

Emergências oftalmológicas: uma abordagem para o clínico

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Oftalmologista

Caso Clínico

ANAMNESE

- IDENTIFICAÇÃO - MMM, homem, 22 anos, melanodérmico, vaqueiro, solteiro, natural e procedente de Altos - PI.
- QP/HDMA - Paciente refere ter percebido abaulamento em pálpebra superior de OE hoje, um dia após ter participado de torneio para vaqueiros. Nega dor ou BAV.
- ANTECEDENTES - ndn.

EXAME

- ACUIDADE VISUAL:
 - OD 20/20 e OE 20/20 sc
- ILUMINAÇÃO OBLÍQUA: vide fotos
- BIOMICROSCOPIA ANTERIOR:
 - OD: hiposfagma temporal, córnea transparente, câmara anterior ampla, íris trófica, pupila fotorreagente, cristalino transparente.
 - OE: vide fotos
- FUNDOSCOPIA
 - AO: Disco óptico róseo, bordos delimitados, escavação fisiológica, mácula com brilho fisiológico, vasos com trajetos e calibres fisiológicos, retina colada.
- TONOMETRIA BDG normal e simétrica entre os olhos.

EXAME

- MOTILIDADE OCULAR EXTRÍNSECA



- REFLEXOS PUPILARES

OLHO/REFLEXO	DIRETO	CONSENSUAL
DIREITO	4+/4+	4+/4+
ESQUERDO	4+/4+	4+/4+

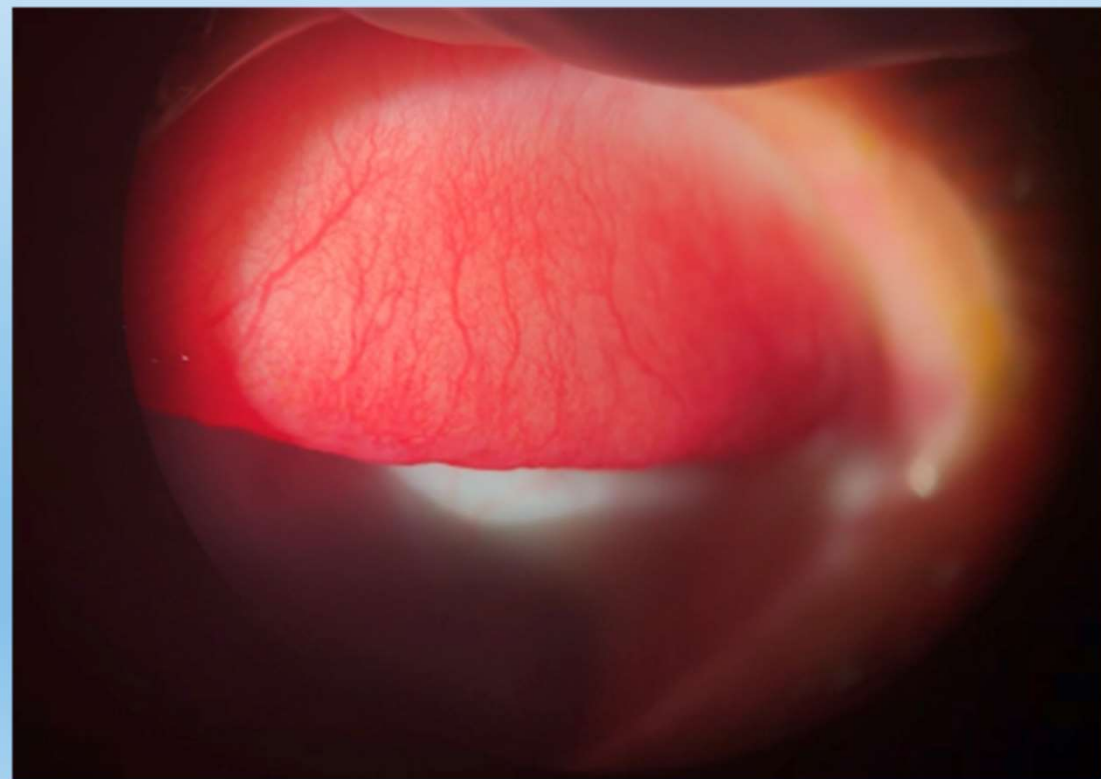
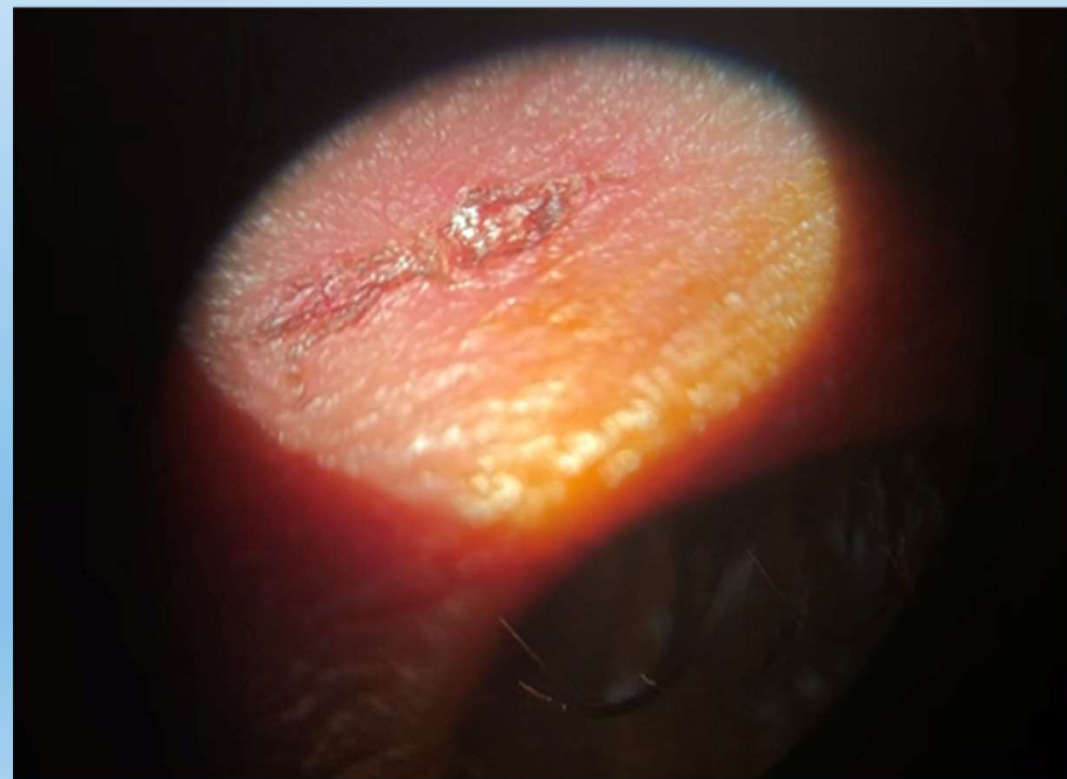
ILUMINAÇÃO
OBLÍQUA



