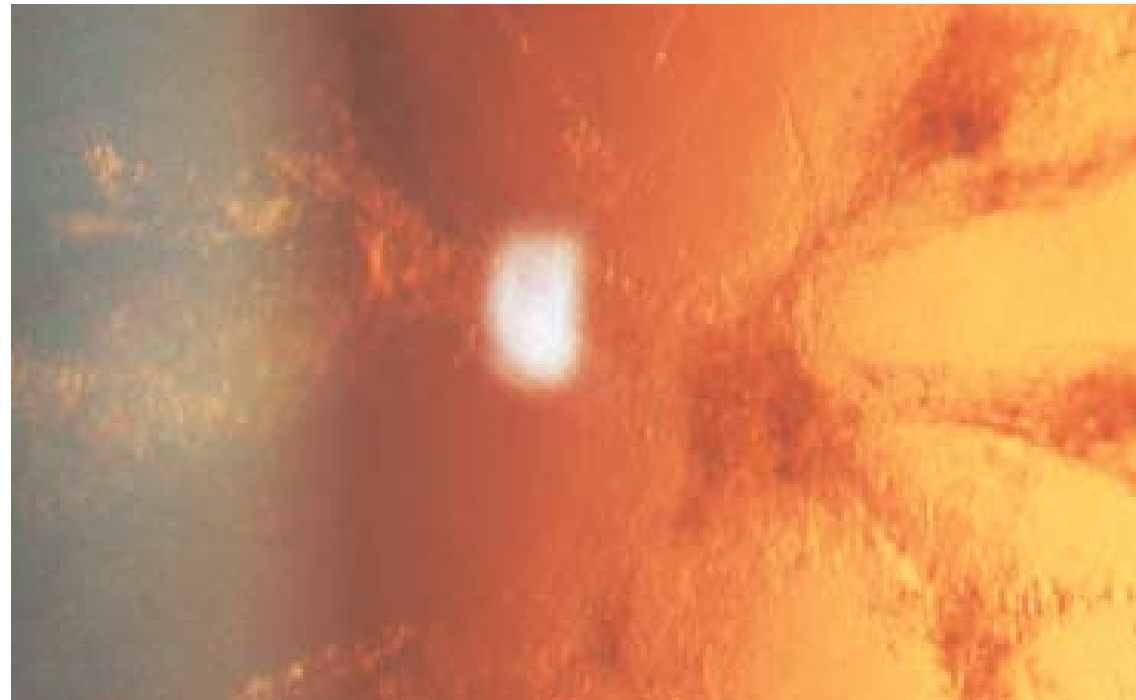
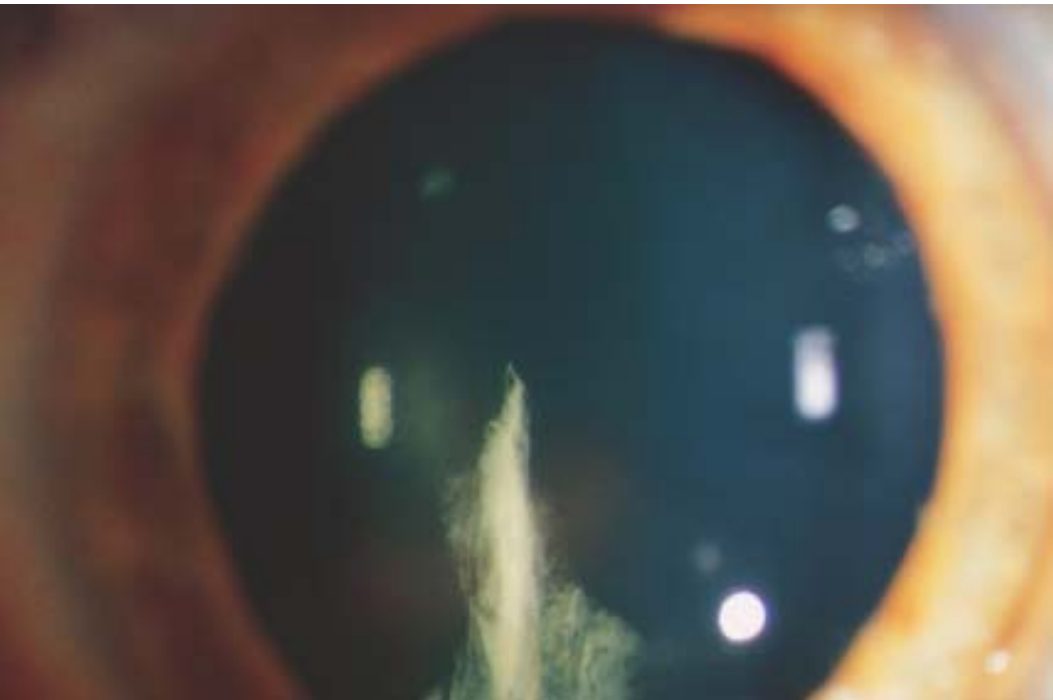
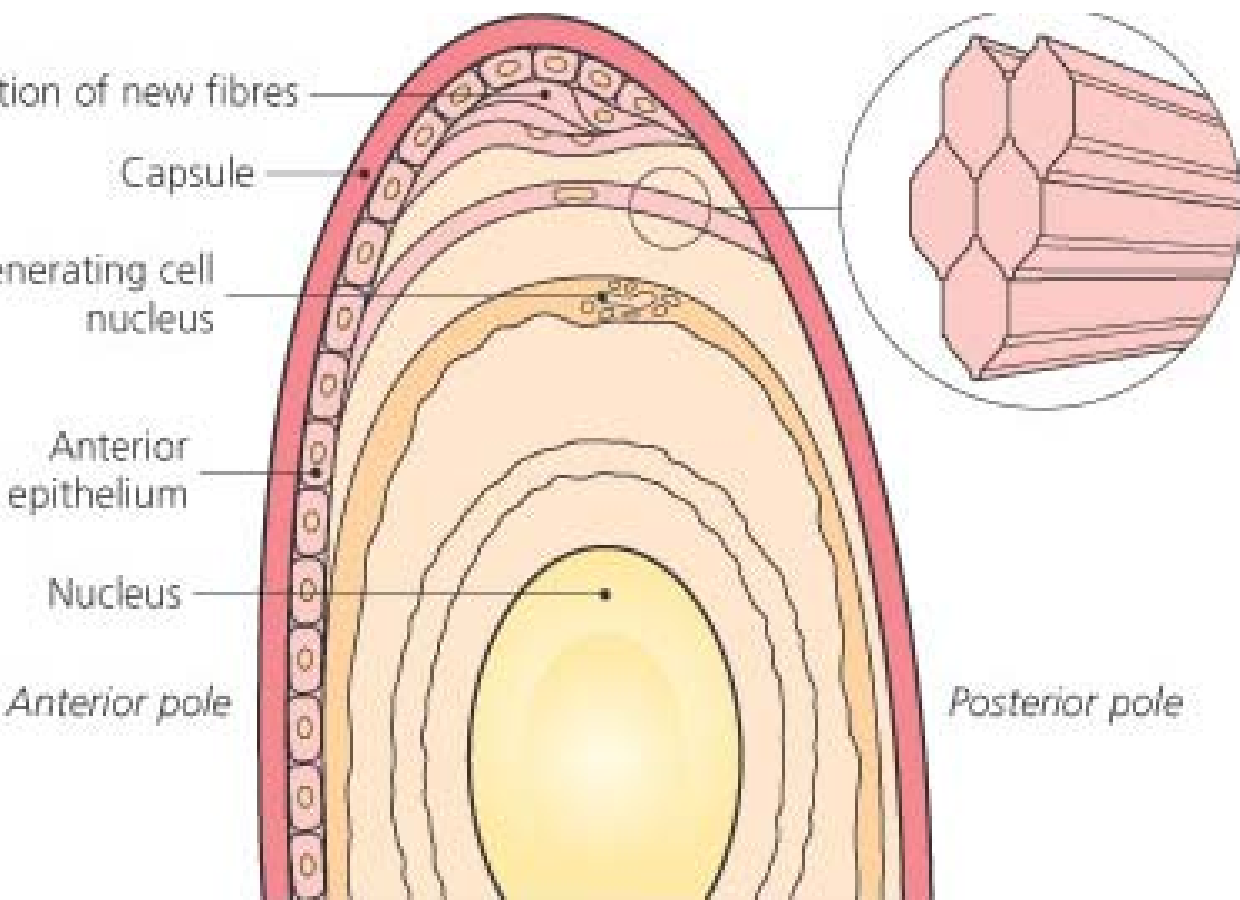
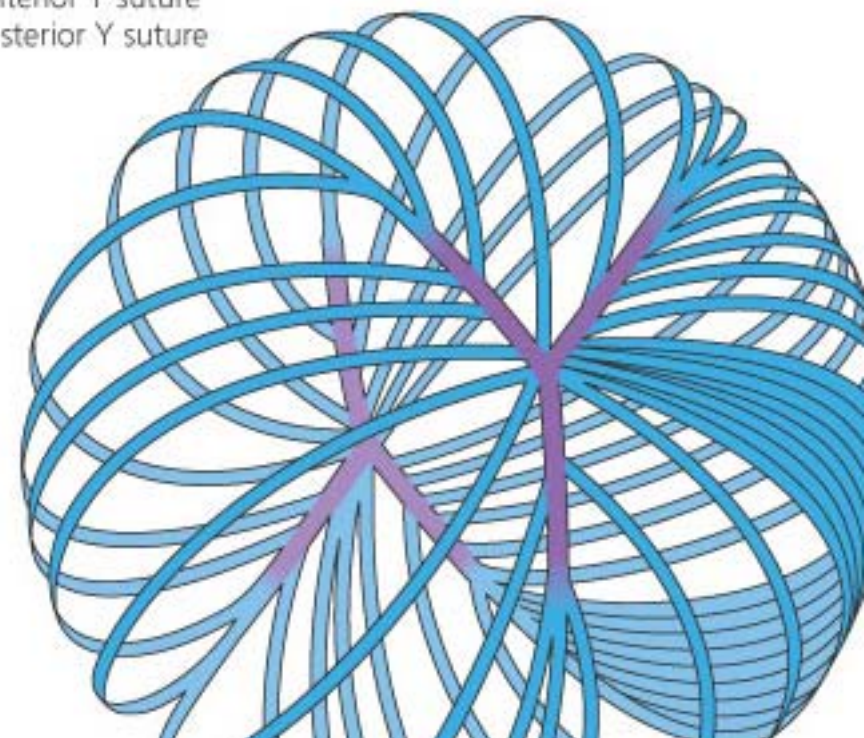


