Akantamebni keratitis

Špela Markelj
prim. Vladimir Pfeifer
Ljubljana, november 2014

Acanthamoeba spp

PRAŽIVAL

PRISOTNA POVSOD
zrak, zemlja, prah, voda

Granulomski amebni encefalitis
(imunokompromitirani)

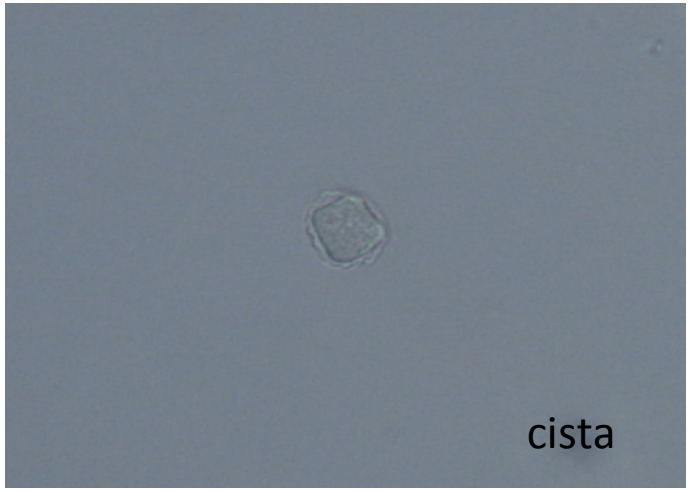
KERATITIS!

cistična oblika zelo odporna!



→

←



fotografije: dr. Barbara Šoba, Inštitut za mikrobiologijo, Univerza v Ljubljani

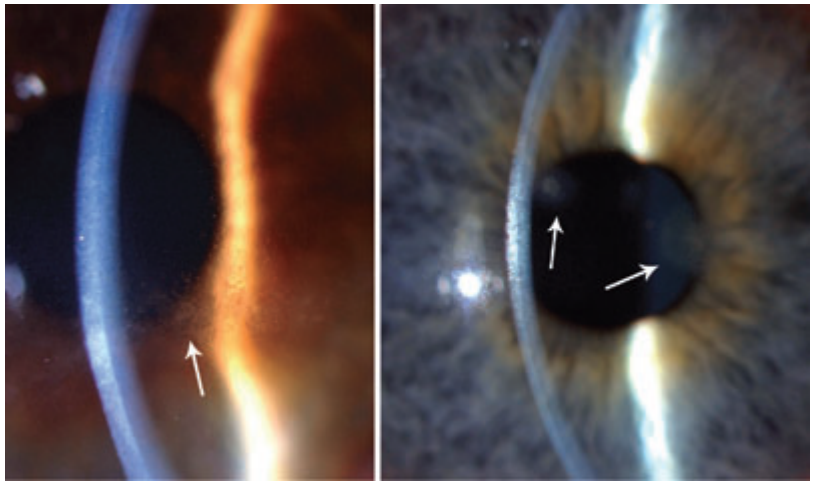
Klinična slika

epitelne nepravilnosti, zamotnitve, mikroerozije, mikrocistični edem,

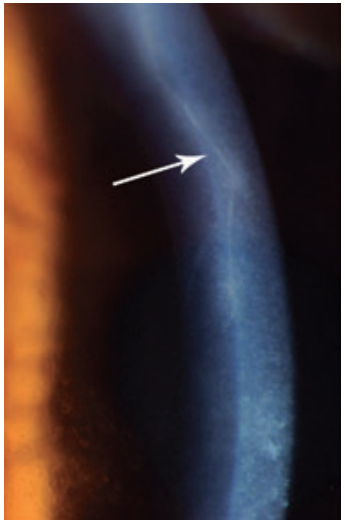
dendritiformne lezije (DD: herpes!)

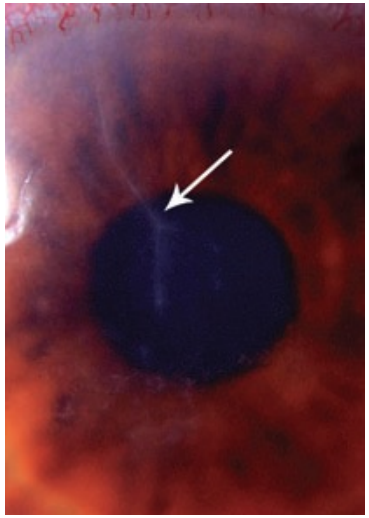
MULTIFOKALNOST LEZIJ! BOLEČINA!

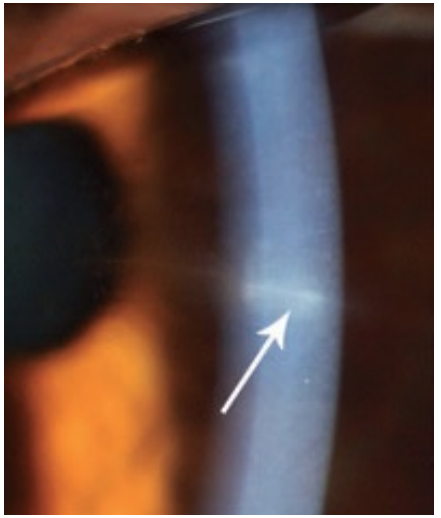
subepitelni infiltrati (DD: adenovirus!)



