سامية محمد مصطفى



شبكة المعلومات الحامعية

بسم الله الرحمن الرحيم



-Caro-

سامية محمد مصطفي



شبكة العلومات الحامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





سامية محمد مصطفى

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسو

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة يعيدا عن الغيار



سامية محمد مصطفي



شبكة المعلومات الجامعية



المسلمة عين شعور المسلمة عين شعور المسلمة عين شعور المسلمة عين شعور المسلمة ا

سامية محمد مصطفى

شبكة المعلومات الحامعية



بالرسالة صفحات لم ترد بالأصل



MANAGEMENT OF PROLIFERATIVE DIABETIC RETINOPATHY

THESIS
Submitted For Partial Fulfilment of

The MD (Ophthalmology)

Aly Natag Riad

Assistant lecturer of Ophthalmology Faculty of Medicine, Assiut University.

Supervisors

Prof. Dr. Ismail A. Wasfy

Prof. of Ophthalmology Assiut University Prof. Dr. Omar M. Aly

Prof. of Ophthalmology, Assiut University

B 12/-V Faculty of Medicine Assiut University 1997.

بسم الله الرحمن الرحيم

وما أوتيتم من العلم إلا قليلا

صدق الله العظيم

(سورة الإسراء آية ٨٥)

To My Family

List of Contents

List of Contents

Subject	Page
-Acknowledgment	1
-Introduction	2
-Aim of the work	4
-Review of literature	5
-Natural history of diabetic retinopathy.	5
-Classification of diabetic retinopathy.	5
-Non-proliferative diabetic retinopathy.	5
-Proliferative diabetic retinopathy (PDR)	7
-Definition	7
-Epidemiology	7
-Prevalence of PDR	7
-Pathogensis	8
-Natural course of PDR	10
-Pathology of PDR	11
-Clinical signs of PDR	12
-Treatment of PDR	21
Photocoagulation	22
Vitrectomy	35
Anterior retinal cryotherapy	69
External diatherny	69
-Material and methods	70
-Results	90
-Discussion	122
Summary and conclusions	139
References	142
Summary in Arabic language	

List of Tables and Cases

Subject	Page
-Materials and methods	70
Case with neovascularisation of disc (NVD).	85
Case with advanced proliferative diabetic retinopathy.	85
Ccase with papillo vitreal and retinovitreal neovascularisation.	86
Case with vitreous haemorrhage.	86
B- scan ultrasonography of a case with traction retinal detachment.	87
B- scan ultrasonography of a case with vitreous haemorrhage.	87
-Results	90
•Group I: Eyes with high risk PDR requiring PRP.	90
Table 1 : age and sex distribution.	90
Table 2: type of treatment.	91
Table 3 : control of diabetes.	91
Table 4: number of bilateral and unilateral eyes.	91
Table 5 : condition of the other eye.	91
Table 6: features of PDR.	92
Table 7: visual acuity before PRP.	93
Table 8 : visual acuity after PRP.	93
Table 9: respons of NVD to PRP.	94
Table 10: respons of NVE to PRP.	94
Table 11: respons of NVD and NVE to PRP.	94
Table 12: effect of PRP on macula.	95
Examples of cases with proliferative diabetic retinopathy	96
and treated by panretinal laser photocoagulation.	
•Group II:Eyes with complicated PDR and	
treated by vitrectomy.	101
1-Unresolved vitreous haemorrhage.	101
Table 13: operative clarity of the media	101
Table 14: postoperative visual outcome.	102
Table 15: postoperative visual acuity.	102
Table 16: postoperative complications.	102
Examples of cases with unresolved vitreous haemorrhage	103
and treated by vitrectomy.	•

2-Tractional retinal detachment involving the macula	
Table 17: postoperative visual outcome.	110
Table 18: postoperative visual acuity.	110
Table 19: postoperative complications.	110
Examples of cases with traction R.D and treated by	111
vitrectomy and silicon oil injection.	
3-Tractional/ rhegmatogenous retinal detachment.	118
Table 20: postoperative visual outcome.	118
Table 21: postoperative complications.	118
Examples of cases with traction rhegmatogenous R.D	119
and treated by vitrectomy and silicon oil injection.	
•Group III: Eyes with complicated PDR unsuitable for	120
laser or vitrectomy and treated with anterior retinal cryothe	rapy
Table 22: postoperative clearance of vitreous haemorrhage.	120
Table 23: regression of neovascularisation.	120
Table 24: regression of neovascularisation.	121
Table 24: postoperative visual outcome.	121
Table 25: postoperative visual acuity. Table 26: postoperative complications.	121
ranie zo postoberanye compileadons.	

Acknowledgment

Acknowledgments

I wish to express my deep and extreme appreciation to professor Ismail A. Wasfy. professor of ophthalmology, Assiut University for his support and guidance in every stage of this work. He did much effort in correcting, discussing and clarifying the points included in this study.

I am extremely indebted to professor Omar M. Aly professor of ophthalmology, Assiut University who helped me a lot in learing the vitreous surgery. His valuable instructions and supervision were extremely important throughout this work.

I am obliged to all my colleagues in the Dpartment of Ophthalmology of Assiut University Hospital for their help.

Introduction