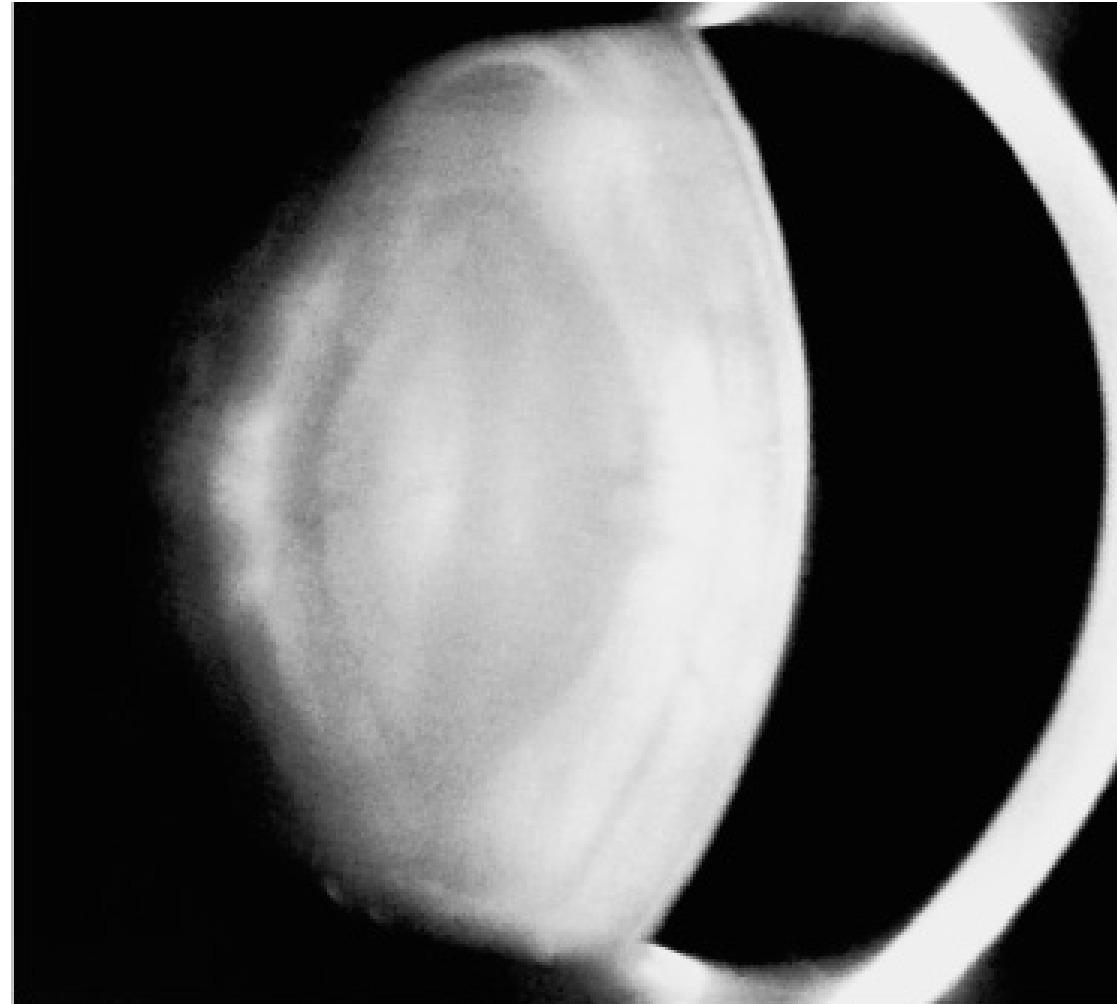
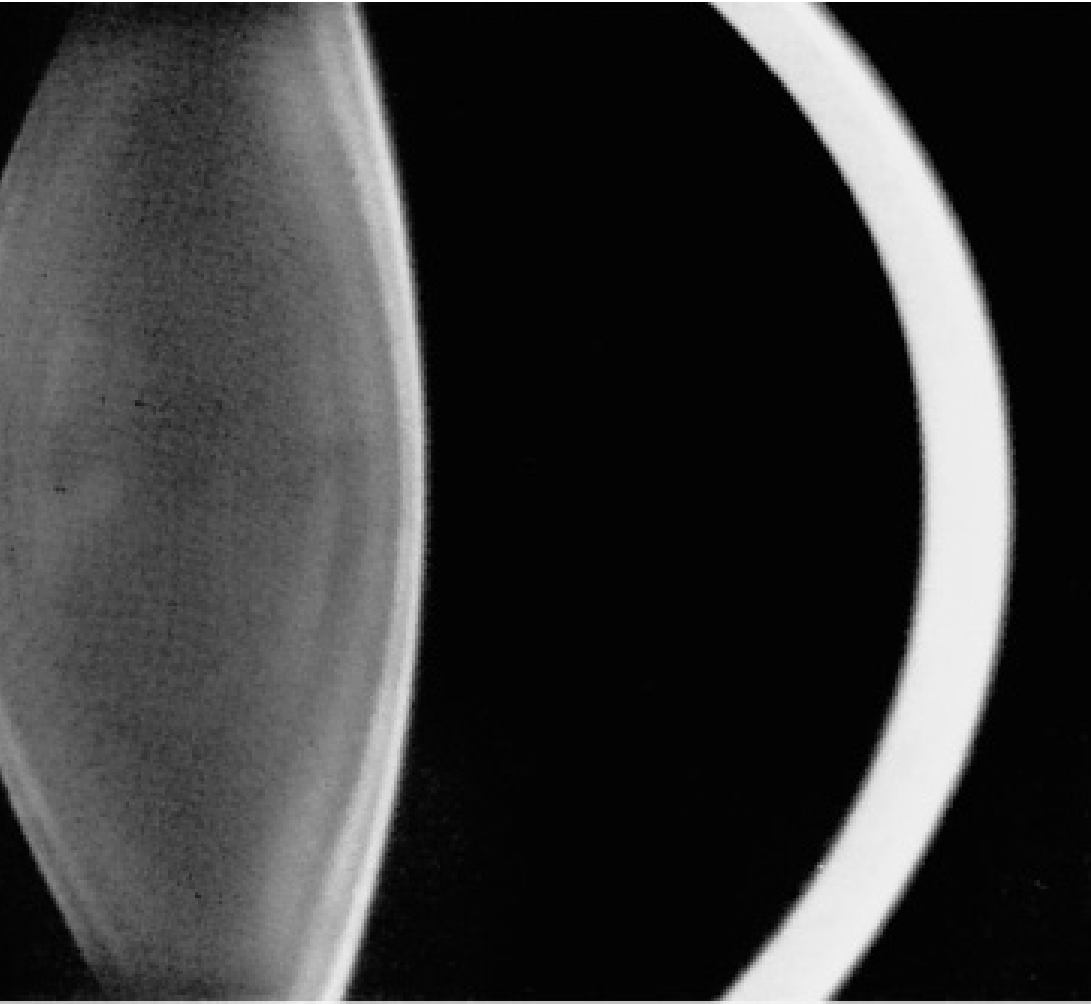
**La cataratta è una opacizzazione del cristallino  
conseguente ad una denaturazione delle proteine  
costitutive della lente**