kopičenje trofozoidov okrog stromalnih živcev
RADIALNI KERATONEVRITIS



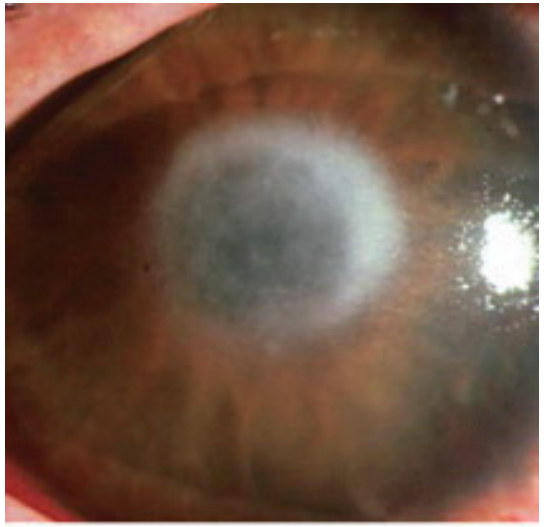


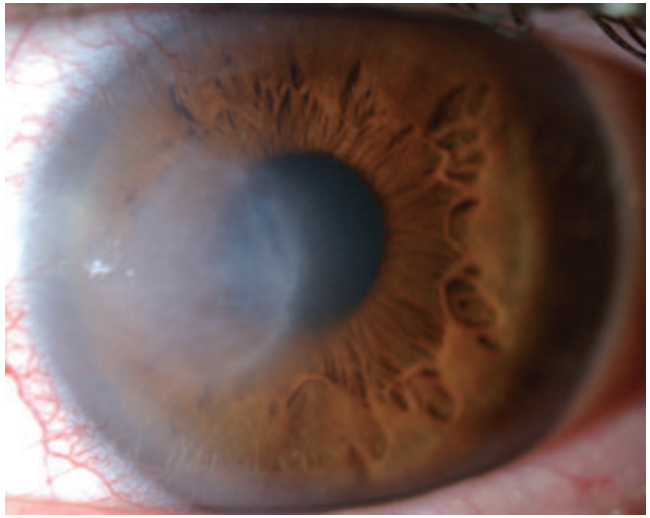


NJ McGhee; Clinical and Experimental Ophthalmology 2009

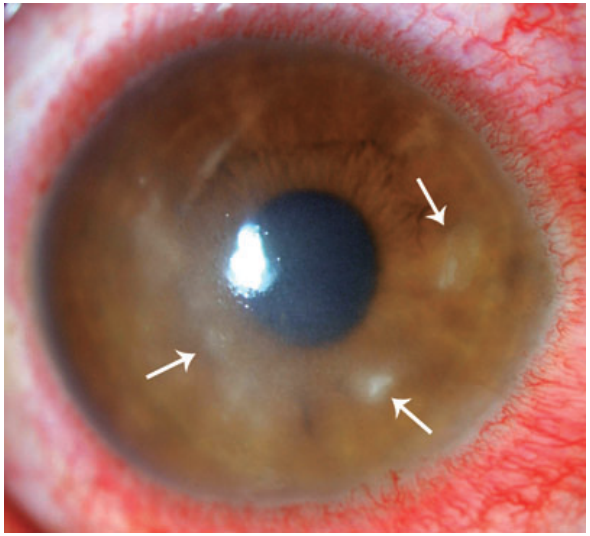
Klinična slika

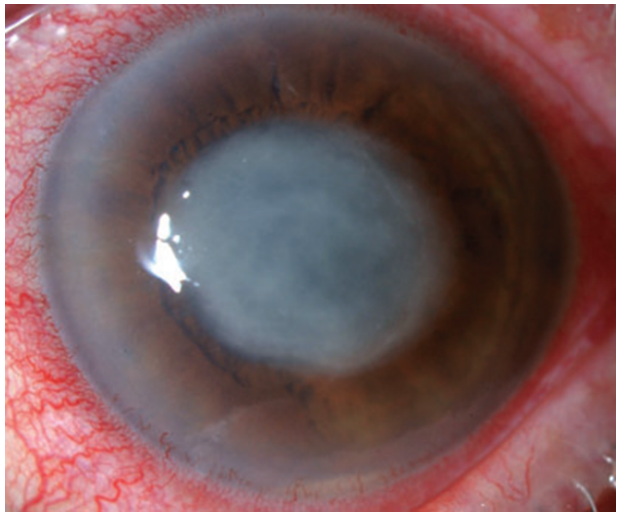
PRSTANAST INFILTRAT





STROMALNI INFILTRAT – trofozoidi s kolagenazami raztapljajo stromo





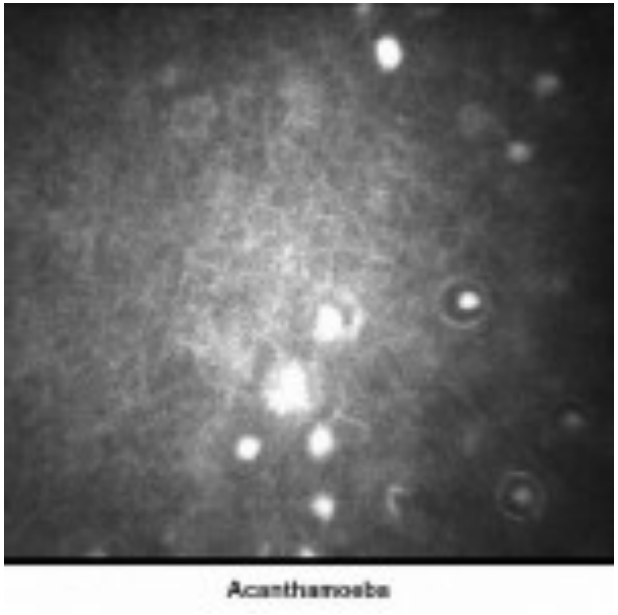
NJ McGhee; Clinical and Experimental Ophthalmology 2009

KDAJ POMISLIMO?

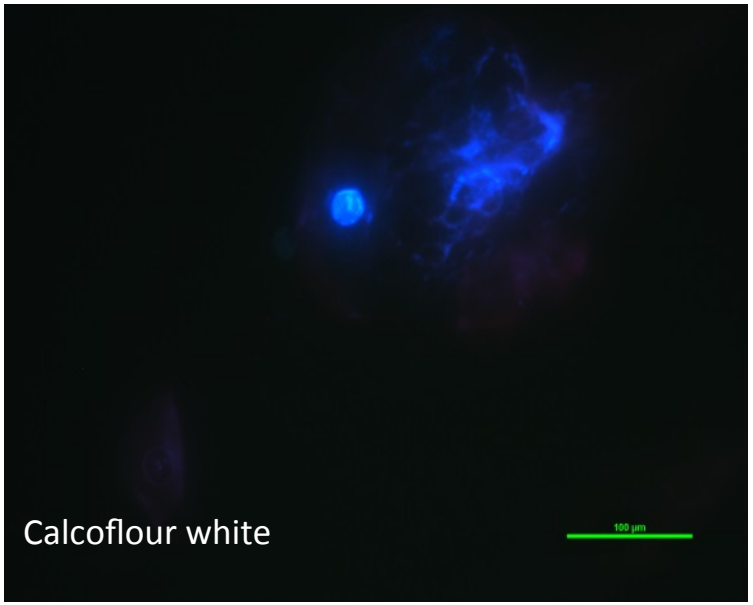
- Močna bolečina
- Fotofobija
- Nosilec kontaktnih leč / stik z zemljo / vodo
- Neodzivnost na antiobiotike, virostatike
- Dolgotrajen, progresiven potek

