

# Doença de Coats: Diferentes apresentações

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# Doença de Coats

- ❖ Telangiectasias retinianas idiopáticas
- ❖ Sexo masculino (>75%)
- ❖ Unilateral (95%)
  
- ❖ Esporádica, não hereditária, isolada
  
- ❖ Sem predilecção racial
- ❖ Idade média de diagnóstico: 10 anos de idade



# Doença de Coats



## ❖ Telangiectasias retinianas

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Periféricas++

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## ❖ Exsudação intraretiniana

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Distribuição + extensa que a das telangiectasias

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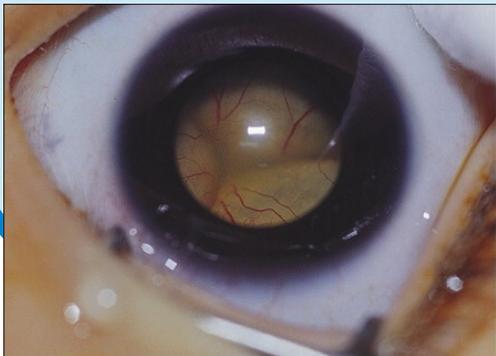
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## ❖ DR exsudativo

## ❖ Outras complicações

- Glaucoma
- Catarata
- Neovascularização
- Metaplasia óssea do EPR
- *Phtisis bulbi*



# Doença de Coats

## ❖ Formas de apresentação:

- ↓AV
- Estrabismo
- Leucocória
- Achado

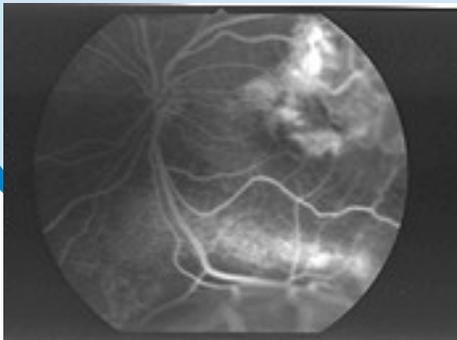
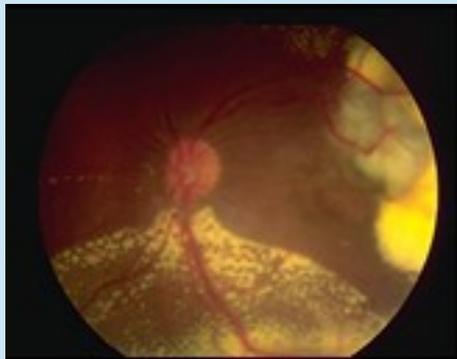


## ❖ Diagnóstico

Contexto clínico

+

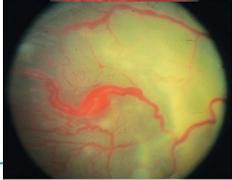
Achados  
oftalmoscópicos



## ❖ Exames complementares de diagnóstico

- Angiografia fluoresceínica
- Ecografia
- TC
- RM

# Classificação Shields *et al* 2001\*

Classificação	Características		Tratamento	
<b>Estádio 1</b>		Telangiectasia	Observação ou Fotocoagulação	
<b>Estádio 2</b>		Telangiectasia + exsudação	Fotocoagulação ou Crioterapia	
<b>Estádio 3</b>	DR sem glaucoma	Subtotal		Fotocoagulação ou Crioterapia
		Total		Crioterapia ou Cirurgia
<b>Estádio 4</b>		DR total com glaucoma (olho doloroso)	Enucleação ou Evisceração	
<b>Estádio 5</b>		DR total + outras complicações* (olho não doloroso)	Observação	