- Anterior Y suture
- Posterior Y suture

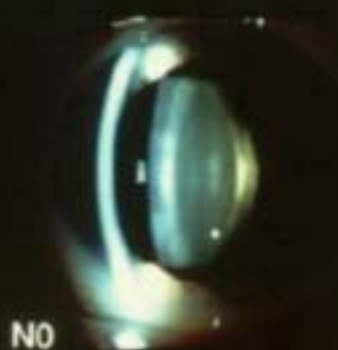




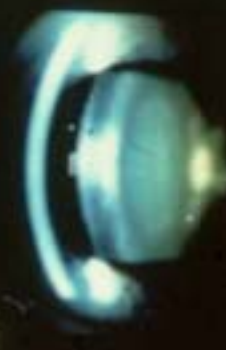
[www.fisichinapolitano.it](http://www.fisichinapolitano.it)

# Lens Opacity Classification System II (at Slitlamp)

Nuclear  
Color/  
Opalescence



NO



NI



NII



NIII

Cortical



Ctr



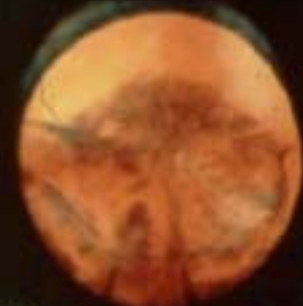
CI



CII



CIII



CIV

Posterior  
Subcapsular



O



PI



PII



PIII

# Patogenesi

## CONGENITA

Infezioni materne (Rosolia, Toxoplasmosi)

Metabolica

Metabolica (Galattosemia)

Cromosomica (S. Down)

Anomalie dello sviluppo oculare

## ACQUISITA

Senile

Metabolica (diabete, ipotiroidismo)

Iatrogena (Steroidi)

Affezioni oculari (Uveiti, RP)

Traumi (Radioterapia, Chirurgia)

Genetica (Senile Nucleare e

**Cataratta infantile: rara; causa leucocoria, diagnosi**

**chirurgia precoce, quando induce disabilità visiva**

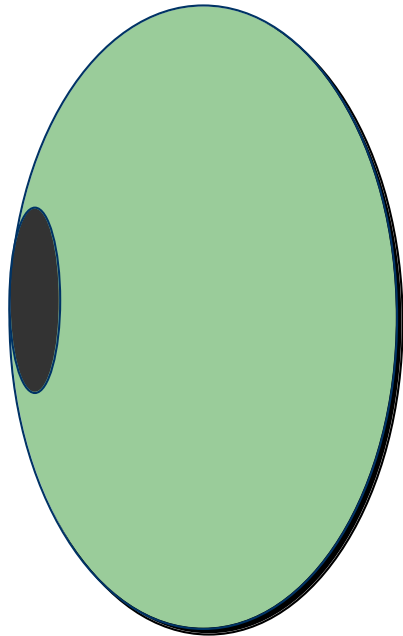
**Cataratta senile: principale indicazione chirurgica**

**oftalmologia, quando invalidante**

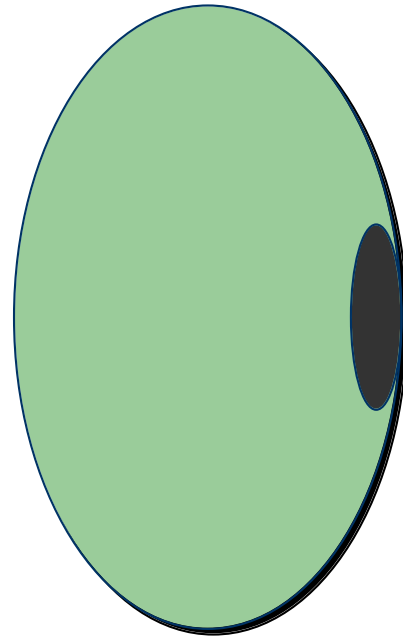
**Altre cause: poco frequenti**

**Paesi industrializzati: su base congenita**

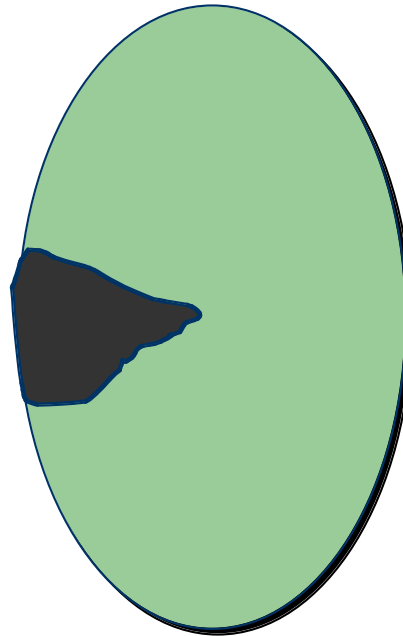
**Paesi in via di sviluppo: congenita; infezione materna  
rosolia, avitaminosi A. Prevenibile nel 40% dei  
(vaccinazioni; alimentazione)**