diagnoza

- Konfokalna mikroskopija



- Odstranjen epitel oz. skarifikat roženice
  - Razmaz in barvanje
    (PAS; HE; CALCOFLOUR WHITE)
  - Kultura
    (NEHRANILNI E.COLI AGAR)
  - PCR



fotografije: dr. Barbara Šoba, Inštitut za mikrobiologijo, Univerza v Ljubljani in

terapija

- Odstranitev epitela
- CISTICIDNA ZDRAVILA! (dokazi in vitro)
  - BIGVANIDI:
    - 0,02% do 0,2% chlorhexidine
    - 0,02% do 0,06% polyheksamethylene biguanide (PHMB)
  - DIAMIDINI:
    - 0,1% propamidine isothionate (Brolene)
    - 0,1% hexamidine
- BIGVANIDI +/- DIAMIDINI
- *Kortikosteroidi*

S. Kilvington; AJO, October 2009

terapija

- Eradikacijska keratoplastika
  - Perforacija roženice
  - Fulminantni kornealni absces

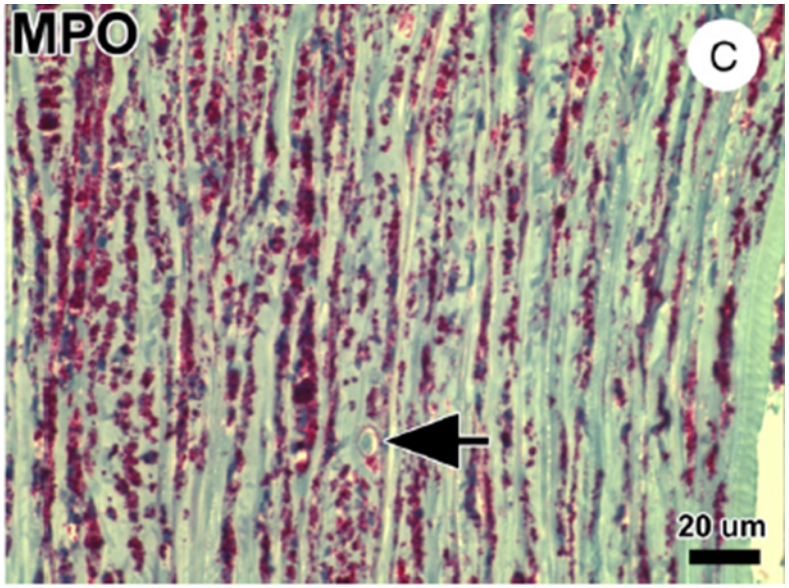
- Cross-linking?
  - Cornea. 2013 Feb
    Treatment of Acanthamoeba keratitis by corneal cross-linking
  - J Opthtamic Inflamm Infect. 2013 May
    Corneal cross linking and infectious keratitis: a systematic review with a meta-analysis of reported cases.

Prognostični dejavniki

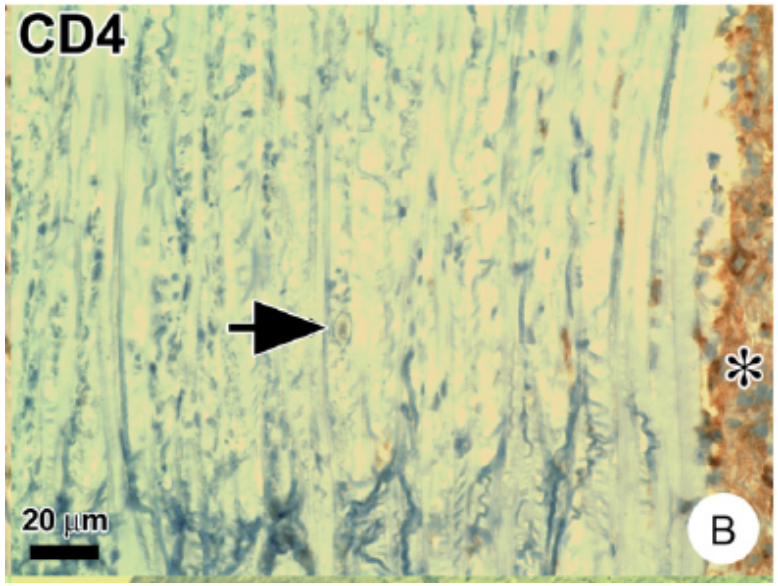
+ Čas postavitve diagnoze
  - v epitelni fazi; 3 tedne po začetku