\* *Phtisis bulbi*, catarata

# Caso clínico 1

❖ NMC



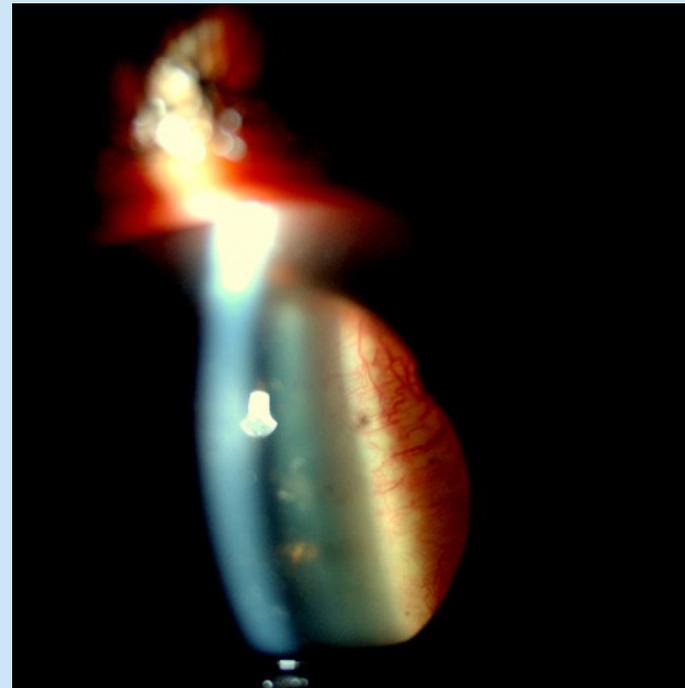
16 anos

❖ Motivo de consulta:

