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Diabetic retinopathy is a complication of diabetes that affects the eyes. This is caused by damage to the blood vessels of the retina, i.e. the nerve tissue in the back of the eye. In the initial phase diabetic retinopathy does not cause any symptoms, only some mild vision problems. On the contrary, in the final stage it can lead to complete loss of vision. Diabetic retinopathy can affect people with type 1 or type 2 diabetes and are usually bilateral. The effect of diabetes on neovascularization of the retina - diabetic retinopathy - © bigstockphoto.com the retina represents 1,000 light-sensitive cells located at the back of the eye that converts light into electrical signals. These signals are sent to the brain through the optic nerve and interpreted by the brain to produce the images you see. To work effectively, the retina needs constant blood supply, which it receives through a network of small blood vessels. Over time, consistently high blood sugar can lead to clogged blood vessels or bleeding. This damages the retina and prevents its proper functioning. In addition, there is a risk of fluid accumulation (swelling) in the macula (central part of the retina), which leads to a decrease in vision. The classification of diabetic retinopathy of The Non-Proliferation of Diabetic Retinopathy

Non-Proliferation of Diabetic Retinopathy is a premature stage of the disease. Retinopathy can cause eye disorders such as microaneurysms: small lumps in the blood vessels of the retina from which fluid often comes out. Retinal hemorrhage: small blood spots coming from the retina. Solid exuded: deposits of cholesterol and other fats poured into the retina of the blood. Macular swelling: swelling or thickening of the macula caused by the release of fluid from the blood vessels of the retina. If it is swollen, the macula does not work properly. Macular sedting is the most common cause of vision loss in diabetic patients. Macular ischemia: closing of small blood vessels (capillaries). The vision is blurred because the macula does not receive enough blood to function properly. Many people with diabetes have mild neuropathy, which usually does not affect their vision. However, if vision affects, the cause may be ischemia and macular swelling. Proliferative diabetic retinopathy Proliferative diabetic retinopathy is an evolution of non-proliferation of diabetic retinopathy. This occurs mainly when many blood vessels are closed in the retina, preventing sufficient blood flow. Trying to keep the blood supply in the area Vessels are closed, the body creates new blood vessels around the retina, a phenomenon known as neovascularization. However, these new vessels are abnormal, weak, often disturbed and do not provide sufficient blood flow to the retina. Proliferative diabetic retinopathy can lead to more severe vision loss than non-proliferation of diabetic retinopathy and affect central and peripheral vision. The causes of diabetic retinopathy and risk factors for the progression of retinopathy are associated with the severity and duration of hyperglycemia. If diabetes is diagnosed before the age of 30, the incidence of neuropathy after 10 years is 50% and rises to 90% after the age of 30. There is no glycemic index threshold that indicates whether and when diabetic retinopathy will occur. Hypertension and other cardiovascular risk factors can influence the onset and progression of retinopathy. Kidney diseases, such as proteinuria or high levels of urea/creatinine, are the best element in predicting the onset of retinopathy. Pregnancy can be associated with rapid progression of neuropathy, especially if the patient: she already has severe retinopathy She has little control over the glycemic index during conception, pregnancy or postpartum she has long-standing hypertension (chronic or because of pregnancy) The first stage - mild non-proliferation of retinopathy. At this first stage, small swollen areas such as balloons appear in the blood vessels of the retina. The second stage is moderate non-proliferation of retinopathy. With the progression of the disease, some blood vessels that nourish the retina are blocked. The third stage is the heavy non-proliferation of retinopathy. Many blood vessels are blocked and blood flow cannot reach several areas of the retina. These areas send signals to the body to create new blood vessels for nutrition. The fourth stage is proliferative retinopathy. At this advanced stage, the signals sent by the retina to obtain the necessary nutrient nutrition cause the growth of new abnormal and fragile blood vessels. This article contains general information that is not replaced by a medical examination, it cannot be used for diagnosis or treatment. Talk to your doctor before following the instructions on the site. Diabetic retinopathy is a situation that can occur when diabetes is not diagnosed or treated correctly. At the same time, there is a large amount of circulating glucose in the blood, which can damage the retina and cause changes blurred or stained vision. The classification of diabetic retinopathy Diabetic retinopathy can be classified into two different types: the non-proliferation of diabetic retinopathy: it is the least severe type of condition that has small lesions in the blood vessels of the eye; Proliferative diabetic retinopathy: it is the most serious type that causes the appearance of more fragile vessels in the eye, being able to break, causing blurred vision or even blindness. To avoid diabetic retinopathy it is important that diabetes treatment is carried out in accordance with the recommendations of