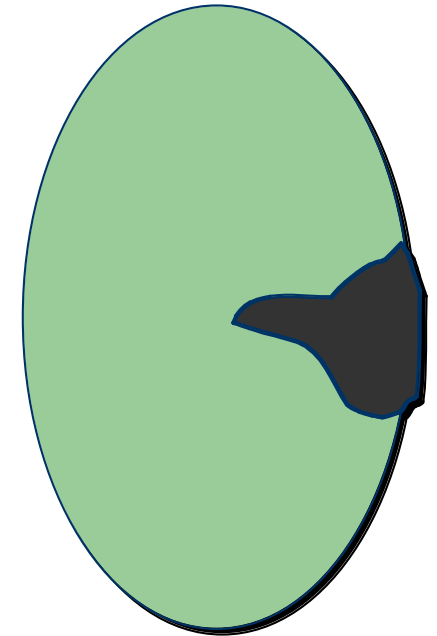
**POLARE ANT.**



**POLARE POST.**



**PIRAM. ANT.**



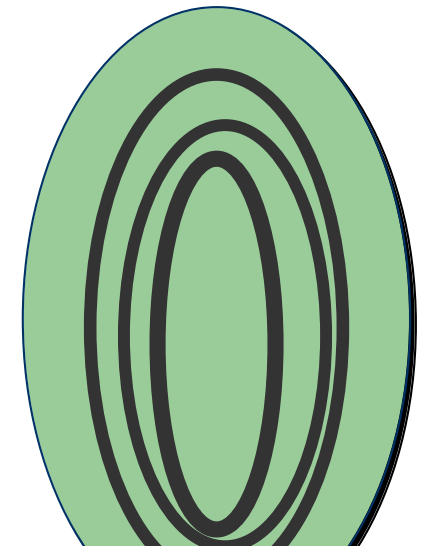
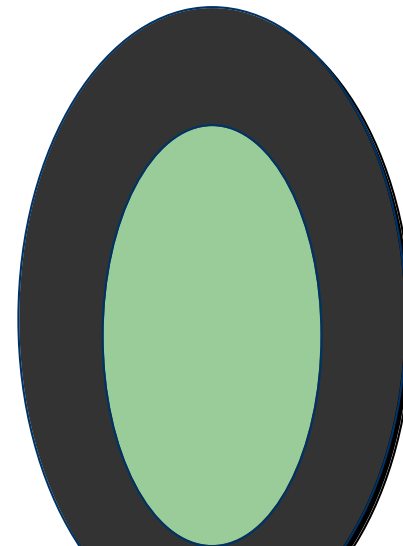
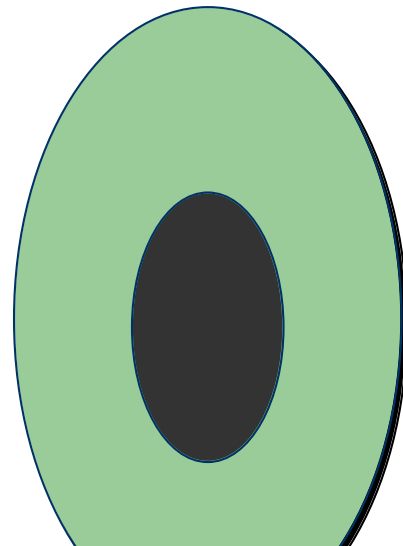
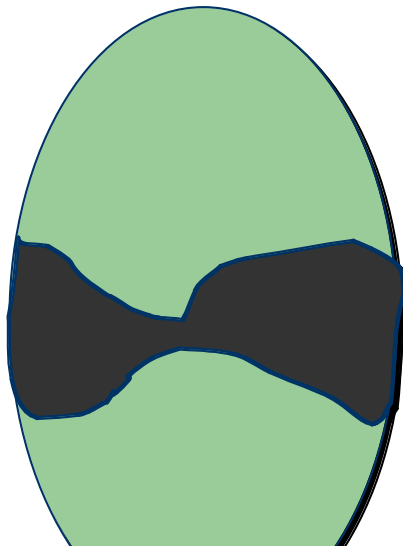
**PIRAM. POST.**

**FUSIFORME**

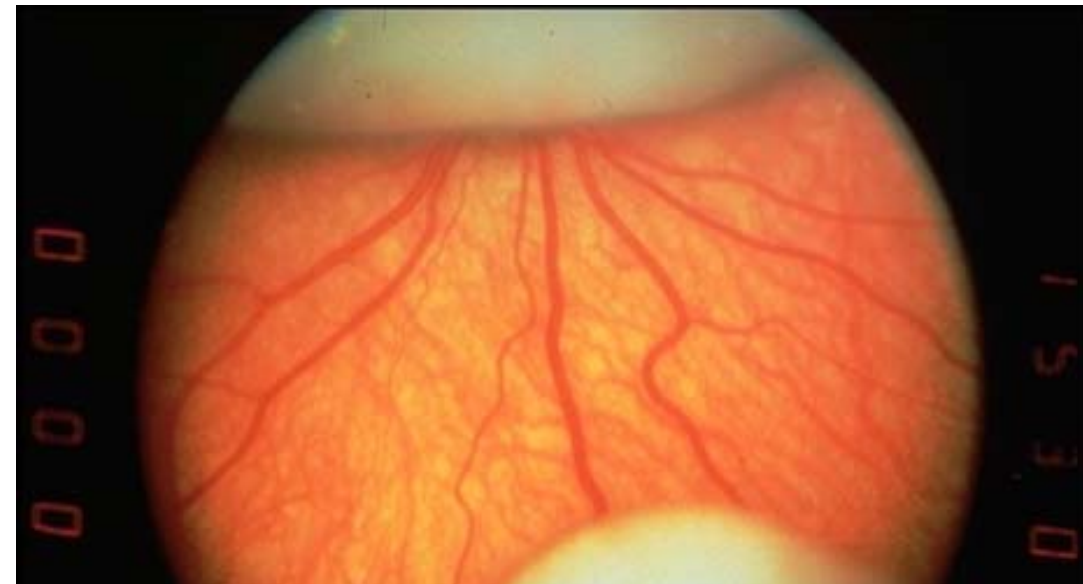
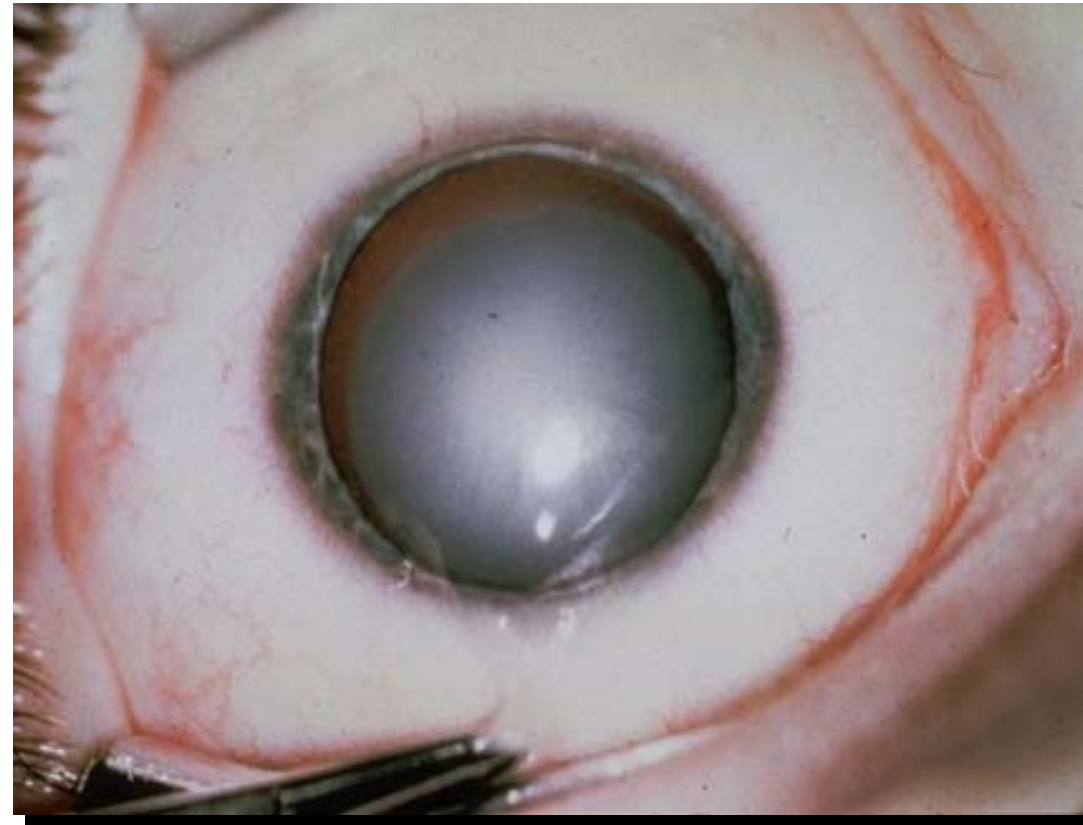
**NUCLEARE**