↓ A.V. OD

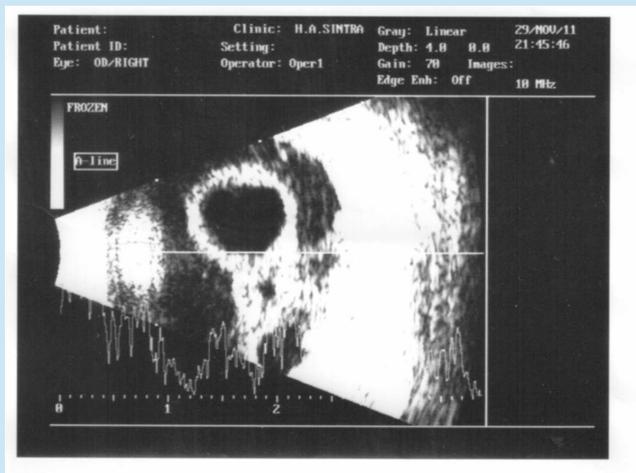
A.V. sc OD – sem PL

A.V. sc OE – 1.0



# Caso clínico 1

## ❖ Ecografia Ocular



## ❖ RM Órbitas



## ❖ Vigilância

# Caso clínico 2

❖ VLS



5 anos



❖ Motivo de consulta:  
Leucocória OD

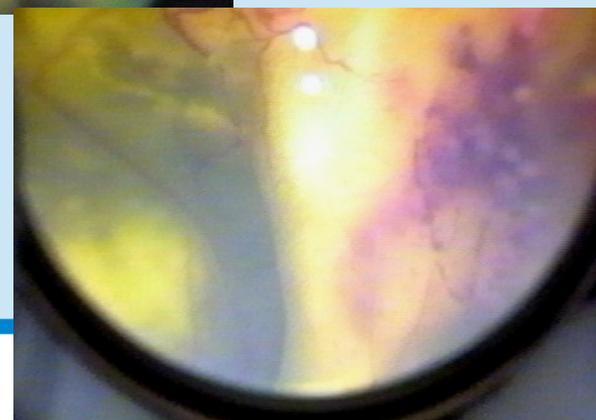
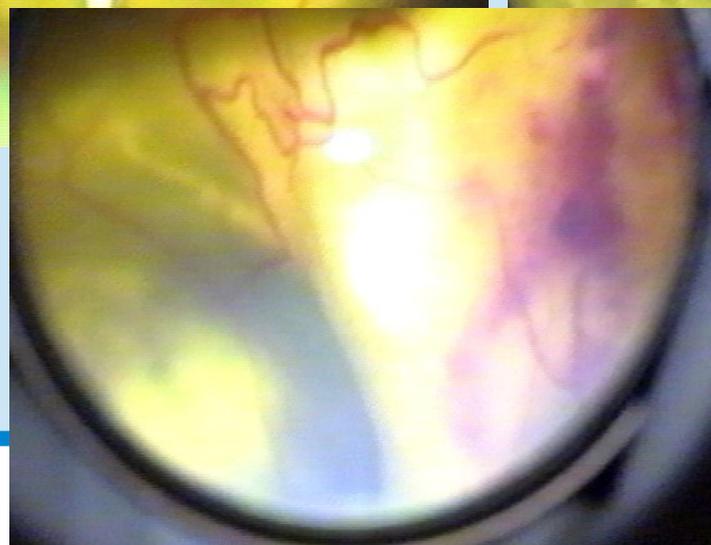
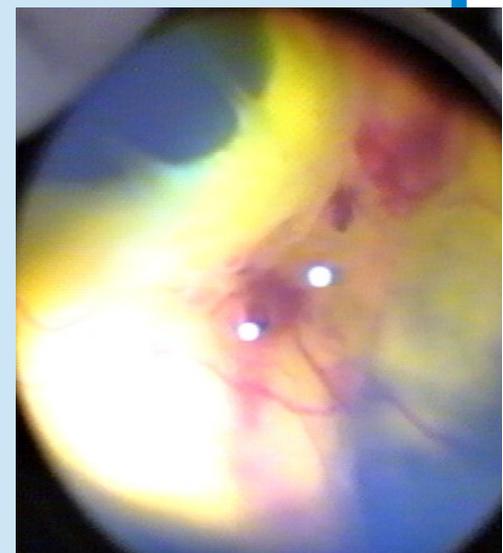
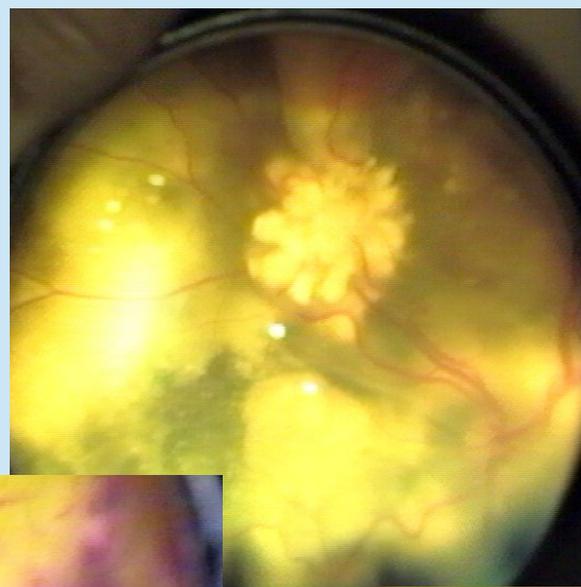
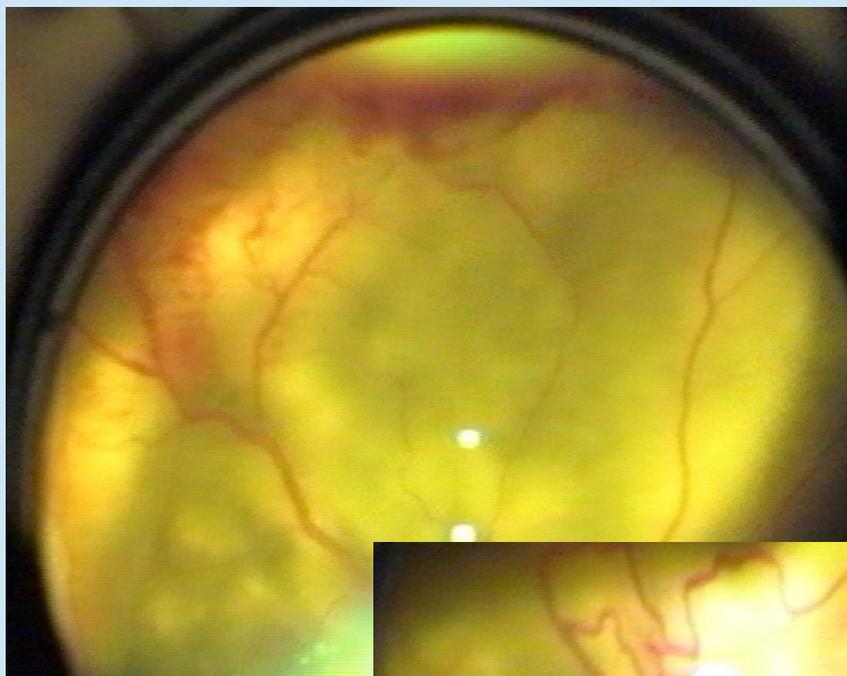