the endocrinologist, being important also to have a healthy diet and practice physical activity on a regular basis, in addition to monitoring glucose levels throughout the day. The main symptomsIn mostly diabetic retinopathy does not cause signs or symptoms, usually diagnosed when blood vessels are most injured, may occur: Small black spots or lines in vision; Blurred vision; Dark spots on vision; difficulty focusing; difficulty identifying different colors. However, these symptoms are not always easy to identify before blindness occurs, so it is important that people with diabetes keep their sugar levels under control and go to their regular appointments with an ophthalmologist to assess their eye health. Treatment options availableThe treatment should always be targeted at the ophthalmologist, which usually varies depending on the severity and type of retinopathy of the person, in that in cases of non-proliferation of diabetic retinopathy the doctor may choose to monitor and evolve the condition without carrying out a certain type of specific treatment. In cases of proliferative diabetic retinopathy, surgery or laser treatment are usually needed to remove the blood vessels that form in the eye, it is designed to stop bleeding if present. However, a person should always follow proper diabetes treatment to prevent retinopathy from complications, even in cases of non-proliferation of retinopathy, and avoid the appearance of other complications such as diabetic foot and heart disorders. It is widely known that there are many diseases that can affect the retina in different ways, which is one of the structures of the eyeball. Retinopathy is also a way to affect the retina, only it cannot be classified as a single disease, and in this article you will find out why. What is retinopathy Although he said that a person may suffer from retinopathy, it is it's not really considered a disease. Retinopathy is a word that includes a set of diseases that directly affect the retina. So when it comes to retinopathy, it is defined as a word that covers all those diseases that affect the retina uneringly, thus being a fairly broad term. Since retinopathy is not a single disease, you cannot talk about common causes, symptoms or treatments, since every disease that can be classified as retinopathy has different characteristics, depending on how it affects the patient's retina. That is why, to learn more about the disease, it is necessary to specify each type of retinopathy. Since inflammation is only a small part of the causes for which the retina can be affected, retinopathy can be said to cover a large number of diseases because it contains all other causes that generate all kinds of diseases. This is why each retinopathy should be considered individually, as the characteristics of one may be completely different from those of the other, even if both are retinopathy. The retina is a membrane or tissue that is part of the structures located inside the eye, the main function of which is to take care of the reception of light waves that enter the eyeball and pass through other structures such as the lens and cornea. Thus, they are converted into nerve or electrical impulses, so the optic nerve I captured them and sent them to the brain, thereby completing the procedures necessary for the proper functioning of the senses of vision. Simply put, this tissue is extremely sensitive to light. Classification of retinopathy Various types of retinopathy can be classified into two main categories, which in turn have many divisions. The set of diseases that form retinopathy is quite wide, and has many edges. The two categories in which retinopathy can be classified roughly are: Central retinopathy This type of retinopathy usually occurs among people who are not as developed, i.e., between the ages of 20 and 40, although there may be cases of people over 40 years of age who have some of these diseases. they are known as central retinopathy because they all have in common that directly affect central vision. These include pigment dystrophy, pigment epithelial focal points, as well as photoreceptor or membrane changes Of all the diseases covering the above categories, it can be said that the most common or most likely for spread in the population are Stargardt's disease (pigment dystrophy), retinosis associated with the X chromosome and Best's disease. However, there are many other types of central retinopathy that can appear perfectly in any type of person. Peripheral retinopathy is known by this name because they affect peripheral vision, or also known as lateral vision, of a person with the disease. The onset of classified disease in peripheral retinopathy subcategory is often much more common than in central retinopathy, so much more information about this type of retinopathy can be found. Thus, subcategories that include different types of peripheral retinopathy are: progressive birth defects, inpatient birth defects, vascular changes, infectious retinopathy, toxic retinopathy and retinal detachment. Of all these categories, the most well-known diseases of peripheral retinopathy are diabetic retinopathy, central seousal coryoretopathy and congenital leber-amaurosis. However, there are many other diseases within this classification, with a great variety found. Diabetic retinopathy Is well known when a person suffering from diabetes becomes increasingly likely to contract a number of diseases, due to the condition to which they are exposed to the disease. Some of the conditions that are most at risk are the result of diabetes glaucoma and cataracts to name two of them. Similarly, people with diabetes are also