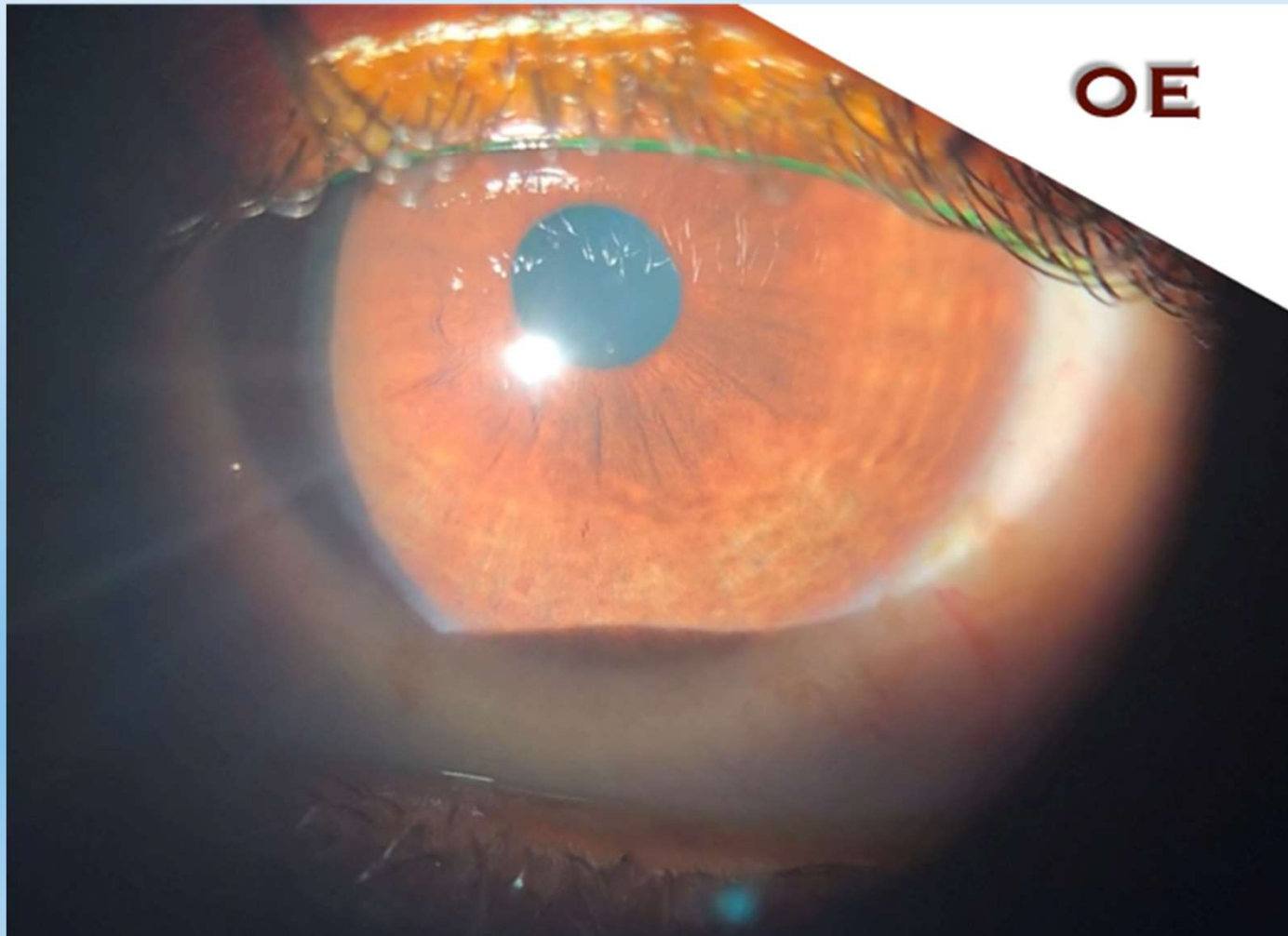
ILUMINAÇÃO OBLÍQUA



BIOMICROSCOPIA OE



BIOMICROSCOPIA



HIPÓTESE DIAGNÓSTICA

- TRAUMA EM ÓRBITA ESQUERDA
- CORPO ESTRANHO EM PÁLPEBRA SUPERIOR DE OLHO ESQUERDO

CONDUTA

- REMOÇÃO DE CORPO ESTRANHO
- ANTIMICROBIANO PROFILÁTICO
 - Cefalexina 500mg 6/6h por 7 dias
 - Cetoconazol 200mg 12/12h por 15 dias
 - Ciprofloxacino/Dexametasona pomada oftálmica de 6/6h por 7 dias
- PROFILAXIA ANTI-TETÂNICA
- ORIENTAÇÕES E ACOMPANHAMENTO REGULAR



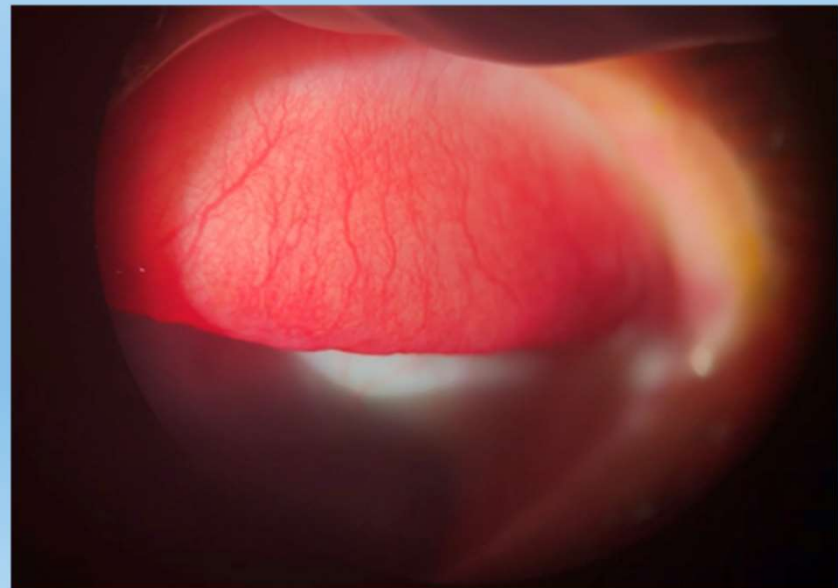


ILUMINAÇÃO
OBLÍQUA





APÓS REMOÇÃO
POUCOS MINUTOS
DEPOIS....
SEM INTECORRÊNCIAS
20/20 SC

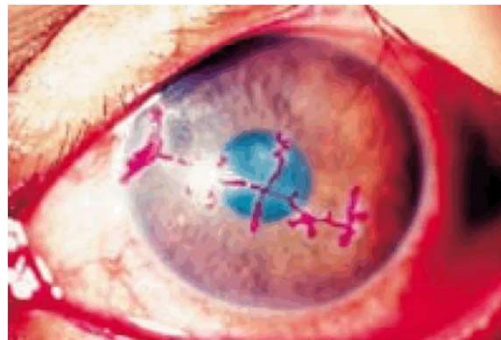


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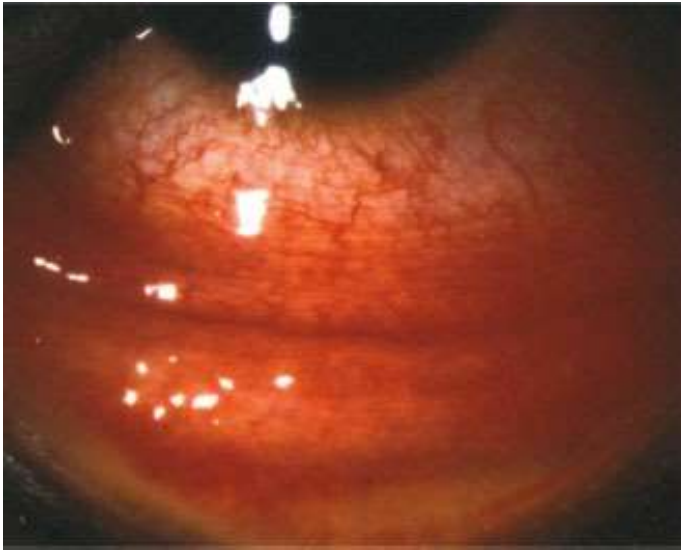
Não - Traumáticas