A.V. sc OD – movimentos de mão

A.V. sc OE – 0,8

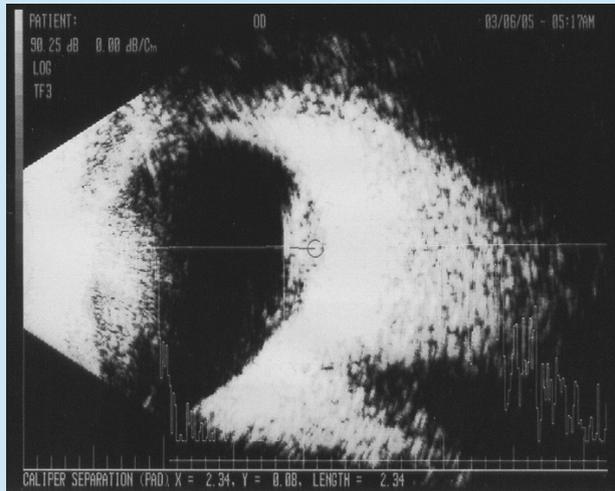
# Caso clínico 2

## ❖ Fundoscopia

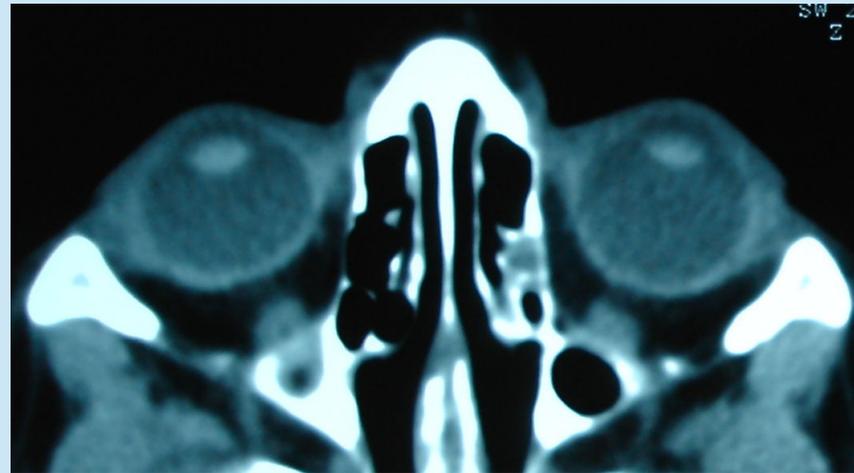


# Caso clínico 2

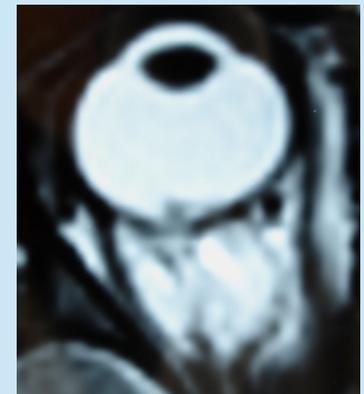
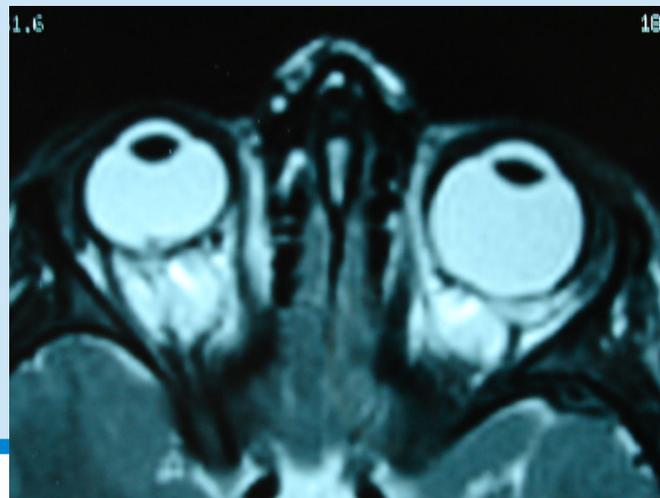