− Začetna uporaba kortikosteroidov
  - ↑ proliferacija trofozoidov
  - ↑ tvorbo cist

nevtrofilci, makrofagi



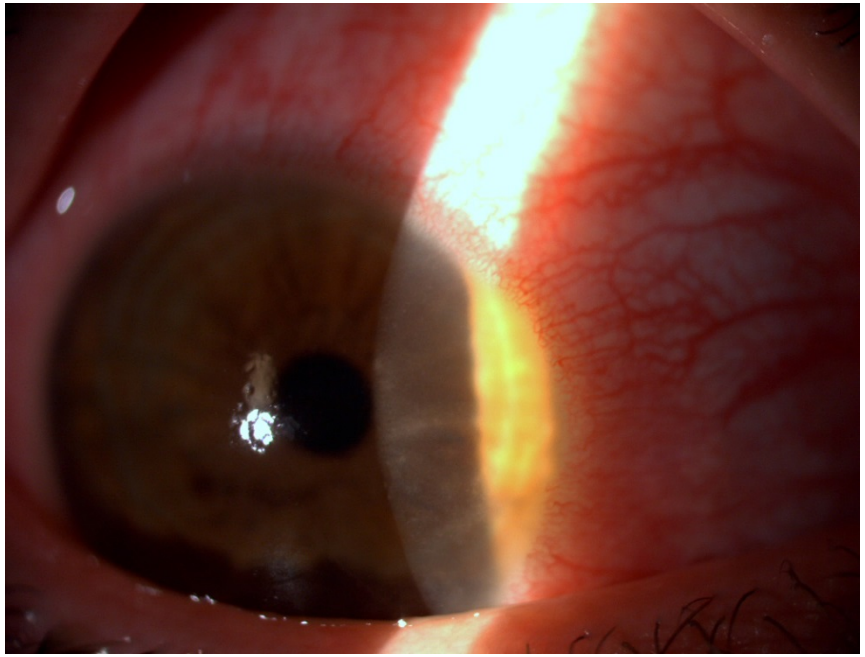
B in T limfociti

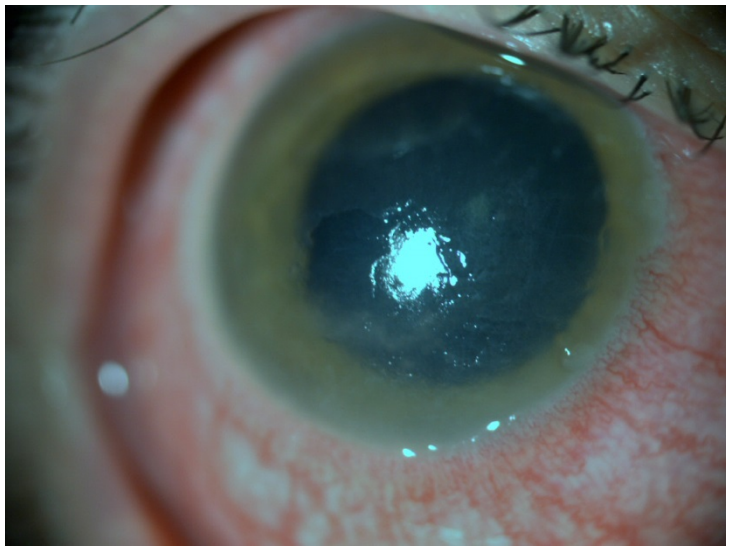


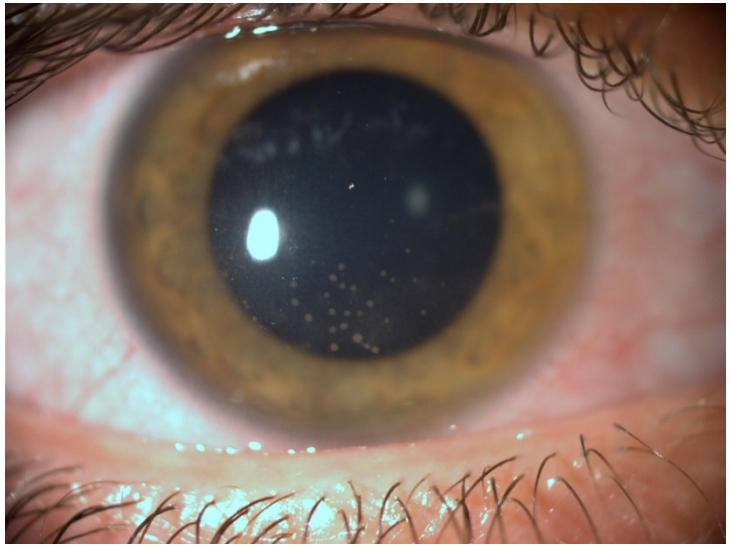
Hum Pathol. 2013 May;44(5) ; Chu CT et el