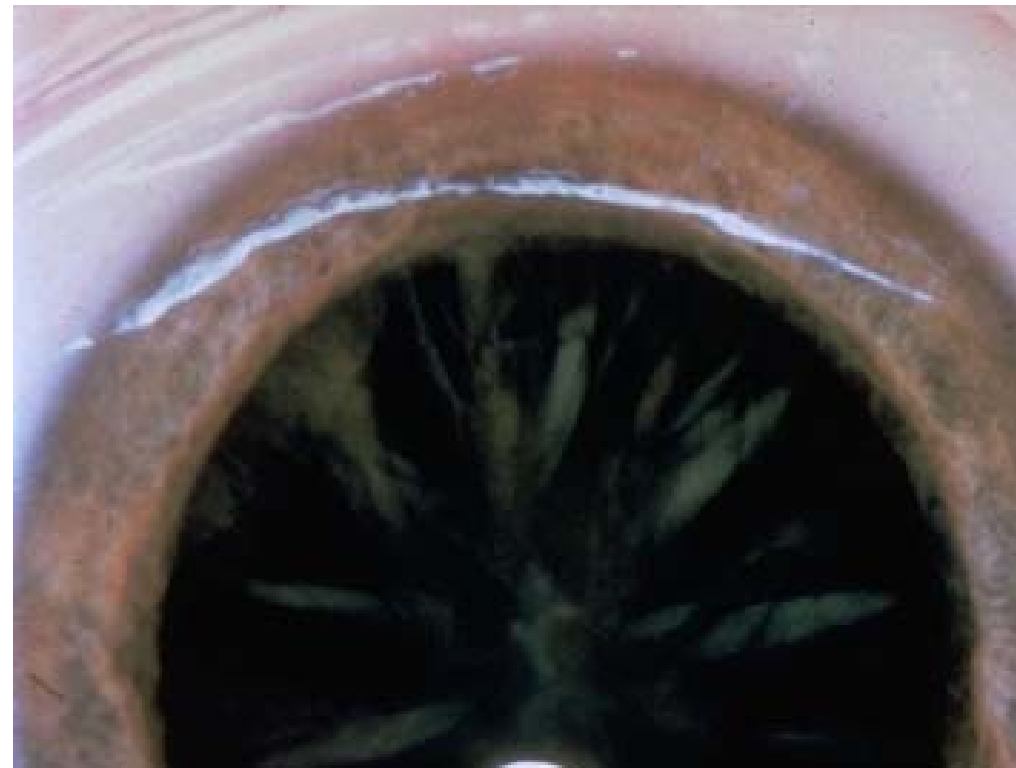
**CORTICALE**

**ZONULARE**



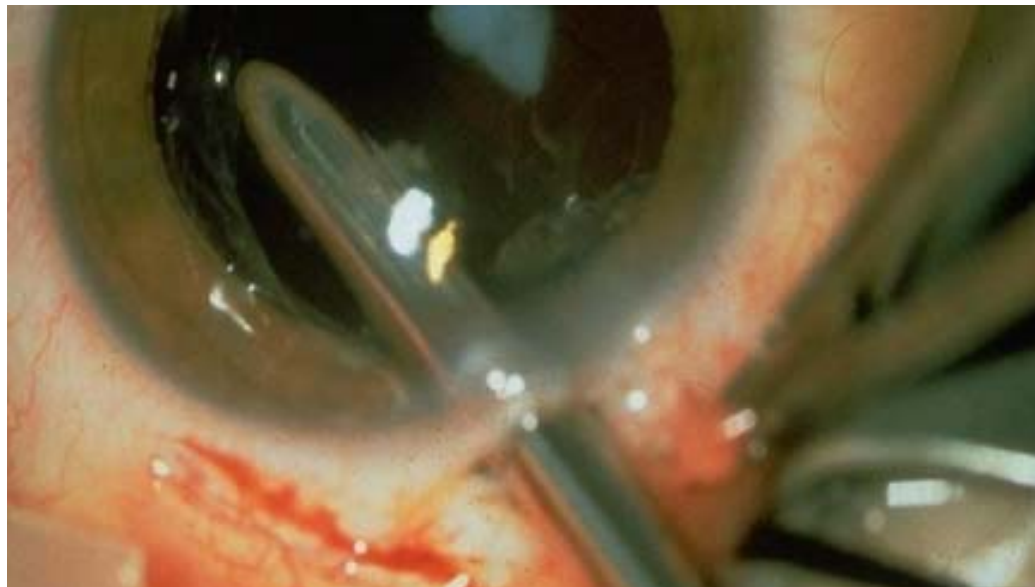






**Intervento precoce (entro 3 mesi di vita), quando ritenuto funzionalmente rilevante, per evitare l'ambliopia**

**Particolari problematiche chirurgiche, post-chirurgiche (caratteristiche della IOL, cataratta secondaria), riabilitative**



**Principali:**

**Corticale anteriore (65%)**

**Nucleare (25%)**

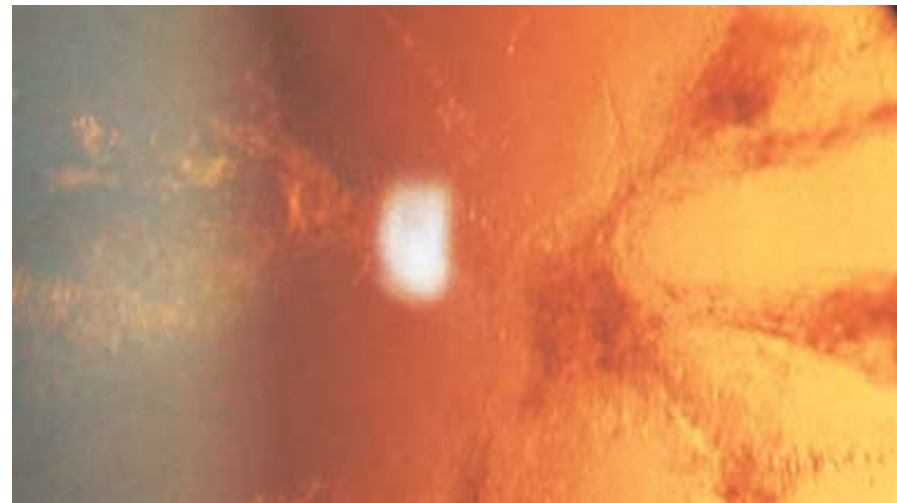
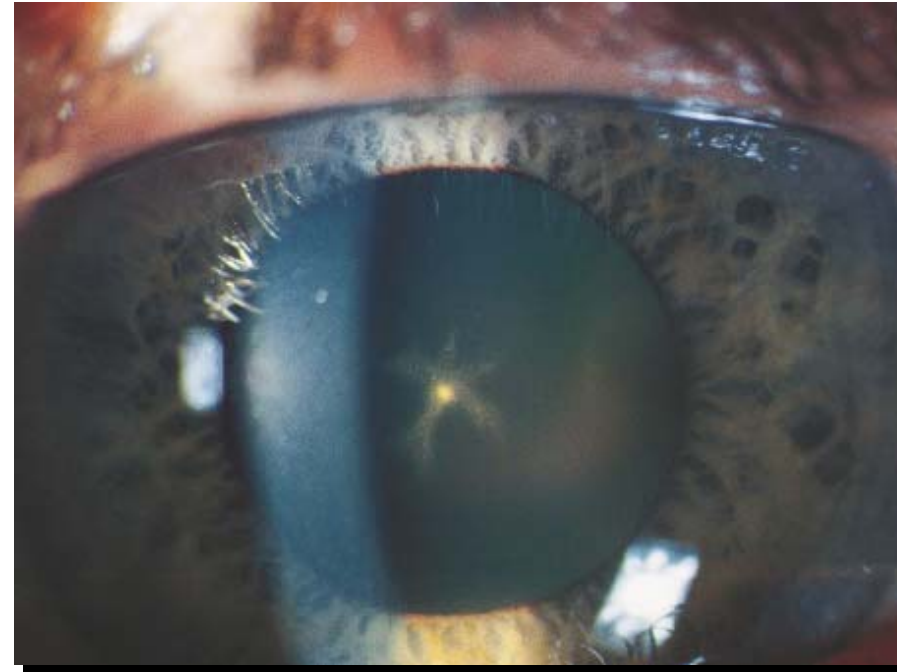
**Sotto-corticale posteriore (10%)**