OLHO VERMELHO

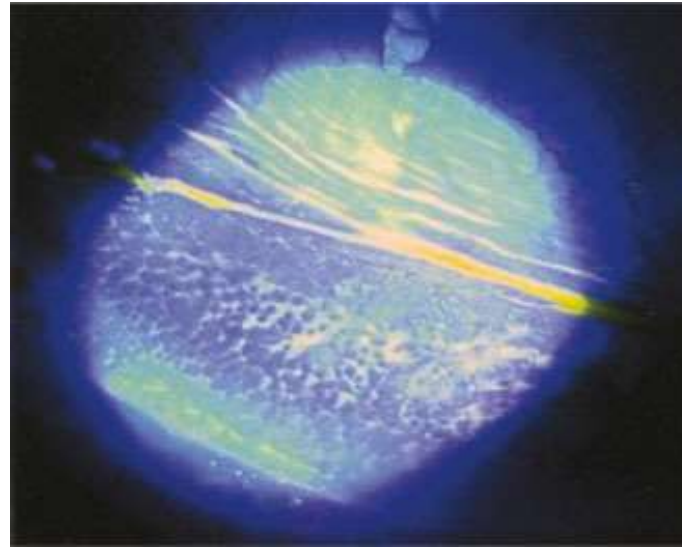
- CONJUNTIVITE
- EPISCLERITE
- ESCLERITE
- UVEITE
- CERATITE
- GLAUCOMA AGUDO
- PTERÍGIO E PINGUÍCULA