exposed to new diseases that do not affect people without diabetes, including diabetic retinopathy. It is one of the most common eye or eye diseases among diabetics, which occurs when changes occur in the blood vessels that are in the patient's retina, either because there is blood flow or because the vessels are blocked. So if left untreated it can lead to various complications, so ideally treat it in what is detected. This disease is usually bilateral retinopathy, that is, in most cases it affects both eyes, however exceptions can be observed in which a person suffers only from diabetic retinopathy in one of the eyes. A person who suffers from diabetes is often at increased risk of developing diabetes once they have had diabetes for more than 20 years, so at this time they should double their care because of retinopathy it is even one of the most common causes of blindness among diabetics over the age of 20, so it is not a disease that will be taken lightly. The causes of diabetes are obviously the first cause, whether it is type 1 or type 2, since it is the first condition for a person to be at risk of diabetic retinopathy. For this reason, it is important that a person with diabetes takes care of his condition fairly strictly, since neglect is something that usually causes complications in the form of diseases such as diabetic retinopathy. Thus, the main cause of this disease is an increase in levels intraocular pressure, thus causing serious, and in some cases permanent, damage to the optic nerve. Once a person reaches this stage of diabetic retinopathy, the damage he can cause to vision becomes much more serious and even permanent, so care must be taken to save the patient's vision to the extent possible. Symptoms in the early stages of the disease, the person has no symptoms, making it almost impossible to detect or diagnose it from the beginning. However, as it progresses and becomes more serious, it begins to present a number of symptoms, including: The appearance of spots around the entire vision, the shape of which resembles floating strands or cobwebs. The distortion of the vision becomes blurred. Periods of time with blurred vision and periods with clear vision. Improving night vision. Changing color vision; lose their luminosity or clarity. Small or large dark areas appear in the field of view. Total blindness, i.e. vision loss. Diagnosis After a person has any of the above symptoms, they should immediately contact an ophthalmologist or a specialist. A full eye examination, which includes several stages, is necessary to determine whether a person has this disease. The first thing he performs is a visual acuity test for which he uses the Snellen table, also known as an optometrist table, which allows the doctor to check how well a person's vision works, both close and far away. An extended student exam must then be conducted for which the health care provider uses the drops that perform the task. With this test, your doctor can observe your retina in more detail and carefully to detect abnormalities or retinal damage. To do this, he uses a slit lamp, which allows you to approach close enough and explore in depth. The test is painless and usually lasts a few minutes, but the vision remains

blurred for a longer period of time. After the visual acuity test and the examination with the enlargement of the pupil, a tonometry is carried out, with which the doctor can measure the level or value of the intraocular pressure of the eye. This is done with a tonometer, which is a specialized non-invasive tool for this test. If your doctor deems it appropriate, you can place a few drops to numb your eyes before performing this test, however, in most cases, this is not necessary. Usually with the three tests mentioned above, it is usually enough to diagnose effectively and quickly if a person suffers from diabetic retinopathy or if he or she suffers from any other disease. However, if the doctor deems it necessary, he or she may also request fluorescent angiography, where the doctor has the ability to detect the presence of macular edema, so prescribe appropriate treatment for the patient. In some cases, optical co-graphy is also needed, which is performed using a non-invasive laser technique that receives high-definition retina images, which helps the health care provider determine the severity of the condition in which the retina is located, as well as the detection of the presence of abnormal agents such as cones or macular swellings, and how advanced and harmful they are. When a person reaches the stage where he or she has a vitreous hemorrhage, it is highly likely that the ophthalmologist will also request an ultrasound that allows him to see through the blood in the retina state, since blood flow prevents this by simply examining the eyes. With the help of ultrasound, the doctor can determine whether the retina is detached or not, start the most appropriate procedure from this diagnosis, and if necessary apply eye surgery. Treatment of diabetic retinopathy is curable when in its early stages. However, due to how difficult it is to perform early detection of the disease, it is usually before it is diagnosed it usually progresses to stages where the disease is no longer curable and only the progress of the disease can be stopped. If treatment is not used, diabetic retinopathy will simply continue to progress through different stages until complete loss of human vision is generated. Because of this, the various treatments that exist to treat this disease are quite strong and require their strict adherence to be effective. These treatments include: Laser surgery This treatment is