката останува во просторот на објективот и истата е минимално поместена тогаш зборуваме за сублуксирана лека. Постојат повеќе причини кои што може да доведат до ектоција на леката но најчесто настанува после траума на окото. Како можни причинители се и системски и окуларни болести.

Третманот на пациентот ке зависи од етиологијата. Доколку се работи за трауматска дислокација истата може да предизвика дополнителни компликации на окото како што се глауком, рефракторни промени , оштетување на мрежницата и слепило.

Етиологија- системска или окуларна болест и траума се главни причини за дислокација на леката Трауматската ектоција на леката обично е резултат на директна повреда на окото , но истата може да се појави и при повреда на глава.

Со цел навремен третман потребно е и брзо дијагностиирање.

Дијагнозата се поставува со офтальмоловшки преглед. Офтальмоловскиот преглед вклучува проверка на видот и неговата остротина , рефрактометрија, тонометрија и преглед со процепна ламба односно со биомикроскоп . Со биомикроскопскиот преглед се гледа дали леката е целосно дислоцирана или пак е минимално поместена – сублуцирана. Се испитува и фундусот бидејќи одлепувањето на мрежницата е можна причина за ектоција на леката.

Пациентите со ектоција на лека имаат симптоми како што се зголемено солзење, чувство на страно тело во окото , хиперемична конјуктива и болка.

Лекувањето ке зависи од тоа колку е леката изместена и дали има компликации.

Доколку дислоцираната лека миграира во предната комора, третманот се состои од хируршко остранување на леката и заменување со нова.

Дислоцирана интраокуларна лека е ретка, но сепак сериозна компликација при што интраокуларната лека се поместува од својата нормална положба во окото. На Светско Ниво дислокација на лека се јавува со стапка од 0,2% до 3%.

Клучни зборови: Ектоција, лека, етиологија, третман

1. ВОВЕД

Ектоција на леката е клиничка состојба кај која настанува дислокација на природната лека во предмниот сегмент на окото. Дислоцирана интраокуларна лека е ретка, но сепак сериозна компликација при што интраокуларната лека се поместува од својата нормална положба во окото. На Светско Ниво дислокација на лека се јавува со стапка од 0,2% до 3%. Оваа клиничка состојба произлегува најчесто од траума на окото односно директна повреда на окото но многу често е поврзана и со системски болести, присуство на интраокуларни тумори, Марфанов синдром, Веил-Марчесани синдром и друго.

Поради тоа најважно е навремено откривање на етологијата за да може соодветно да се третира болеста која довела до оваа состојба.

Пациентите со ектоција на лека имаат симптоми како што се зголемено солзење, чувство на страно тело во окото , хиперемична конјуктива ,болка и намалена видна остротина Дијагнозата се поставува со офтальмоловшки преглед со биомикроскоп со процепна ламба и ултразвук на око.

Лекувањето ке зависи од тоа колку е леката изместена и дали има компликации. Доколку леката е минимално сублуксирана хирушки третман веднаш не е потребен, ваквата состојба во голем број на случајеви не прави никакви компликации. Кај овие пациенти потребно е да се прават почетни офтальмоловшки прегледи со цел следење на состојбата на леката ,очниот притисок и видната остротина.

Доколку дислоцираната лека миграира во предната комора, третманот се состои од хируршко остранување на леката и заменување со нова.

Компликации кои што се јавуваат најчесто кога има предна дислокација на леката се: акутен глауком, увеитис и оштетување на мрежницата.Поради тоа потребно е брза дијагноза и хируршки третман.

2. ЦЕЛ

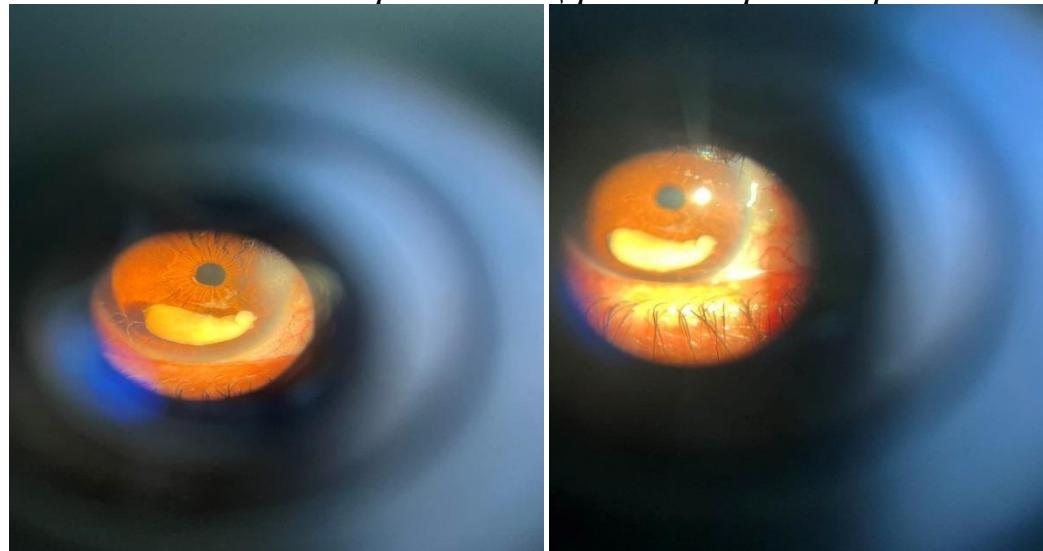
Целта на овој труд е да се обарне повеќе внимание кога е во прашање една ваква ретка состојба каде

што нормалната природна лека е изместена во предната комора на окото,бидејќи брзата дијагноза и третман спречуваат сериозни компликации..

3. ПРИКАЗ НА СЛУЧАЈ

Во офталмоловската амбуланта доаѓа 55 годишен маж кој се жали на болка во десно око. Дава анаместички податок дека при сечење на дрва за огрев добил удар во десното око со дрво. Истиот почувствува силна болка и чувство на страно тело во десно око проследено со солзење и хиперемија на конјуктивата. Офталмоловскиот преглед со биомикроскоп покажа дислоцирана леќа во предна комора и се забележа афакија. На самиот преглед во предна комора се гледа пролапс на corpus vitreum. После ширење на зеница со мидријатик и преглед со офтамоскоп се виде раскината задна капсула. На направената рефрактометриска анализа се покажа вредност од +12 dph, додека тонометријата беше во референтни вредности од 17mmHg. За дефинитивен третман на оваа состојба се направи екстракција на леќата која се наоѓаше во предна комора, а паралелно се имплантира интраокуларна леќа со што добивме вид на повреденото око.

Слика. 1 Приказ на дислоцирана леќа во предна комора



4. ЗАКЛУЧОК

Дислокација на леќата или поместување на природната кристална леќа иако е ретка станува забор за сериозна компликација. Дислокацијата на леќата може да се случи поради траума, окуларна болест или системска болест. Траумата е најчеста причина поради која доаѓа до оваа состојба. Навремена дијагноза и соодветен третман спречуваат понатамошни компликации. Најсоодветен третман е хирушкиот третман.

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