Klinični primer

- 30-letna nosilka KL



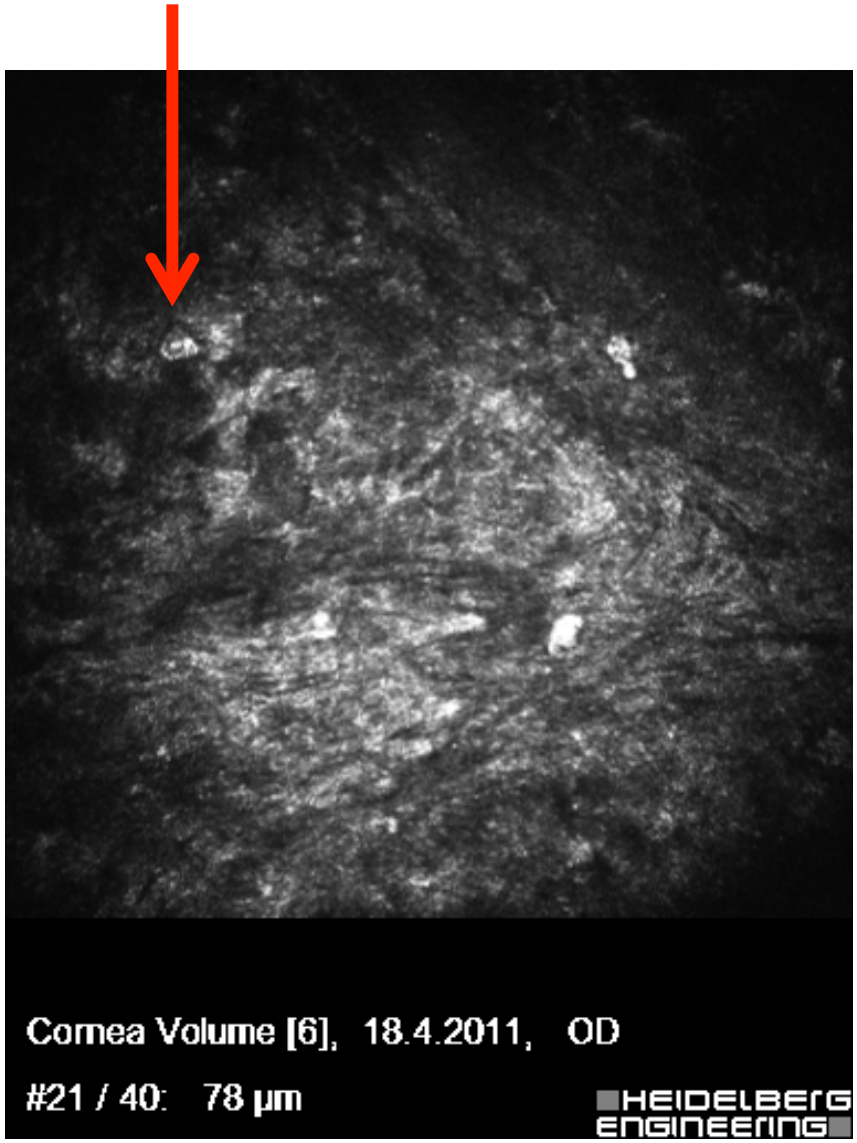


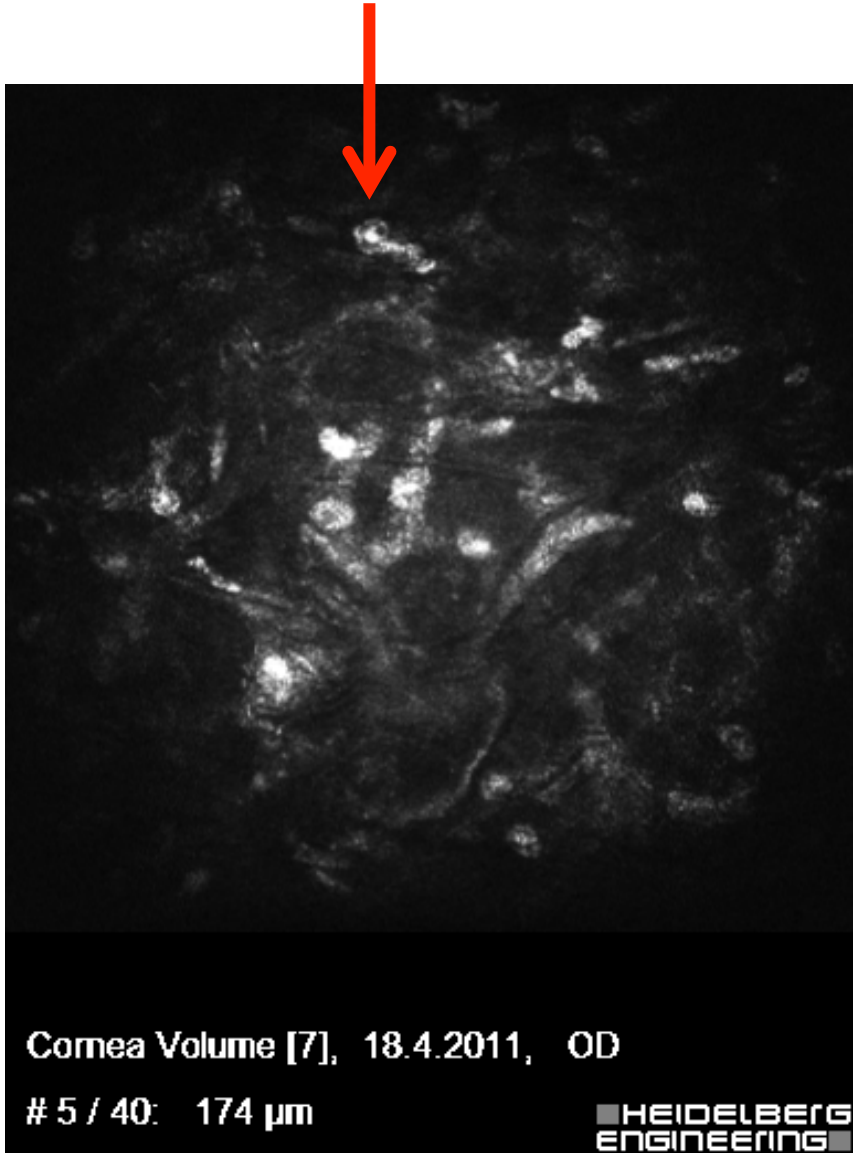


abrazija epitela

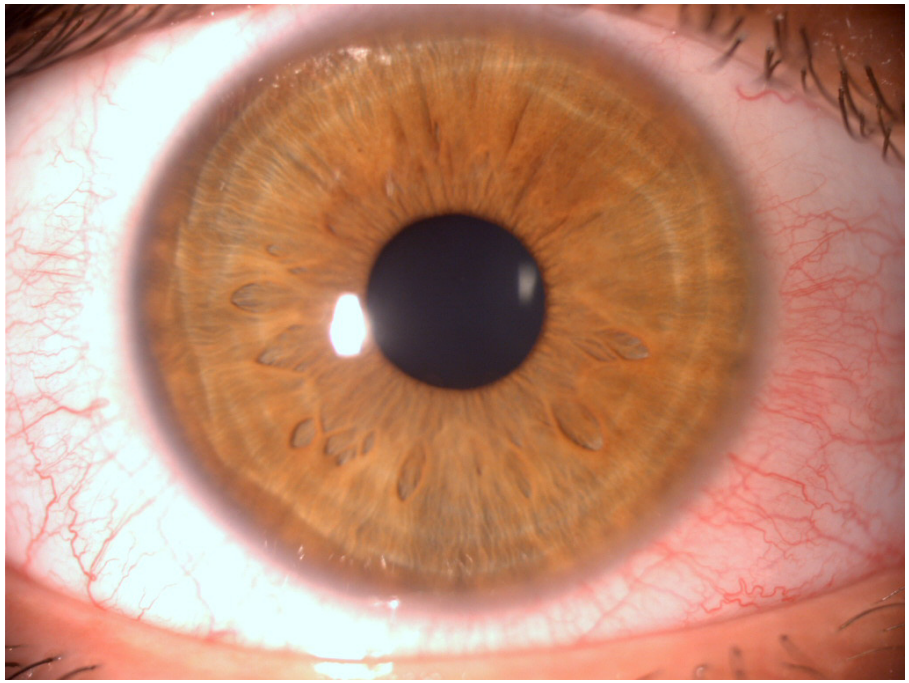
0,2% klorheksidin
topični flukonazol
loteprednol