usually used when a person is already in the most advanced stage of the disease, i.e. in proliferative retinopathy. This procedure is usually outpatient, i.e. performed in the ophthalmologist's office, and despite the simplicity, its results are usually quite effective and positive for the patient. Local anesthesia first placed in the eye area to be tapped, either drops or injections, and once the eye is fully anaesthetized, the person is placed under a slit lamp and placed with a contact lens that allows laser beams to be directed directly to the retina without any abnormalities. The main function of this treatment is to reduce macular inflammation and form new blood vessels in order to prevent permanent loss of vision. In addition to contracting new blood vessels, it also prevents them from continuing to form in the future. In addition, it helps to prevent the appearance of vitreous hemorrhage or retinal detachment in this patient. Despite the fairly effective treatment, it does not treat diabetic retinopathy in its entirety, so in many cases it is necessary to perform more than one laser intervention. Vitrectomy This procedure is usually a little more complex than laser surgery, however it can also be performed on an outpatient basis if deemed appropriate. That is, it can be carried out in both the operating room and the outpatient operating center, and it can be said whether to place local and general anesthesia, everything will depend on the specific case of each patient. The main purpose for which this operation is performed is to remove bleeding or scar tissue that accompanies the blood vessels that form new ones in the eye. To do this, the doctor uses a microscope and several surgical tools that allow him to extract everything necessary without further complications, maintaining hygiene and working effectively. Once the blood and tissues have been removed, the retina again reaches the rays of light that enter the eyeball unhindered. By performing a vitrectomy, the retina can return to normal if it has changed places or deformed, and also prevents further vitreous bleeding, as it removes abnormal and fragile blood vessels that produce it. It is very common that laser surgery is also performed during a vitrectomy to complete treatment and reduce the risk of recurrence in this state of severity of the disease. Once the intervention is complete, your doctor usually places a gas or oil bubble in the patient's retina, or rather in the vitreous area, to help it heal faster and keep the retina in place during healing time. During this time, it is important not to perform sudden movements and keep your head in the positions specified by the doctor, so as not to interfere with healing. Injection drugs This treatment in itself usually does not cause any effect, which is used to strengthen the treatment mentioned above. The drugs usually consist of steroids or chemicals against the vascular endothelial growth factor, which stimulates the formation of new blood vessels that are harmful to the retina and the eyeball in general. To administer these medications first, local anesthesia must be placed in the eye and the pupil is dilated. Once this is done, the drug is carefully injected directly into the vitreous vitreous case, which almost immediately helps to reduce inflammation, blood leakage and the growth of unwanted blood vessels. This treatment can only be used once or for a long period of time, by your doctor. Hypertensive retinopathy of Hypertensive retinopathy is another type of retinopathy, which is defined as a disease that causes retinal degeneration due to problems with intraocular pressure, i.e. a person suffers from eye hypertension. The cause of this disease is thus, as the name suggests, the presence of high blood pressure, that is, this type of retinopathy only affects people suffering from high blood and/or eye pressure. Another way to identify this disease may be one that covers all the harmful changes that occur in the eyes of a person who suffers from high blood pressure. This not only includes the retina, but can also affect blood vessels, choroids, and the optic nerve, depending on how far the disease has progressed and how severe the condition you are in. Some of them are still in force and are used in parallel, as each has different classification criteria. Therefore, each doctor can use the system that he considers the most beneficial or easy to handle, and in the same way can be classified in case of hypertensive retinopathy in several systems, according to the characteristics he represents. The classification of the American Society of Ophthalmology Although this classification has been most widely used for a long time, today it represents a disadvantage compared to other systems because it is already outdated, in the sense that it has too limited clinical use, the gradation of arteriolar contraction it uses is not practical at all and for its completion depends on arterial spasm, which has no scientific basis until now. However, in some cases it is used, and Hypertensive retinopathy in the following categories, according to various types of high blood pressure: Retinopathy chronic hypertension Acute hypertension retinopathy, also known as angioplasty retinopathy. Acute hypertension in glomerulonephritis. Chronic progressive hypertension in glomerulonephritis. Terminal malignant hypertension in glomerulonephritis. Malignant terminal hypertension. The classification of Sanchez Salorio This classification today is slightly more accepted than mentioned above, and is based on several criteria: first it recognizes the effect of atherosclerosis due to old age, as