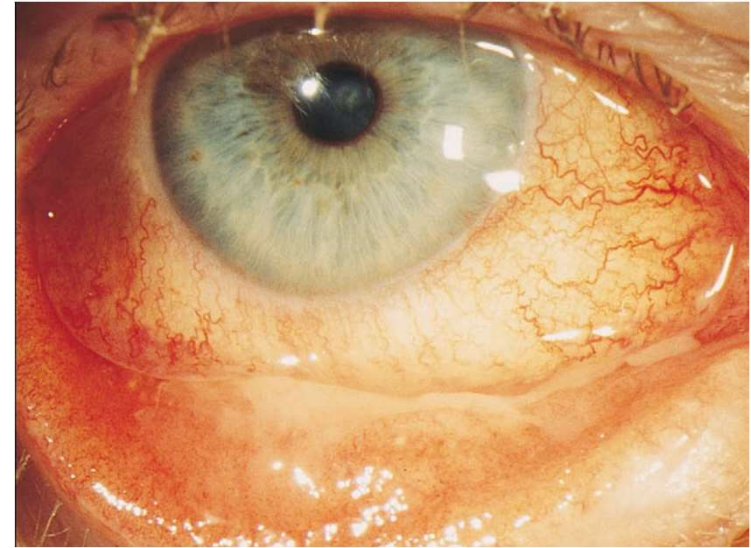
Conjuntivites - Virais



Hiperemia



Folículos



Membranas

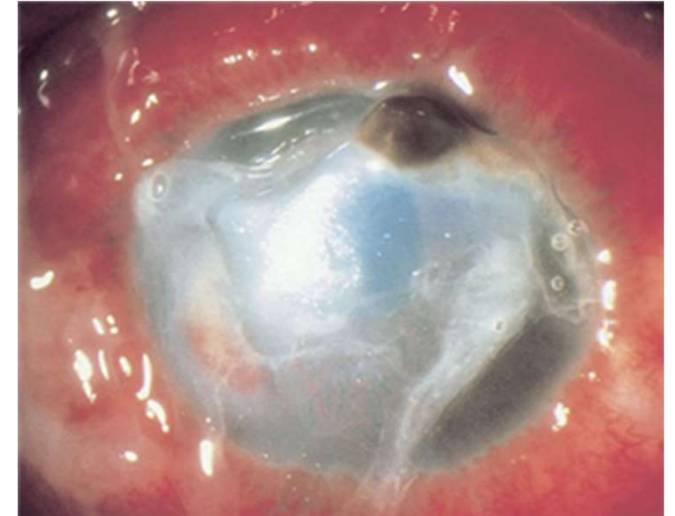
Conjuntivites - Bacterianas



Clamídia - Neonatal



Gonocócica – muita secreção

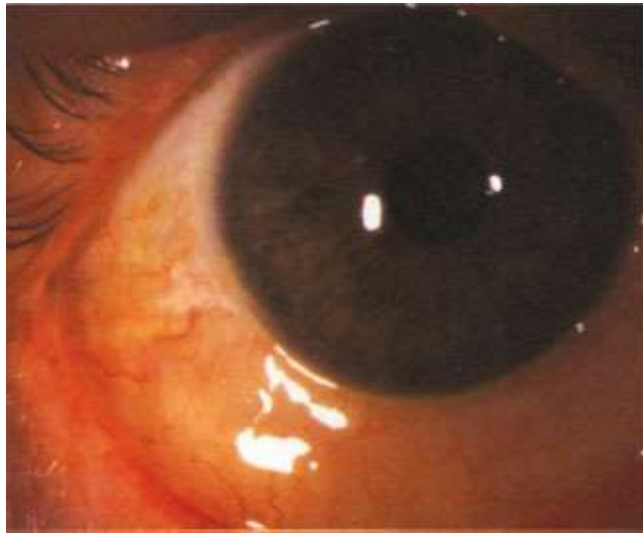


Gonocócica – acomete córnea

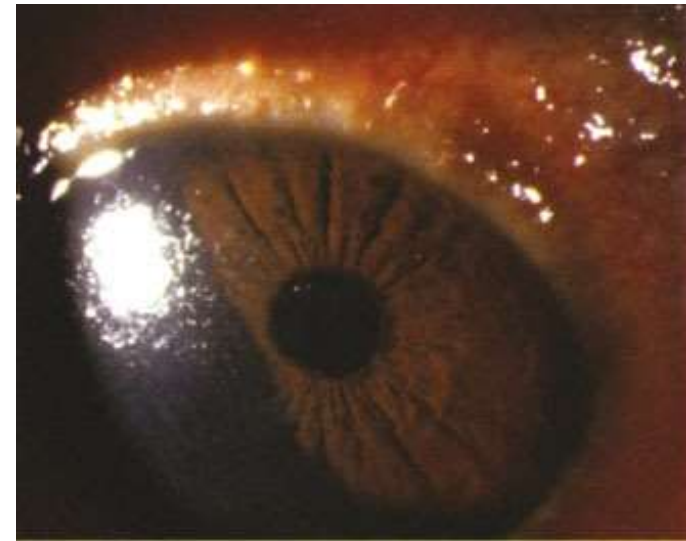
Conjuntivites – Alérgicas



Papilas



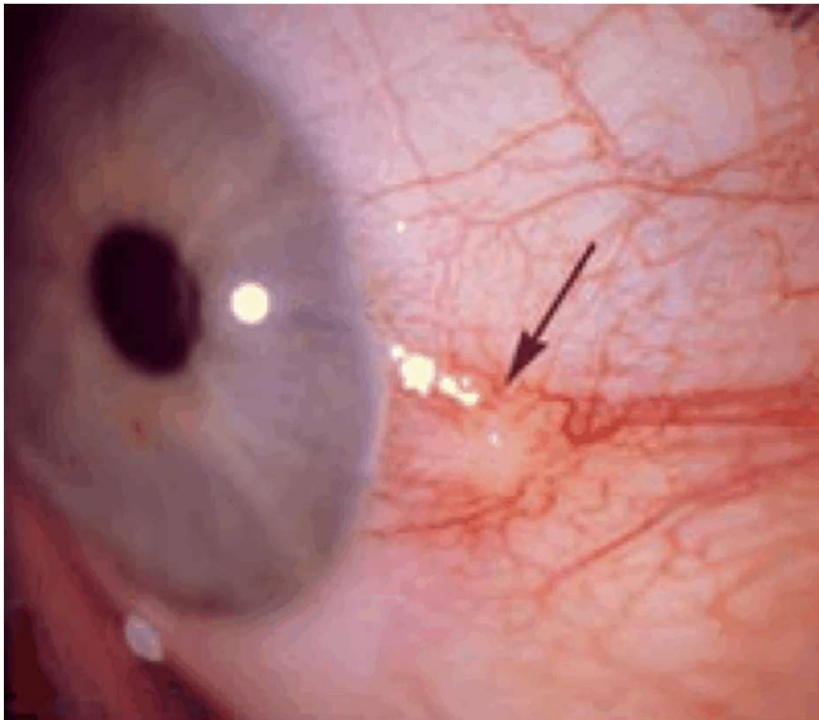
Quemose



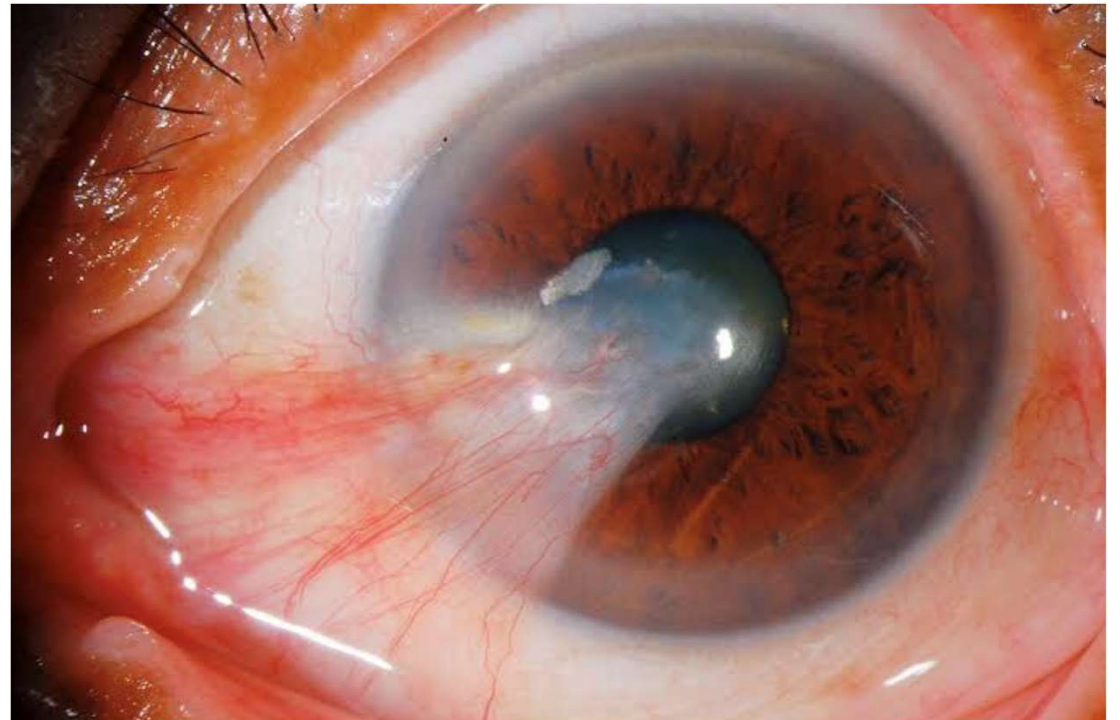
Trantas

Pinguécula e Pterígio

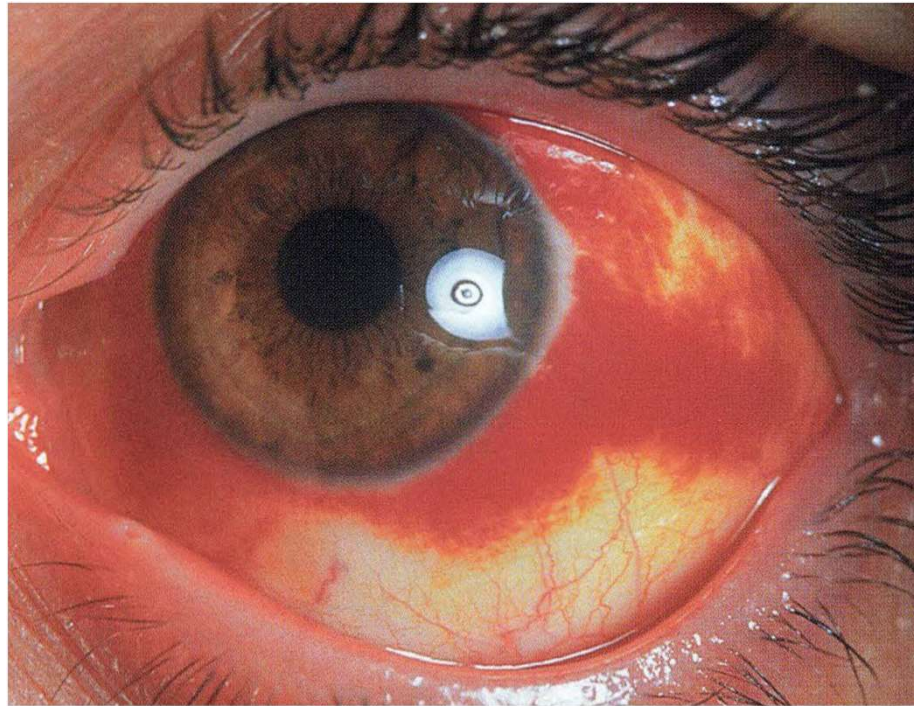
- Pinguécula



- Pterígio



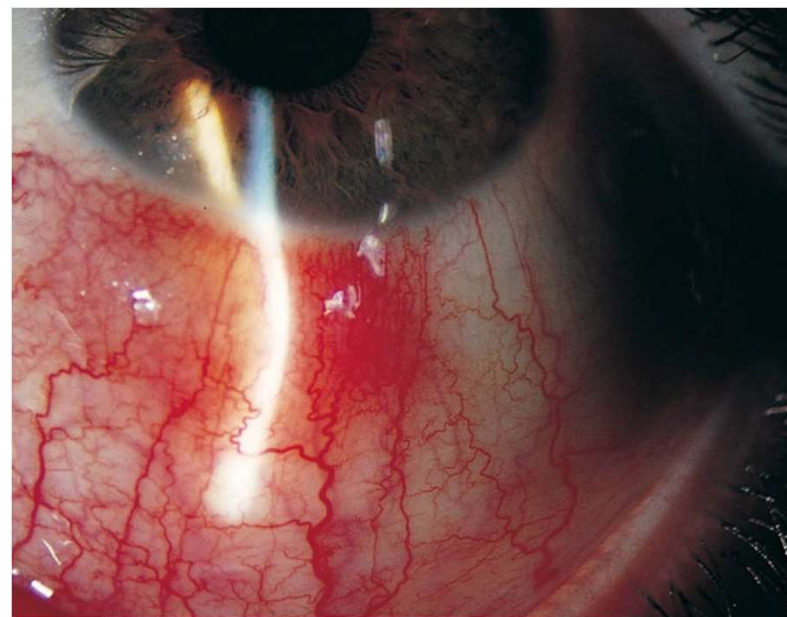
Hemorragia Subconjuntival



Episclerite e Esclerite



Episclerite Nodular - idiopática