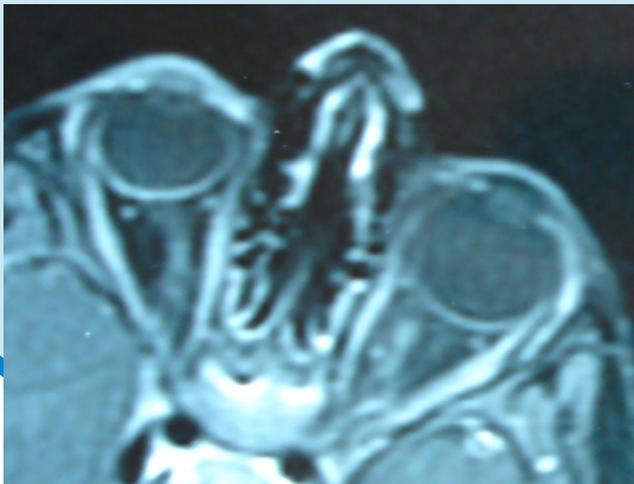
## ❖ Ecografía Ocular



## ❖ TC Órbitas



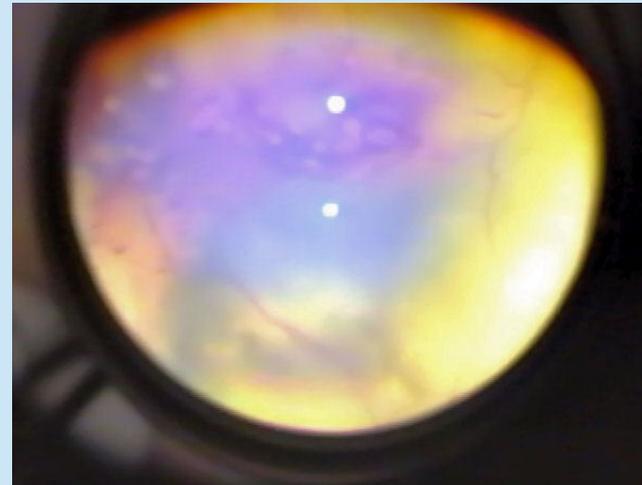
## ❖ RM Órbitas



# Caso clínico 2

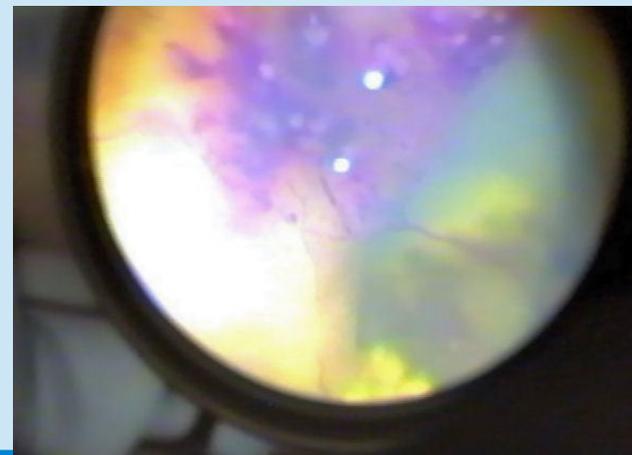
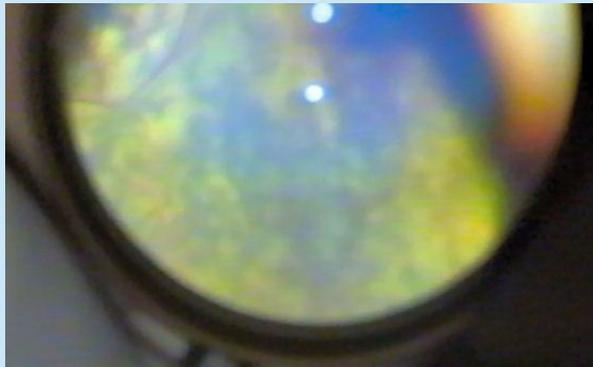
## ❖ **Fotocoagulação Laser (Nd:YAG 532nm):**