well as the side effects of hypertension, and determines the effect of acute and chronic hypertension on the vascular structure, relatively protected from sclerotic changes in antiquity. Thus, within this system are the following classifications: sclero-hypertensive vascular syndrome: it occurs in senescent adults with benign high blood pressure, and is characterized by signs of arteriovenous crossover, changes in vascular reflex, various retinal aneurysms, reduction of arterial caliber and discomfort in the vascular trajectory. Sclero-hypertensive retinopathy: occurs when a person suffers from maintained high blood pressure, i.e. their intraocular pressure is always high. Some of its characteristics are venous thrombosis, retinal atrophy and pigment mobilization, macroaneurysoma papillae, the presence of fibrosis that clogs the arteries, the appearance of unexploded hemorrhage, heart attacks, among others. Hypertensive vascular syndrome: occurs with systolic blood pressure and diastolic blood pressure increase in parallel very intensively and quickly. It is recognized by the presence of narrowed and straight arteries, winding veins and parenchyma retina is considered normal. Hypertensive retinopathy: this is when only diastolic blood pressure rises quite intensely and suddenly. Some of its characteristics are the presence of microaneurysms, signs of crossover, narrowing of blood vessels, retina hemorrhage, exuded, among many others. The Whale-Wagener-Baker Classification is currently the most widely used and accepted worldwide because it is considered the most comprehensive disease classification system. However, it has some drawbacks because it does not make an adequate distinction between hypertension and the atheriosclerotic component and vascular changes, it does not recognize the differences caused by atherosclerosis due to age and separation between degrees (the system uses classification does not follow a specific and delimit scheme. Thus, the degrees or stages in which it is classified under this system are as follows: Normal degree: it is a person who does not represent the disease, that is, has no symptoms or changes. Grade I: The only thing the patient has is a narrowing of the arterial vessels. Grade II: Symptoms you have meandering artery contractions, an increase in glowing reflections and veins that are distinguished by arteriovenous crosses. Grade III: has sclerosis and winding arteries, exuded in the retina, an increase in glowing reflexes, stretched veins and bleeding. Grade IV: At this stage, perivascular swelling, spasms, blurred arteries and stretched veins, bleeding and papilledema develop. In this classification stages are progressive, so that a person who is in Class I and does not receive the right treatment can achieve class IV quite easily, here lies the importance of good diagnosis and treatment. Other classifications As mentioned, there is a wide range of classifications for hypertensive retinopathy, which for one reason or another are not so widely used today. However, they are still of paramount importance to the history and development of the disease, and help to understand it more deeply. Some of these classifications are Leishman and Kogan. The difference has also been made of hypertensive retinopathy depending on the time it lasts in acute hypertensive retinopathy and chronic retinopathy, which is also a classification used but has a disadvantage of being rather vague in other ways. Symptoms In many cases the disease presents without symptoms at the earliest stages, so it becomes extremely difficult to detect it. However, once the disease starts to progress, if a number of symptoms begin to appear, that alert the person to the failure of the eye area, and requires that you immediately see a doctor to be checked and diagnosed as soon as possible. These symptoms and signs that may occur throughout the development of the disease include: blurred vision. Reduced visual acuity. Hemorrhoids in the retina. Spots on view. Microaneurysms and macroaneurysms. Narrowing of the blood vessels. Narrowing of the arteries. Anomalies in arteriovenous crosses. Eden in the pine. Macular star. Exudates. Retinal ischemia. Many of these symptoms cannot be detected by the naked eye, so it becomes necessary to make a diagnosis that allows through certain tests to determine if a person suffers from hypertensive retinopathy and that is so the disease has been detected, that is, that it has progressed so far in stages in order to prescribe the most appropriate treatment. Diagnosis is the most effective way to make a complete and rapid diagnosis of hypertensive retinopathy through eye background study, which is an examination that involves performing analysis of the retina and blood vessels using an ophthalmoscope. This procedure is performed quickly and painlessly, and the person does not need any emergency training before undergoing this test. Optical cohesive tomography can also be used to visualize a patient's progress by taking images from time to time that allow the doctor to assess the evolution of the disease and take additional steps to stop his progress if necessary. In some cases, doctors are also asking fluorescein angiography to help diagnose any other conditions associated with this retinopathy of the eye. In addition, this test is also very useful for determining how advanced the disease is when the doctor failed to make this diagnosis by examining the background of the eye. Treatment There is no treatment per se to treat hypertension retinopathy. The only way to control this is to regulate high blood pressure and eye hypertension, i.e. it should be periodically