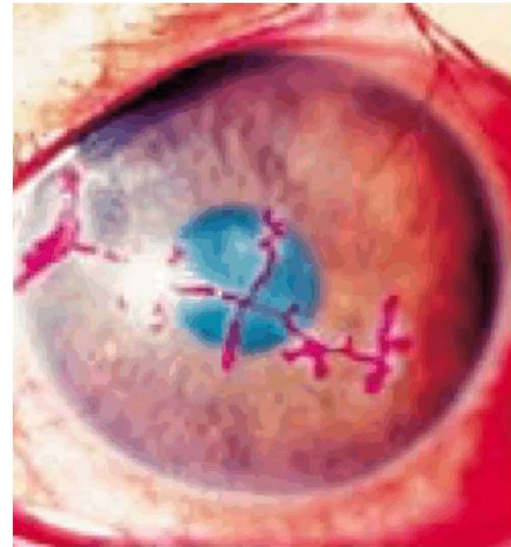


Esclerite Nodular - Crohn

Ceratitis



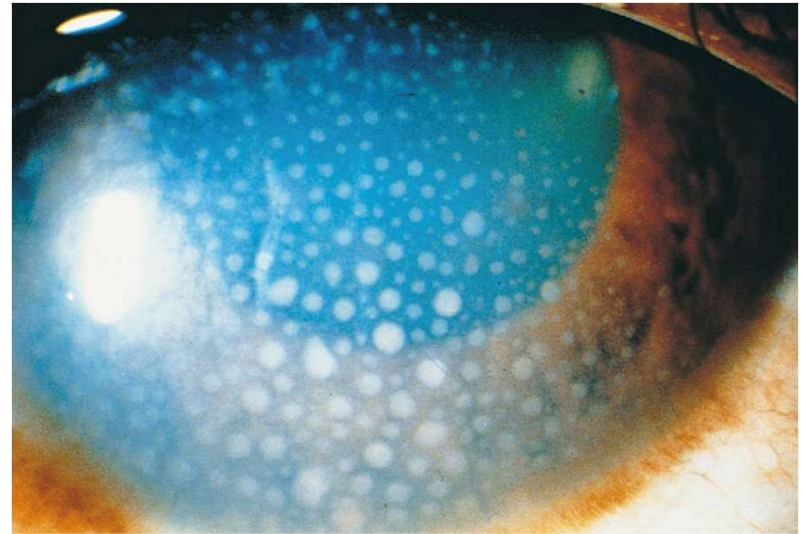
Ceratitis Bacteriana – Úlcera



Ceratitis Viral

Uveítes

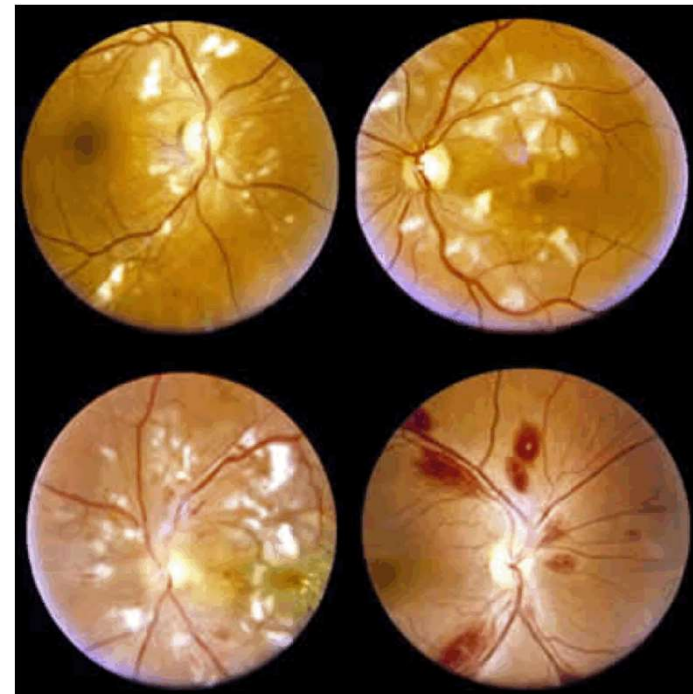
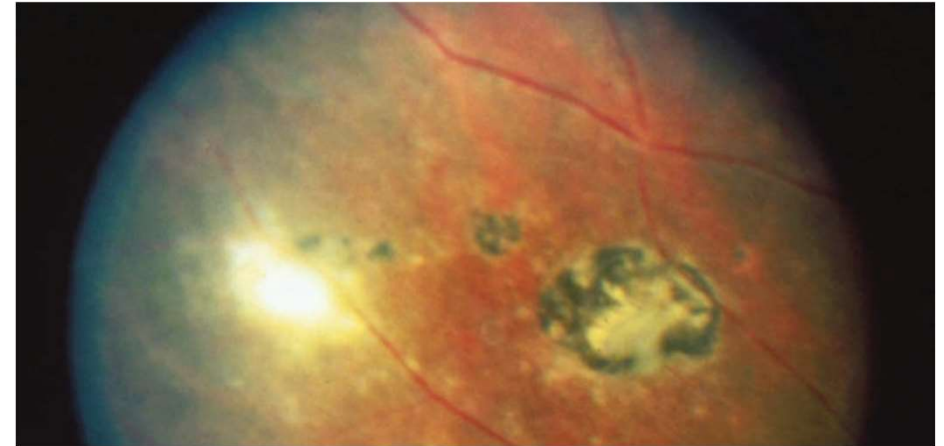
- Anteriores
 - Inflamação idiopática de íris e corpo ciliar
 - Maior parte idiopáticas
 - Tratamento – corticoide tópico, midriático, hipotensores oculares



Uveítes

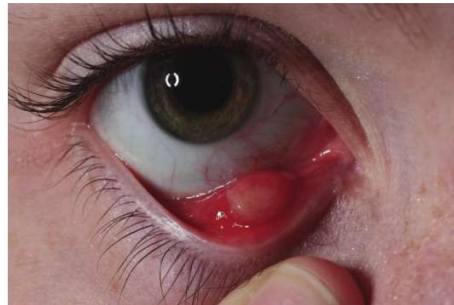
Posteriores

- Inflamação da coroide
- Toxoplasmose - mais comum no Brasil
- HIV, TB, LUES, CMV, Sarcoidose, Behçet;
- Investigação clínica/sistêmica, auxílio de reumatologista e/ou infectologista;
- Tratar a causa básica.