0,02% PHMB;
0,1% propamidin
izotionat (Brolene)

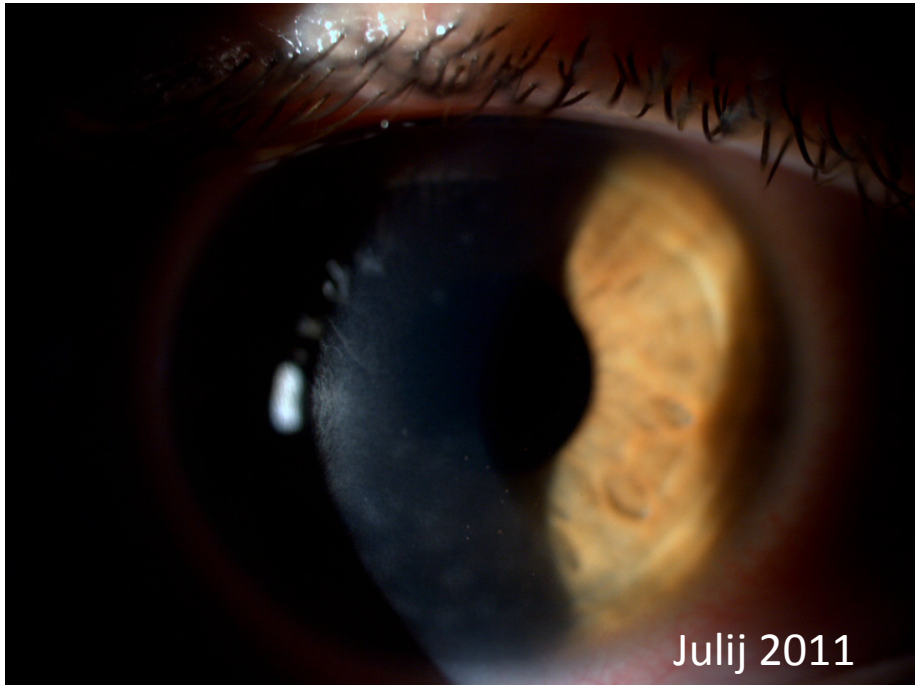

Cornea Volume [6], 18.4.2011, OD
#21 / 40: 78 µm
HEIDELBERG ENGINEERING

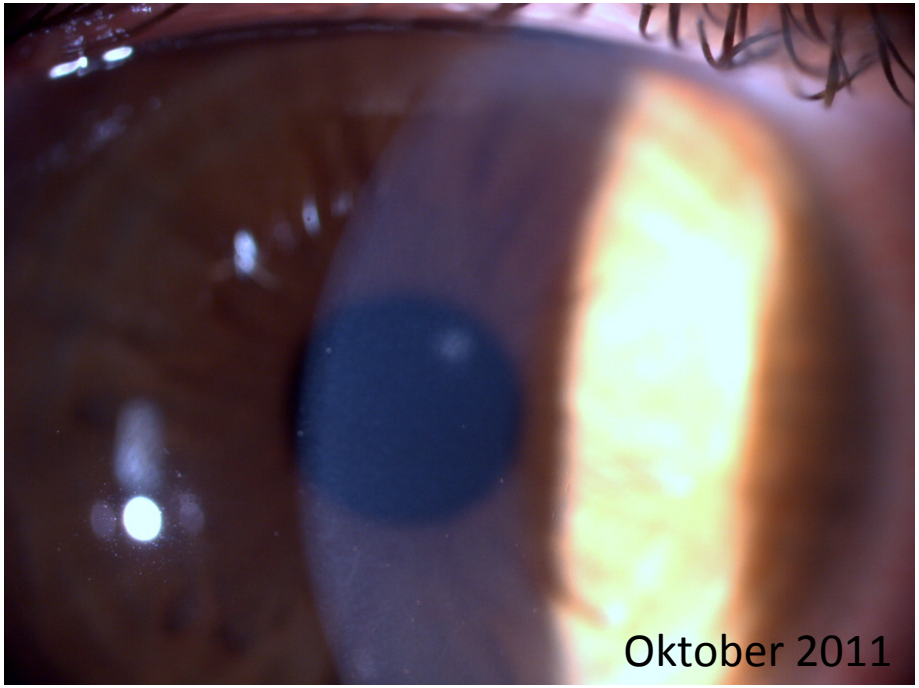

Cornea Volume [7], 18.4.2011, OD
5 / 40: 174 µm
HEIDELBERG ENGINEERING

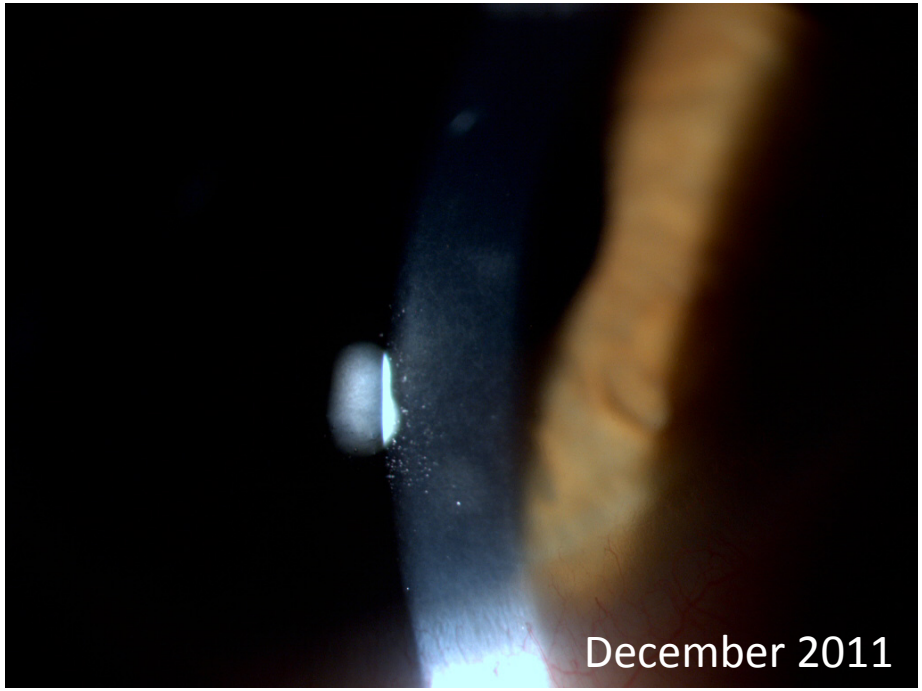
Po dveh mesecih → čista roženica, brez uveitične reakcije