checked and checked to prevent it from being alarmed. Thus, both the appearance of hypertensive retinopathy and its aggravation are also controlled as soon as the person suffers from the disease. Blood pressure control can be done with a number of drugs, including nitroglycerin, nitroazotate, calcium antagonists, beta blockers, enzyme inhibitors that convert angiotensin, among others. However you have to be very careful with these medications because of their side effects and they may not be self-administered, but you should expect a doctor's order to take it in prescription doses. Prognosis Of the disease after treatment is usually positive. A person once they manage high blood pressure restores his normal vision and is not heavily affected by the effects that can lead to illness. Similarly, there are very rare cases where hypertensive retinopathy causes blindness or total vision loss, so the chances or risks of this happening are quite low. However, if the person is not diagnosed at an early stage and allows the disease to progress into retinopathy chronically, the chances of losing sight finally increase significantly. According to statistics, once a person with Grade III hypertensive retinopathy reduces their chances of survival to 65%, and in the fourth grade you have only 21%. This is why it is so important to diagnose the disease at an early stage and treat it as soon as possible. Central retinopathy of sjos is also known as central serous choroidopathy or central serous coriorretinopathy. This disease involves the accumulation of fluid in the lower part of the retina because the failure of retinal epithelial pigment occurs and is not in its functions, allowing the choroid to allow the fluid to escape from the blood vessels, causing vision problems. It is usually one-sided retinopathy, i.e. it affects one eye, and usually also causes a small part of the retina to detach, which only aggravates the situation. It usually affects people between the ages of 20 and 40, and statistics show that men have a higher risk of developing the disease than women. Until now, the reasons why epithelial retinal pigment may have setbacks are unknown, however stress is considered a risk factor for this disease as well as the development of a violent personality. Similarly, complications that can lead to the use of steroid drugs have also been shown to develop this disease. Symptoms of this disease usually has symptoms from the beginning of its development, so it is usually much easier to detect than the retinopathy mentioned above. Their symptoms are small and jarring, and they are: Distortion in the central vision. The presence of a blind and blurred spot in the center of vision. Distortion of straight lines that are visualized with the affected eye. Distortion of the distance and size seen in objects. For example, it is believed that the neighboring object is much farther and vice versa. Diagnosis Even when symptoms occur both the patient and the health care provider may suspect the presence of central retinopathy. However, to confirm the diagnosis, it is necessary to conduct a number of tests that will visualize the state of the eye, or rather, the retina. The first thing to do is a full eye examination, and especially the enlargement of the pupil, since this part of the procedure is one that will allow the doctor to examine the retina in detail and confirm whether he has the disease or not, and how advanced it is To do this, you can also use an ophthalmoscope or a slit lamp, which allows you to conduct the examination more comfortably and accurately. Once the eye exam has been performed, if the doctor still has doubts or wants to confirm the diagnosis, it is very probable that you ask for fluorescein angiography or optical coherent tomography, since both tests offer detailed images of the entire eye area in high definition (the difference is in the procedure they use), allowing you to clear any doubts about the condition in which the eye area is located. Treatment First of all you always choose not to prescribe any treatment, as central retinopathy usually disappears after one or two months spontaneously, without causing side effects. During this time, the ophthalmologist must observe strict monitoring and check the patient to observe and analyze the evolution of the disease, and determine whether the treatment is ever aggravated or necessary. When more than two or three months have passed and a person has no signs of improvement, but on the contrary the disease gradually worsens, just when it is decided to apply some treatment to stop its course. Laser beam treatments or photodynamic therapies are usually applied, as they are usually most effective at stopping fluid from leaking from blood vessels. In addition to sealing the leak, it also helps the mink repair take much faster. The vast majority of cases in people with the disease have favorable results in terms of treatment. Central retinopathy usually does not lead to further complications, and as mentioned above, it is very highly likely that it will heal on its own without any treatment. Even when the disease gets a little worse and the doctor resorts to applying some treatment, the person usually treats satisfactoria disease, without any side effects. They even regain all their vision, and although in some cases it is usually not as good as it was before the disease, it is not a further complication. Preterm retinopathy Premature retinopathy is a disease that occurs in newborn babies because they develop abnormally in blood vessels, and this occurs when a baby is born prematurely and its organs do not develop properly. The child