Hordéolo

- “Terçol”, “Três Sóis”, “Negar algo à grávida”:
 - Inflamação das glândulas pálpebras (ex.: glândulas de Meibomius)



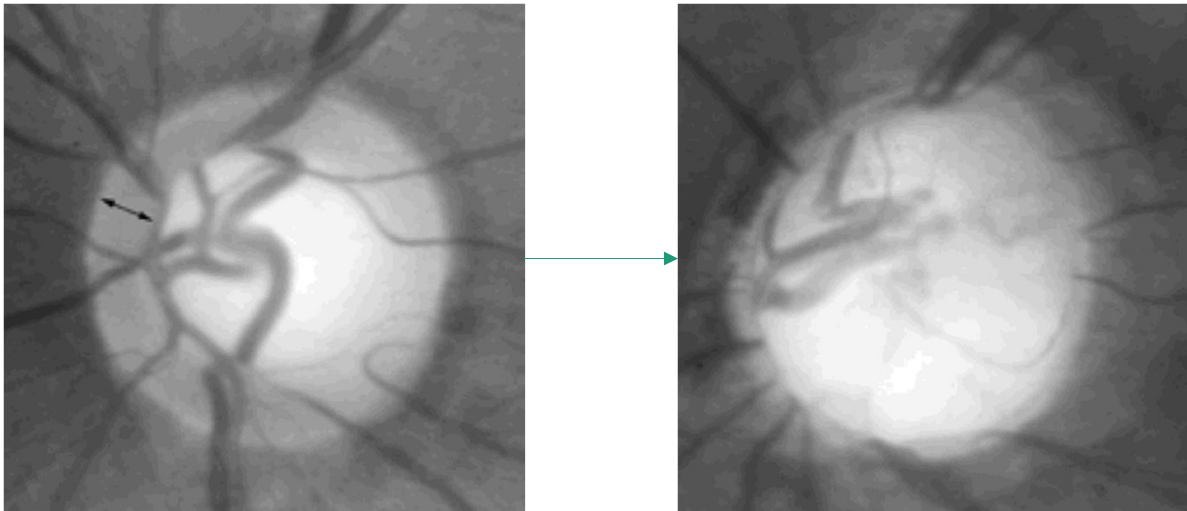
Hordéolos



Calázio

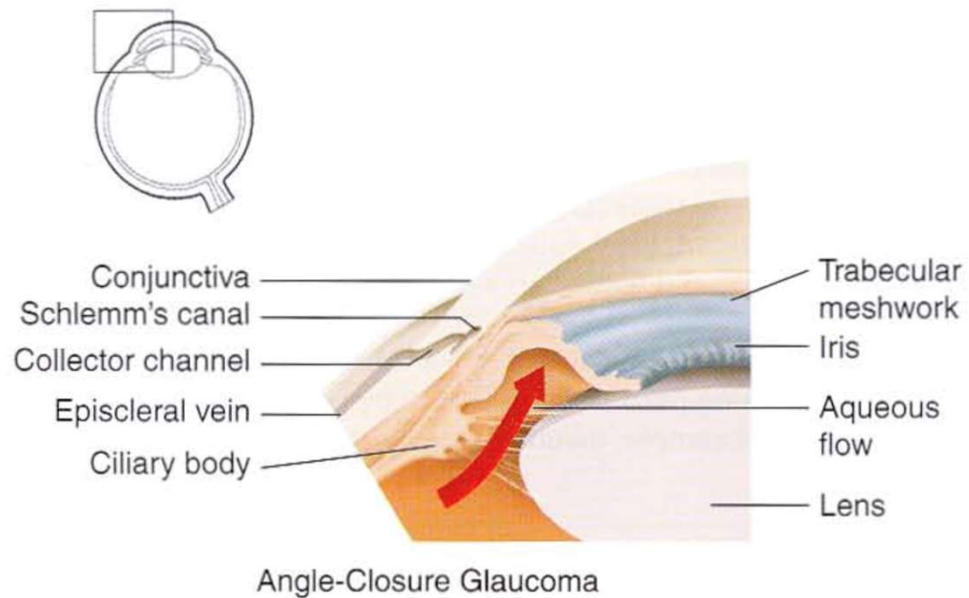
GLAUCOMA

- Neuropatia óptica;
- Comprometimento visual

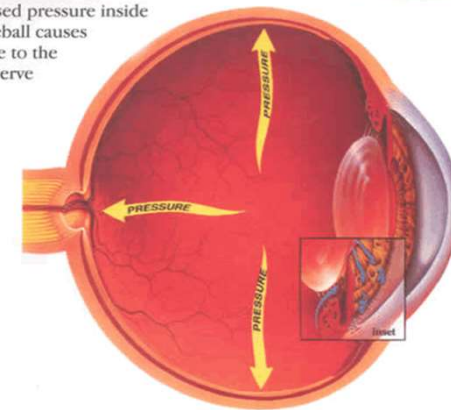


Glaucoma Agudo

- Doloroso!!
- Náuseas e vômitos
- Comprometimento do estado geral



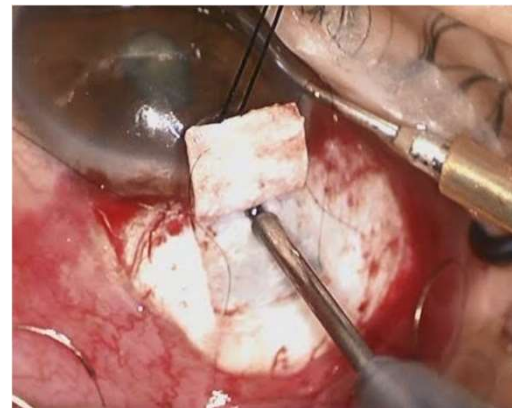
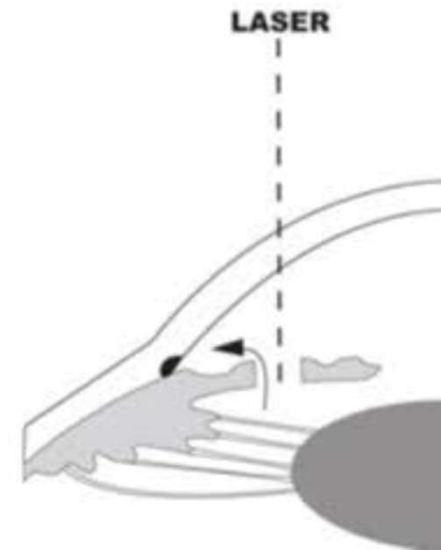
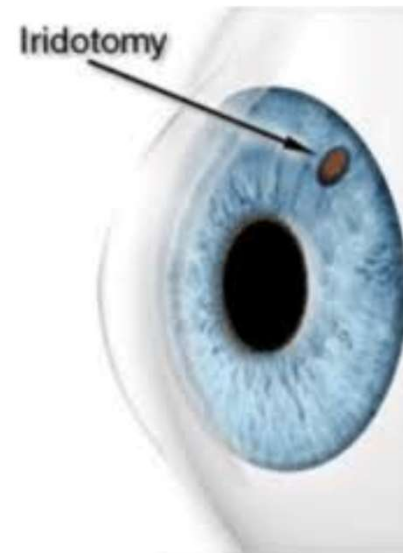
Increased pressure inside the eyeball causes damage to the optic nerve