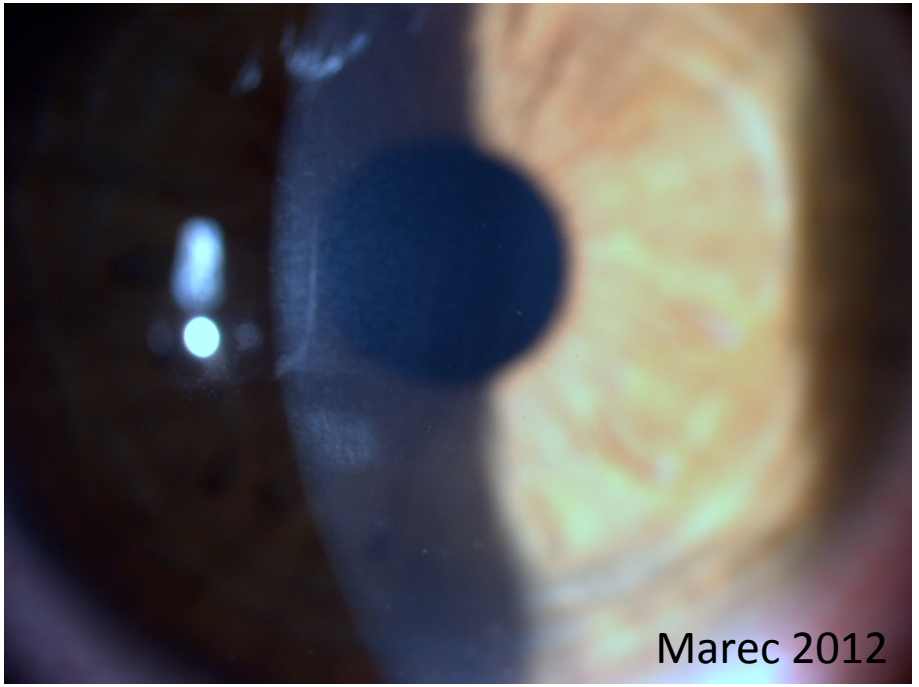


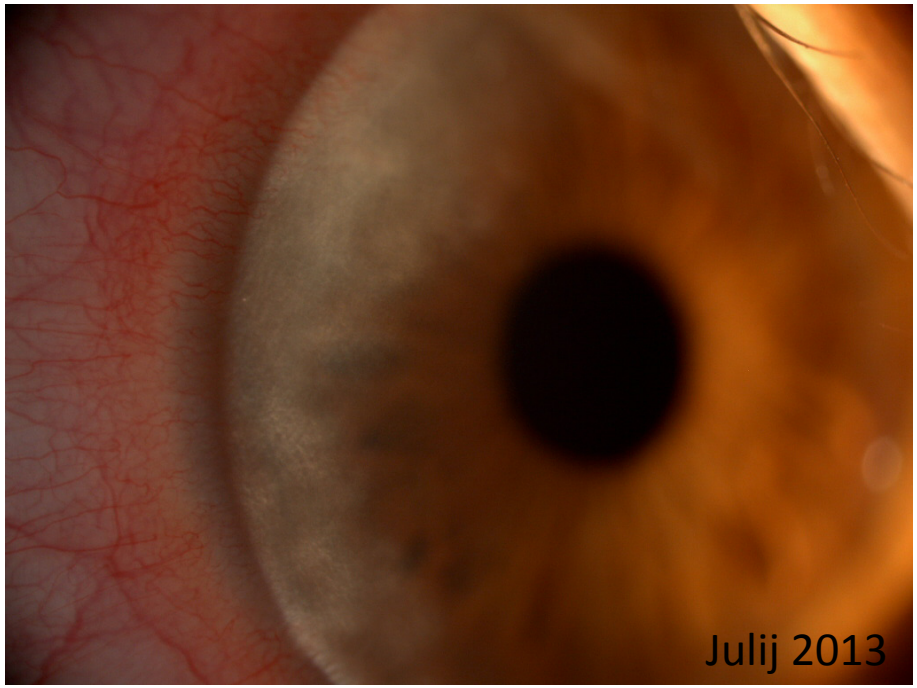



Julij 2011


Oktober 2011

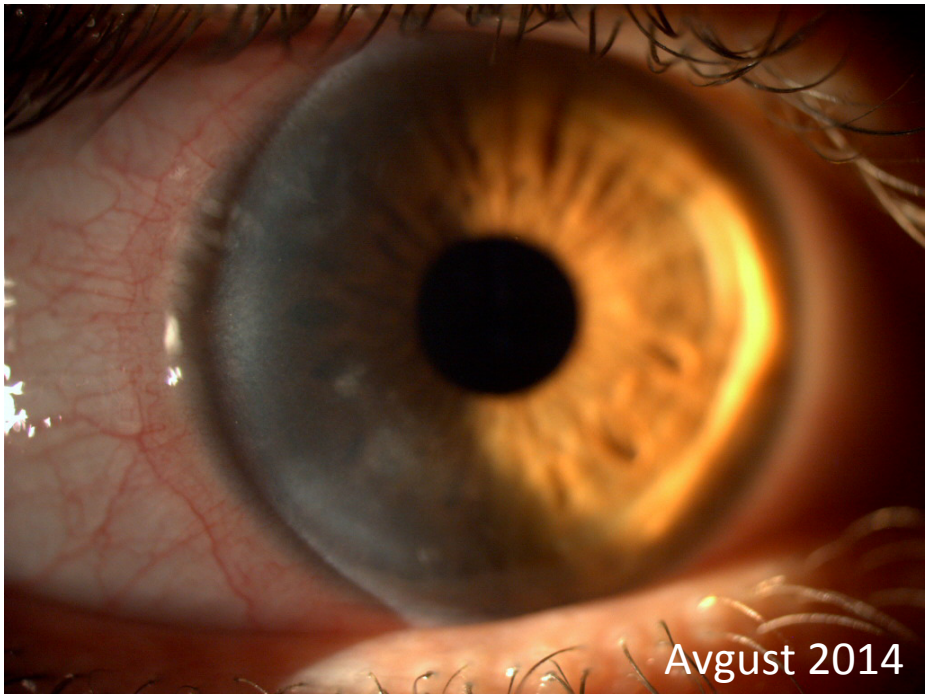

December 2011


Marec 2012

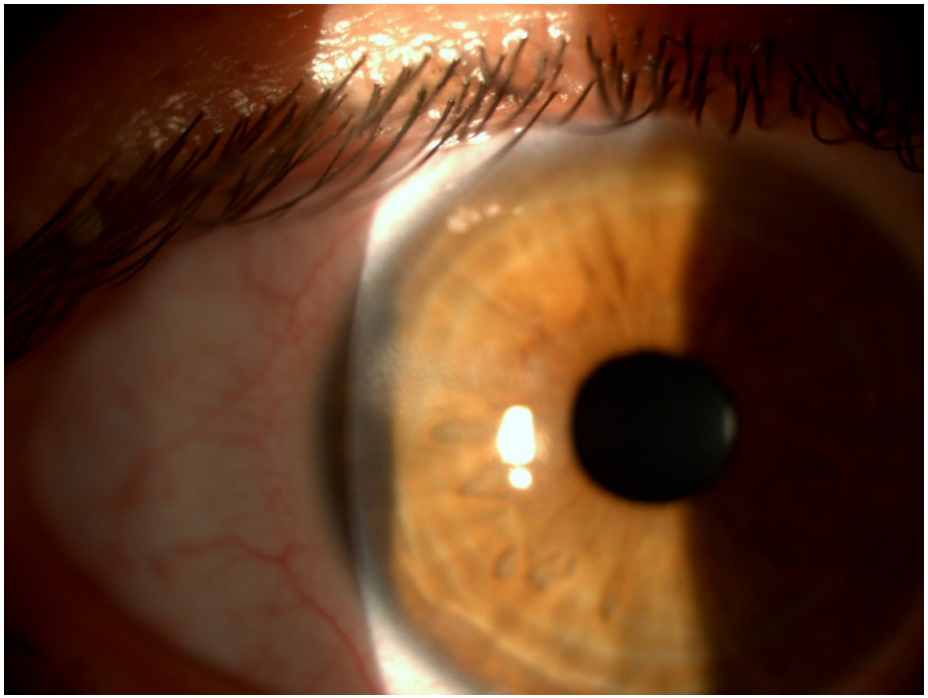

Julij 2013