**ntomatologia soggettiva:**

**Annebbiamento visivo**

**Diplopia monocolare**

**Abbagliamento (notturno)**

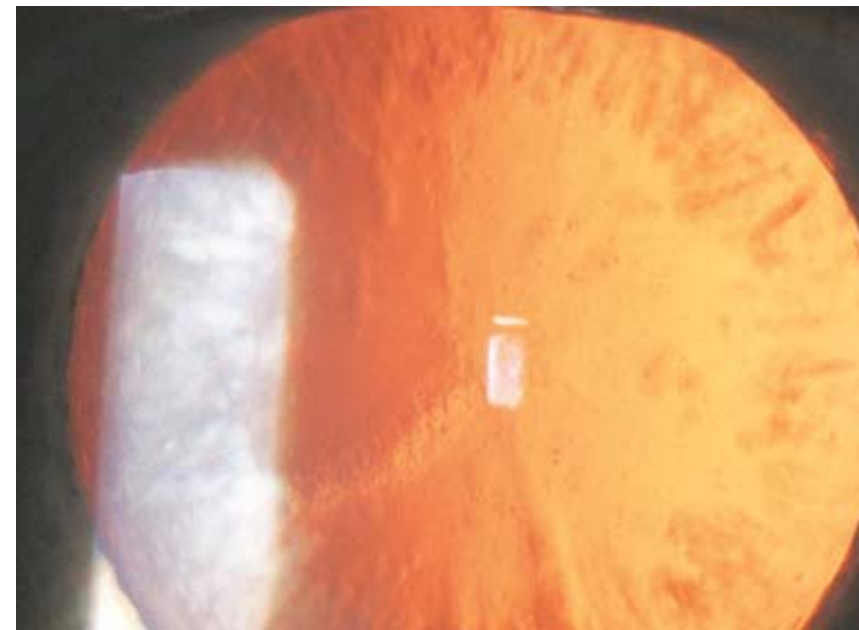
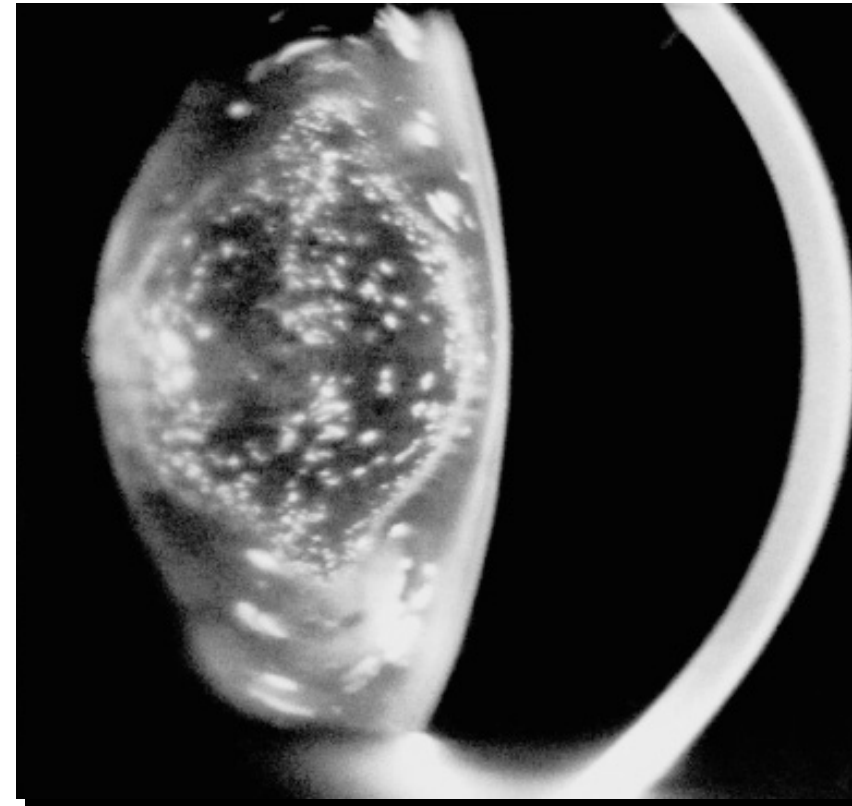


**Opacità della lente:**

**Deiesscenza delle suture**

**Vacuoli sottocapsulari**

**Opacità radiali-cuneo**

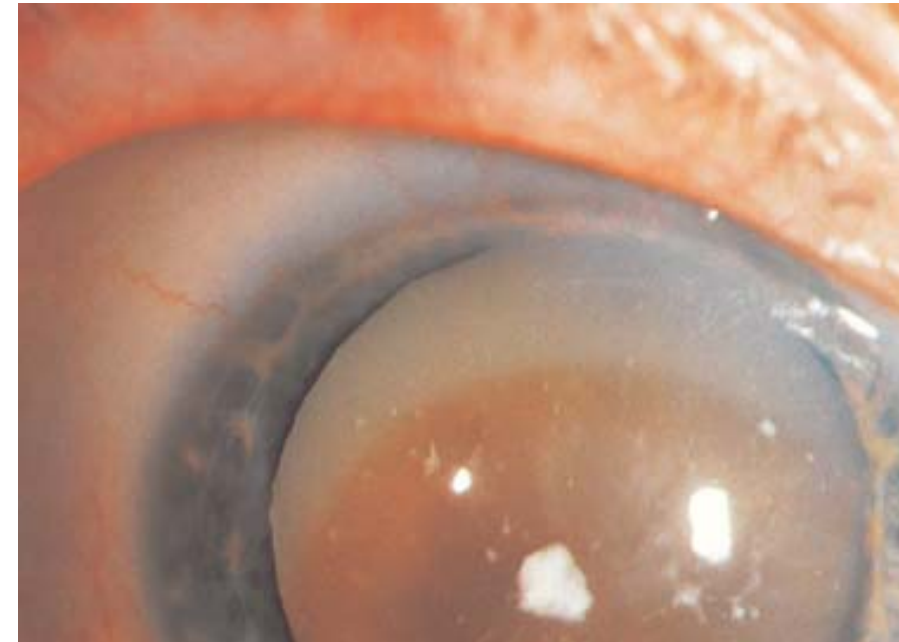
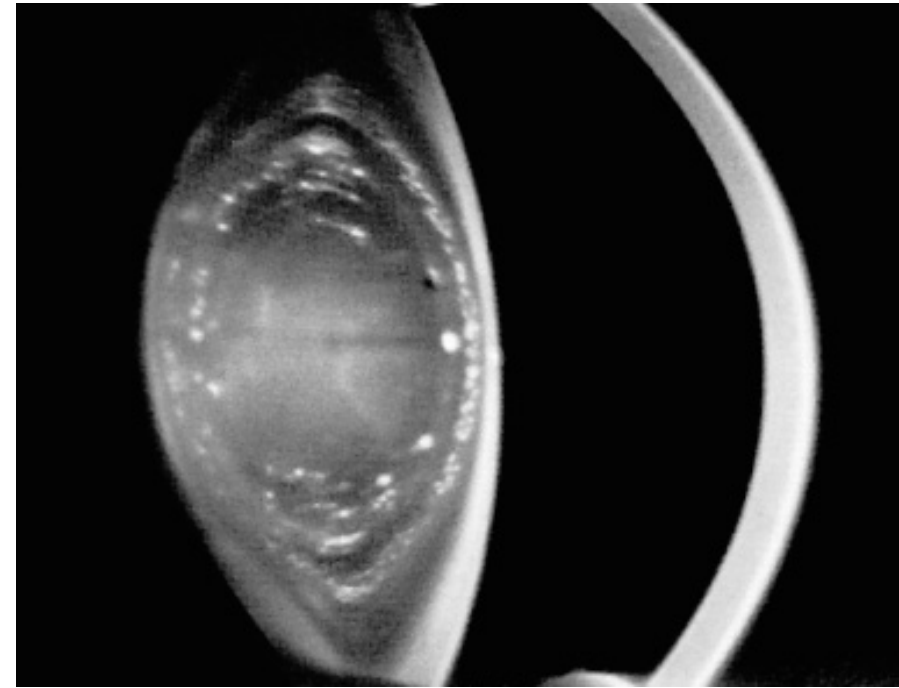