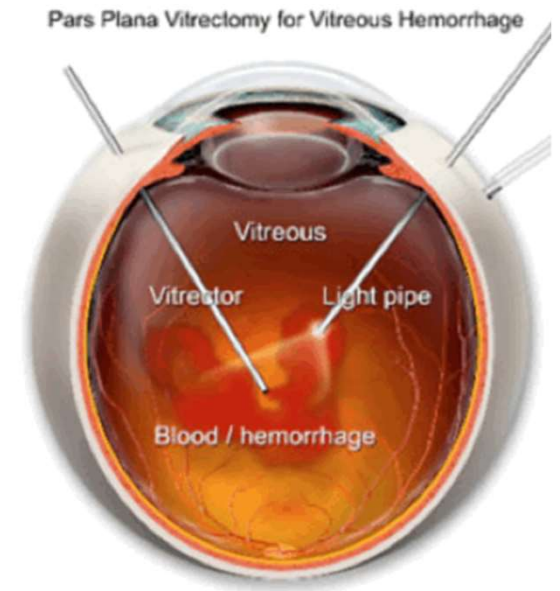
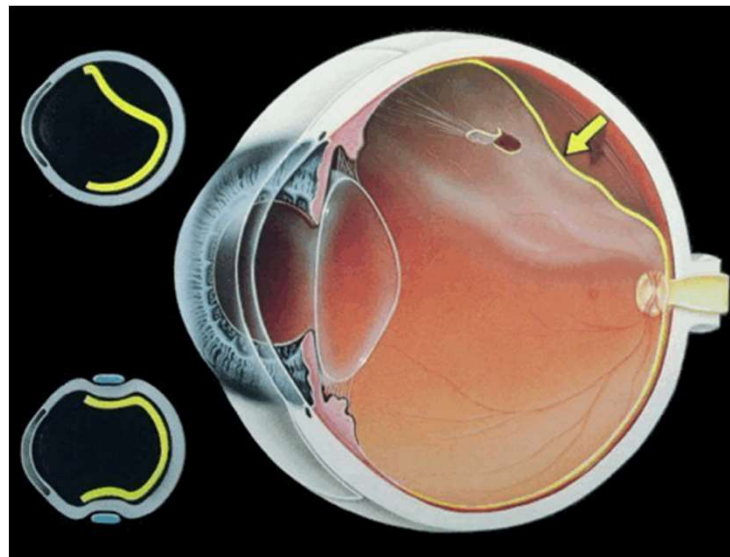
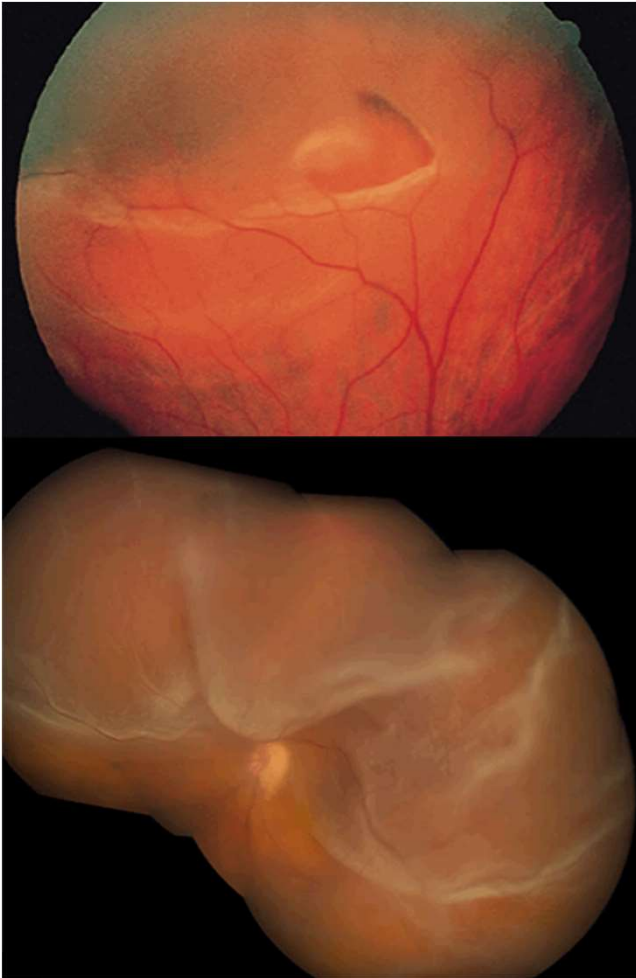
Glaucoma

- **Tratamento:**

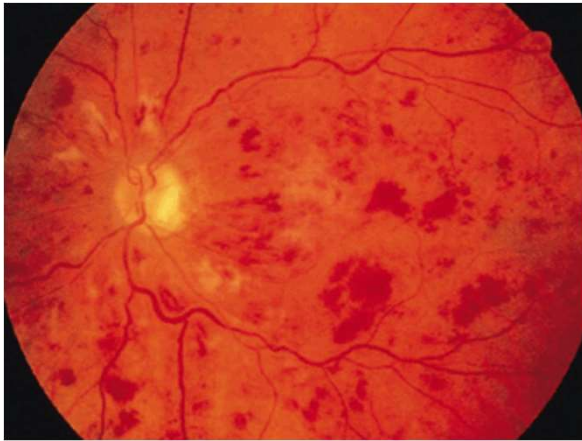
- Colírios
- LASER
 - Trabeculoplastia
 - Iridodomia
 - Iridoplastia
- Cirurgias
 - Trabeculectomia
 - Tubo
 - Ciclofotocoagulação



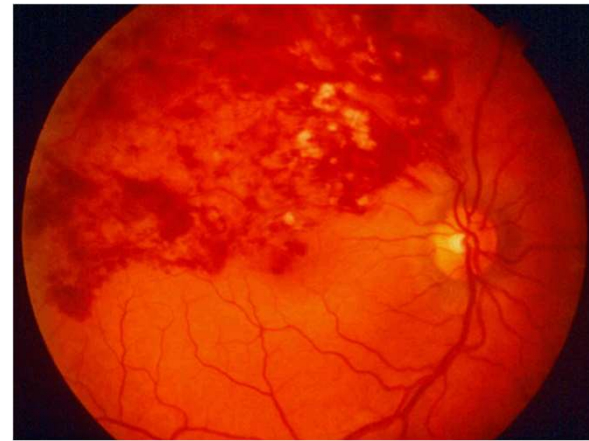
Descolamento de Retina



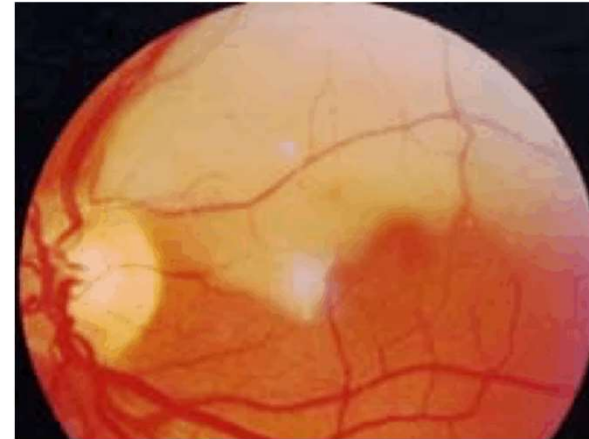
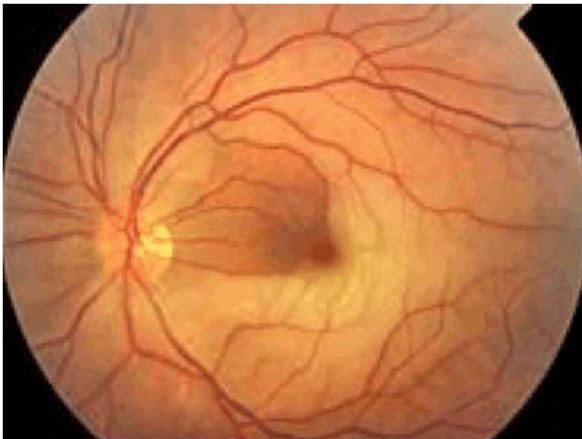
Oclusões Vasculares