is at an increased risk of developing this disease the more prematurely he or she is born, so care needs to be done and continuous examinations should be done for all newborns born before the set time. Therefore, children born before 31 weeks or weighing less than 1,250 grams are the ones most at risk of infecting it. The main cause of the development of this disease is incomplete development of the blood vessels of the child, the result of preterm birth. Because of this, the blood vessels are not in the right conditions to start functioning properly, and in their state of fragility they are torn and cause retinal bleeding. As for any signs or symptoms the disease may have, they do not exist. The only way this disease can be detected is through a full eye examination, so it is essential that all necessary tests be performed prematurely during the birth of the baby to rule out any type of disease, including premature retinopathy. Diagnosis After a baby is born prematurely, it should be considered as soon as possible by an ophthalmologist, so that he or she can determine whether his or her preterm birth actually caused retinopathy to occur. In some cases, the disease cannot be diagnosed immediately after birth, so it is necessary to maintain a constant review during the first 6 weeks of birth to confirm that the baby is in excellent condition. If preterm retinopathy is effectively diagnosed, it is necessary to maintain strict control with the ophthalmologist to monitor the course of the disease, as well as to determine whether treatment will be necessary. Treatment In some cases, no treatment is required because premature retinopathy can go away on its own. However, when this does not happen, your doctor should determine which treatment will be best suited for the treatment of this particular case. The most commonly used treatments for retinopathy control are laser treatment, cryotherapy or injection of drugs into the eye, and all three prove to be very effective in combating abnormal growth of blood vessels and preventing uncontrolled blood flow. The fact that a child suffers from this disease means that it increases the risk of suffering from other eye diseases such as glaucoma, myopia, hyperopia, among many others. Other retinopathy Besides the retinopathy already mentioned, there are many other types that are generated due to several reasons. Among them, some of which we may mention are: Sklopetal retinopathy is also known as slopetary coriorretinopathy, as it affects not only the retina, but also the This is the one that occurs because the eye area suffered from some severe injuries, that is, the patient was the victim of a serious blow to the eyeball, resulting in the generation of this type of retinopathy. Because of the injury, scars are generated in the retina, pigment and choroid, resulting in pigments accumulating in the choroid, resulting in the choroid vessels increasing significantly in size, bringing with it problems for the victim's eyes. Circinated retinopathy When it comes to circinated retinopathy, the disease in which the patient generates the accumulation of lipid-ed depene in the retina, which are characterized by a yellowish color, which leads to the deterioration of the retina and, therefore, prevents its proper functioning. This usually extends mainly to the surrounding macula, but can also cover other areas of the retina. This disease is seen in most cases in older females, although men can also develop the disease perfectly. Cytomegalovirus is a fairly common virus that transmits a large number of diseases, some of which can be quite serious and even fatal, such as HIV. A person who has this virus incubated in his body may or may not suffer from various diseases, including retinopathy. However, there are ways to treat this virus, which allows it to be passive only in the human body, without creating any side effects. Cancer-associated retinopathy This type of retinopathy, as the name suggests, occurs when a person suffers from some type of cancer and it metastasizes to such an extent that a person's vision is affected. While anyone with cancer is at risk of this classification of retinopathy, it is more likely to occur in people whose cancer has developed around the eyeball, i.e. they are at increased risk when a malignant tumor is located in the area adjacent to the eyeball, or in the center of the eyeball, such as retinostomy. Just as these different types of retinopathy have already been mentioned, there are many others that develop for a wide range of reasons. Among some other classifications for retinopathy are Purtscher retinopathy, chloroquine retinopathy, lupus retinopathy, retinopathy, retinopathy, retinopathy, nephrotic retinopathy, among many others. Because of the large number of types of retinopathy that exist, everyone may be in danger of suffering from one type or another, so it is necessary to have sumo With the eye area, it should be noted, is one of the most sensitive throughout the body, and keep medical examinations up to date and constant, so that, in the case of any type of disease, it can be detected on time and does not progress to more serious stages that can cause irreversible damage to vision. (visited 979 times, 1 visit today today) retinopatía diabética clasificación pdf. retinopatía diabética clasificación internacional. retinopatía diabética clasificación etdrs. retinopatía diabética clasificación gpc. retinopatía diabética clasificación ada. retinopatía diabética clasificación 2017. retinopatía diabética clasificación etdrs pdf. clasificación de retinopatía diabética

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