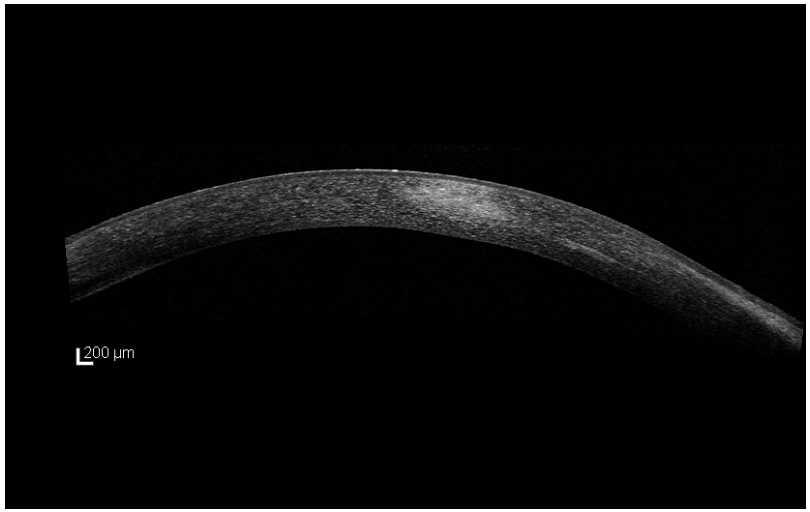

Avgust 2013

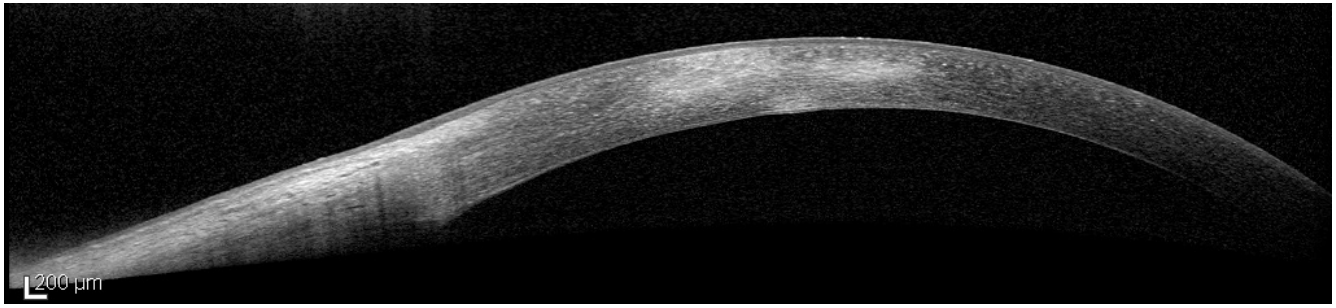

Januar 2014


Avgust 2014

November 2014
43 mesecev po začetku bolezni
V desno = 1,0







Keratitis pri nosilcu kontaktnih leč - pomisli na Akantamebo!