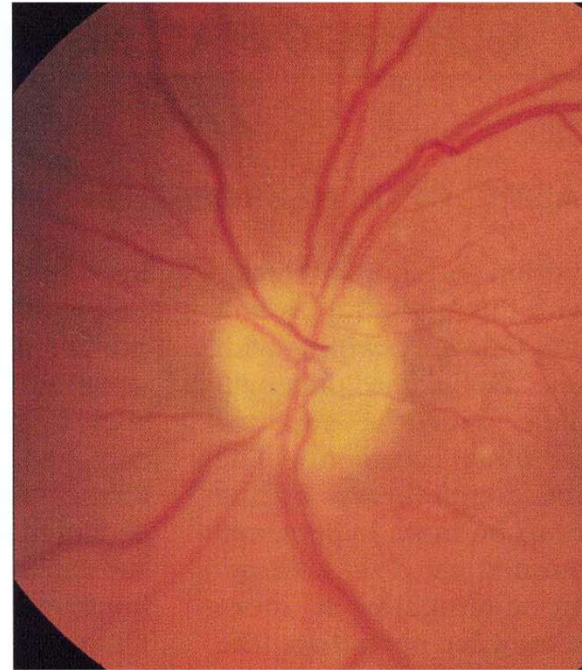
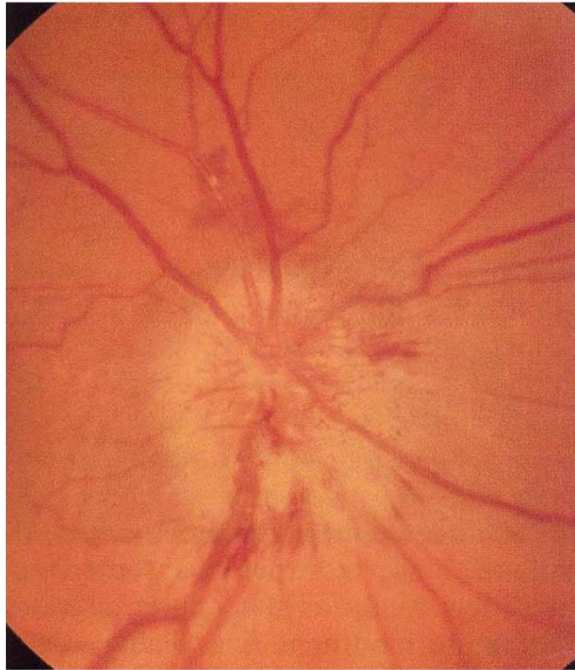
Venosas



Arteriais



Neuropatias

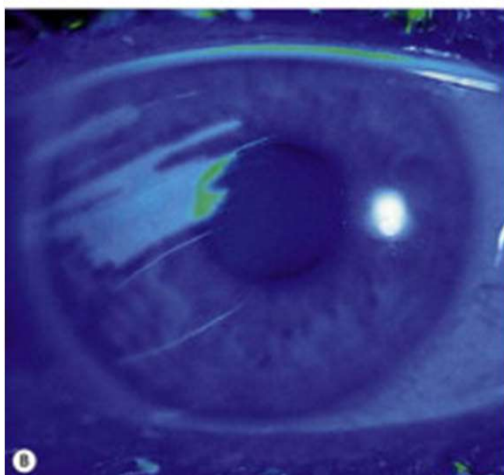


- Neuropatia óptica isquêmica anterior – não arterítica
- 30% bilateral

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Traumáticas

Trauma ocular fechado - córnea



- A – corpo estranho tarsal
- B – abrasões coradas com fluoresceína
- C – corpo estranho corneano superficial

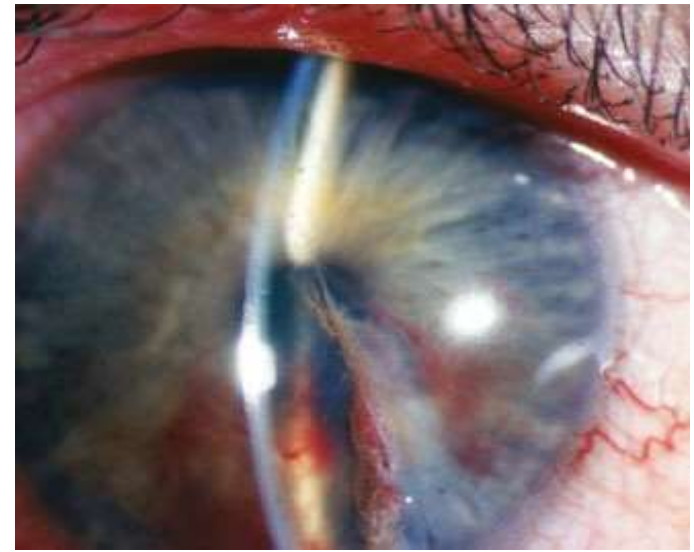
Outros tipos de Trauma



Laceração Palpebral

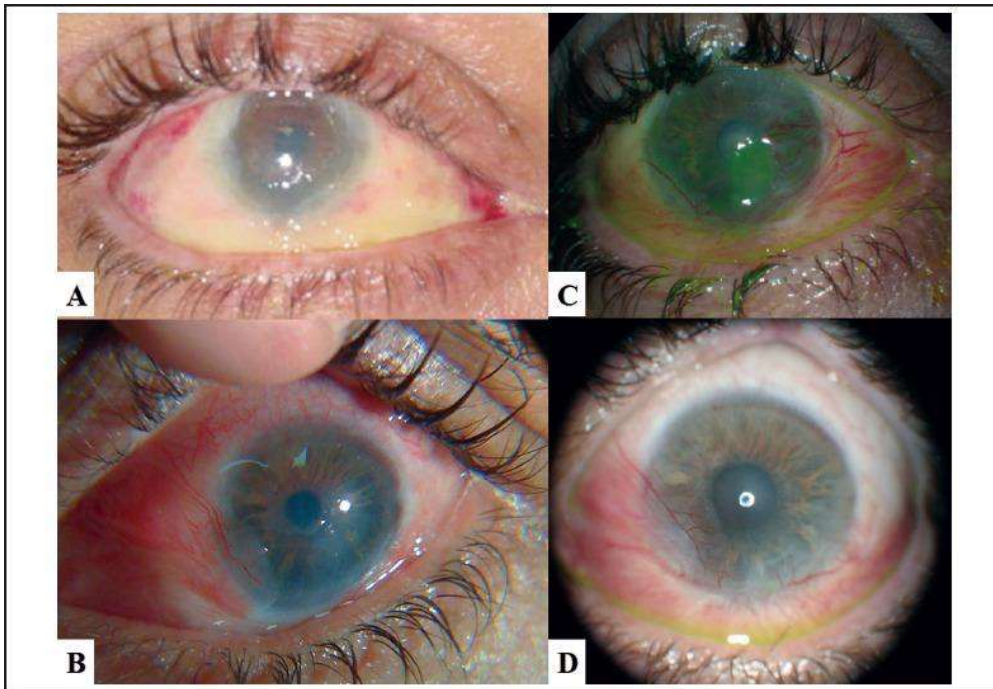


Corpo estranho orbitário



Laceração Corneana

Queimadura Química



<https://emedicine.medscape.com/article/798696-overview#a2>

Lavar abundantemente com soro fisiológico! Evitar ocluir o olho!

OBRIGADO!

- Yanoff and Duker
- Wills Eye Hospital