**Entomologia soggettiva:**

**Lento deterioramento visivo**

**Miopizzazione (miopia  
indice)**

**Abbecchiamento (diurno)**



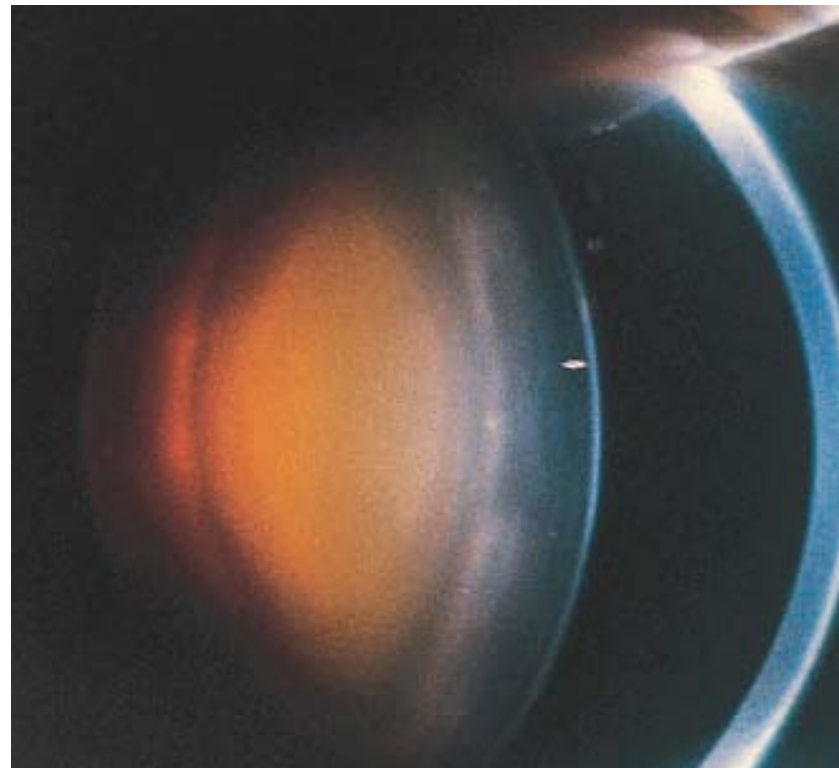
**Opacità della lente:**

**Sclerosi del nucleo evidente**

**La LAF**

**Opacità di colorito variabile**

**(giallo, giallo-marrone)**



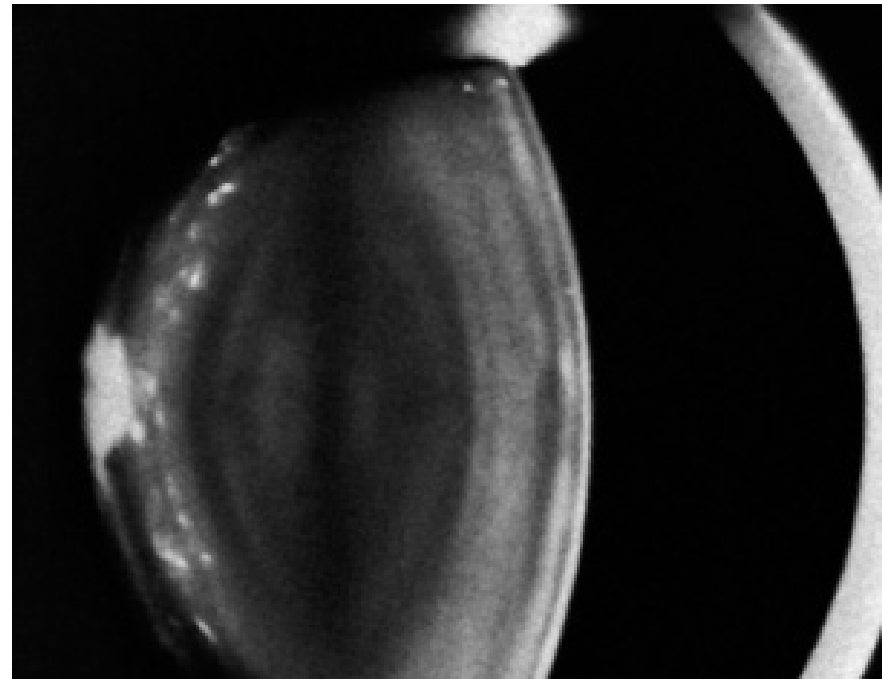
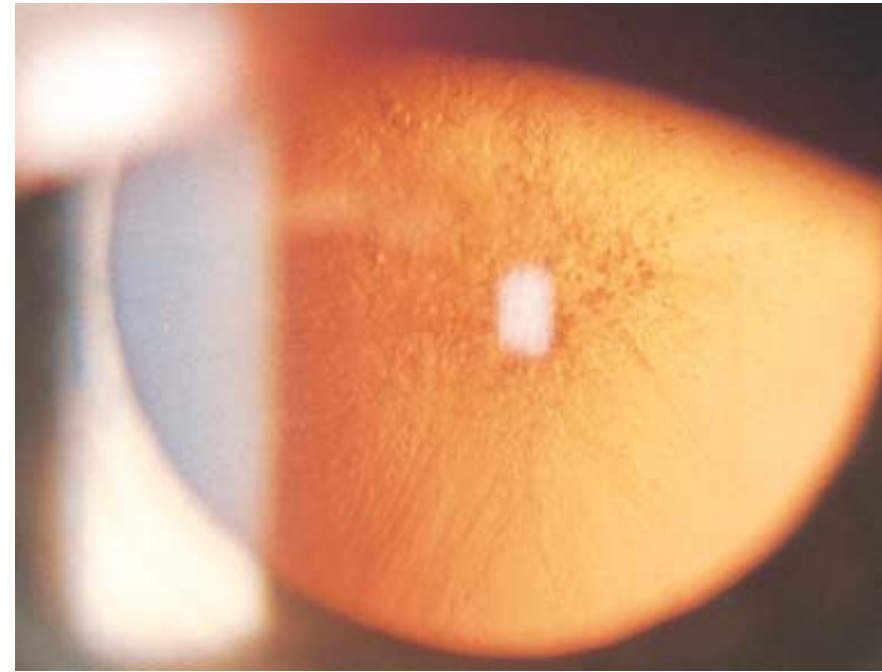


**ntomatologia soggettiva:**

**Rapido deterioramento visivo**

**Miopizzazione scarsa-assente**

**Abbagliamento (diurno)**

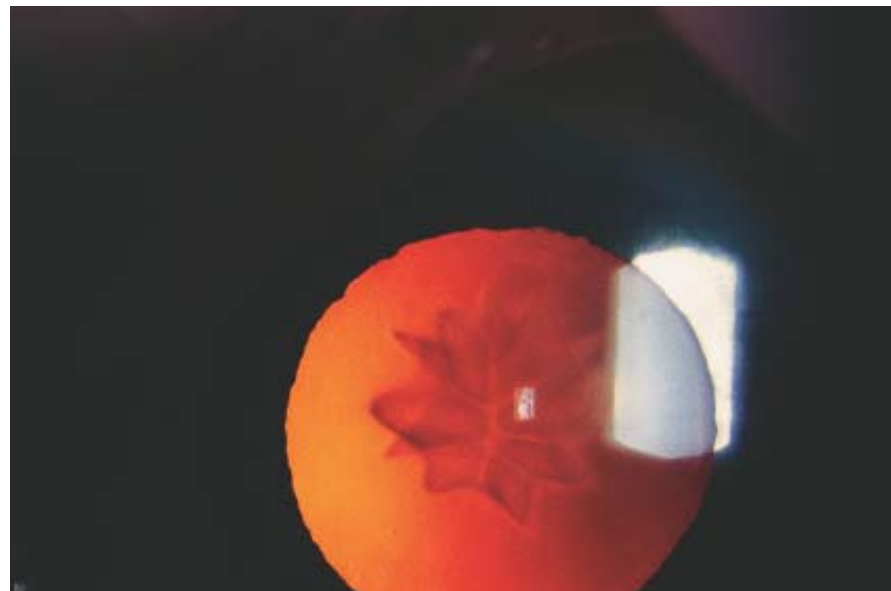
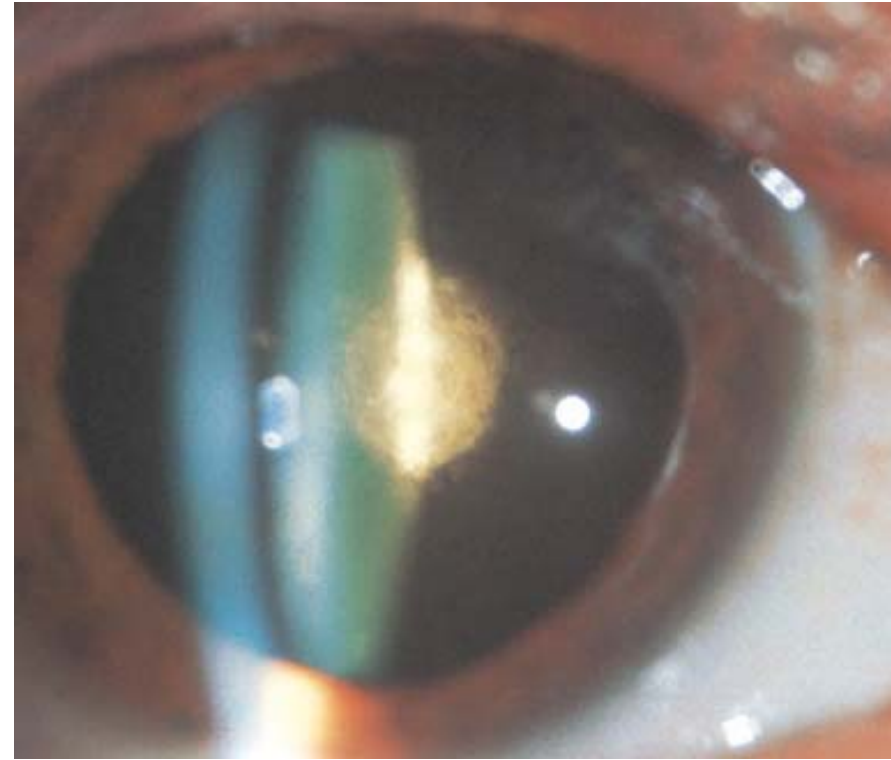


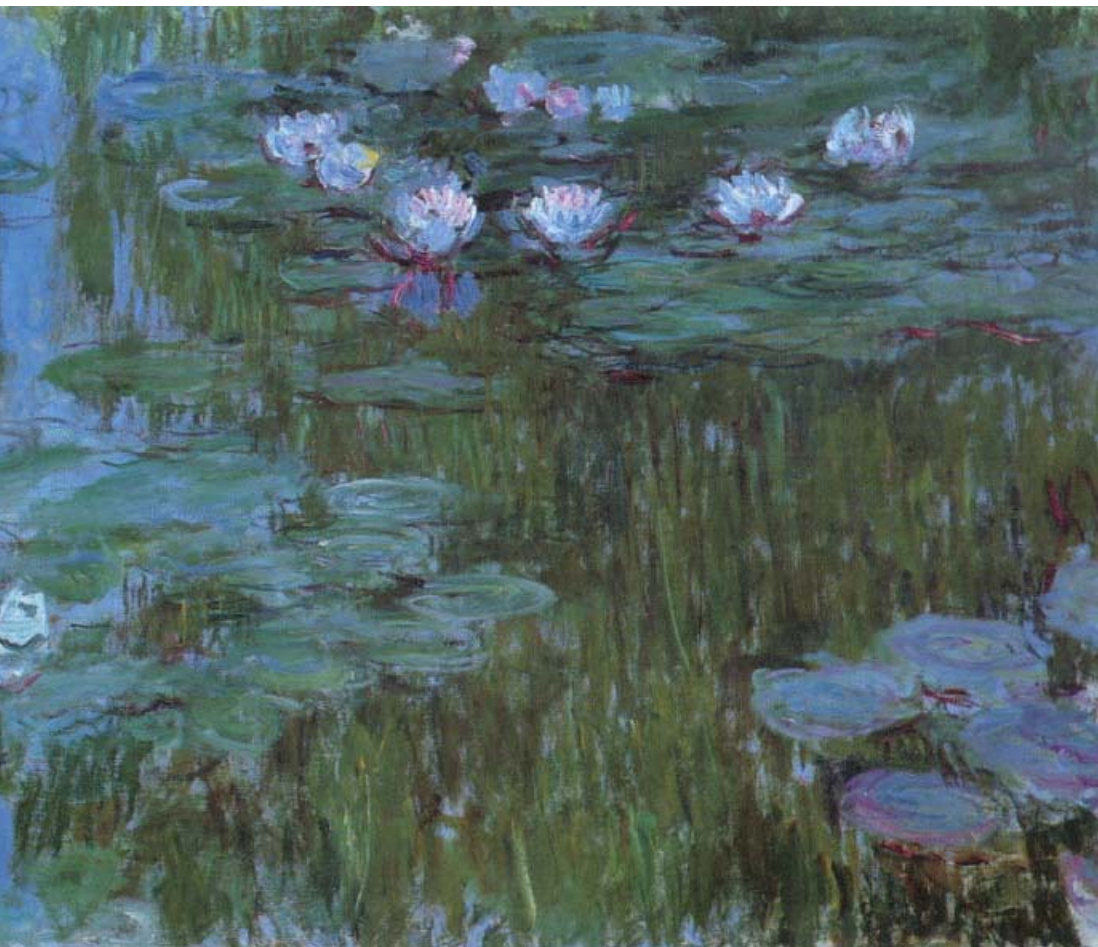
**Opacità delle lenti:**

**Aspetto caratteristico**

**Opacità bianca posteriore**

**Aspetto granuloso**





📌 **Studi cross-sectional: effetto protettivo per il rilievo di minor prevalenza di cataratta in soggetti con dieta più ricca di antiossidanti**

📌 **AREDS: nessun effetto della formulazione adottata sulla progressione della cataratta (OR 0.97) per la progressione di opacità gruppo trattato\* vs placebo**

## **Facoemulsificazione + IOL**

**tunnel corneale "self-sealing"**

**capsuloressi curvilinea continua**

**facoemulsificazione del nucleo**

**aspirazione delle masse corticali**

**impianto di IOL**

**Proliferazione fibro-epiteliale  
dall'equatore (perle di Elsching)**

**Frequente nei giovani**

**Costante nei bambini**

**Frequente se non si impianta IOL**

**Sintomatologia visiva come  
cataratta sotto-capsulare**