- Ectasias vasculares
- Áreas de não perfusão
- Barragem



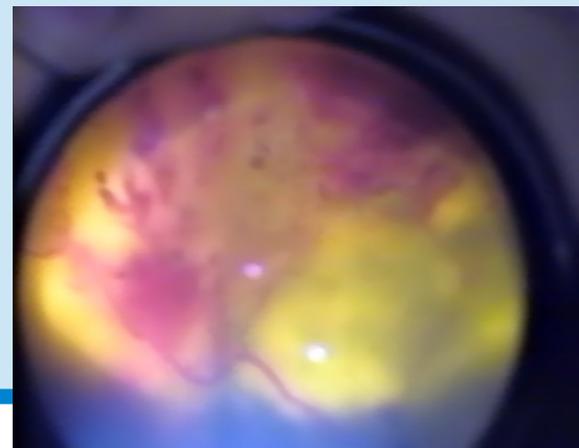
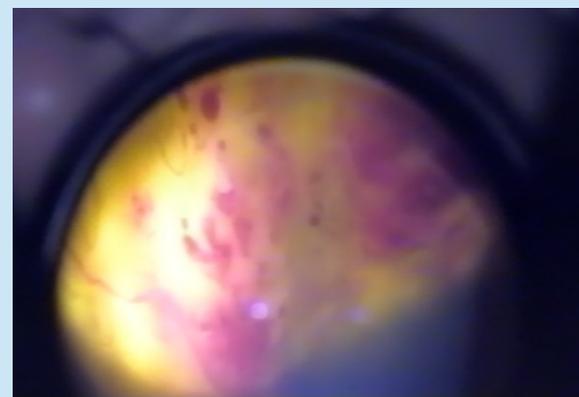
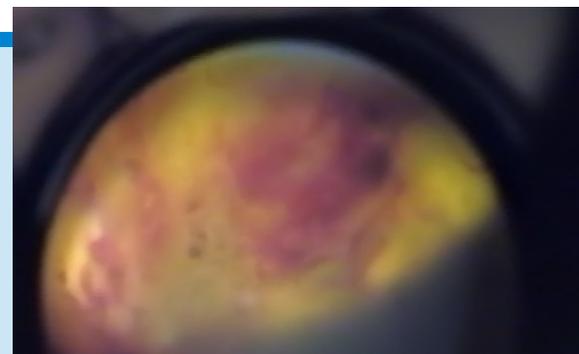
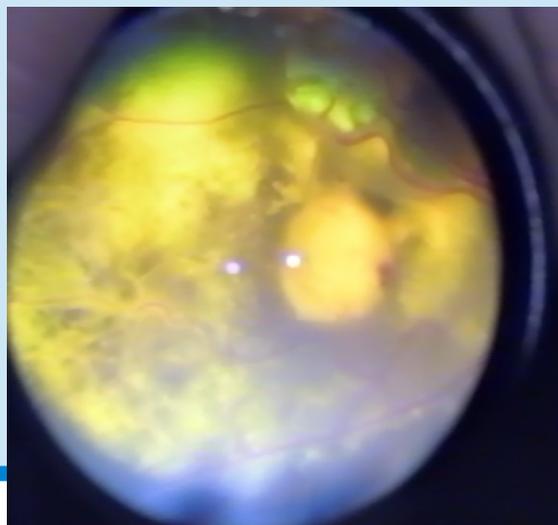
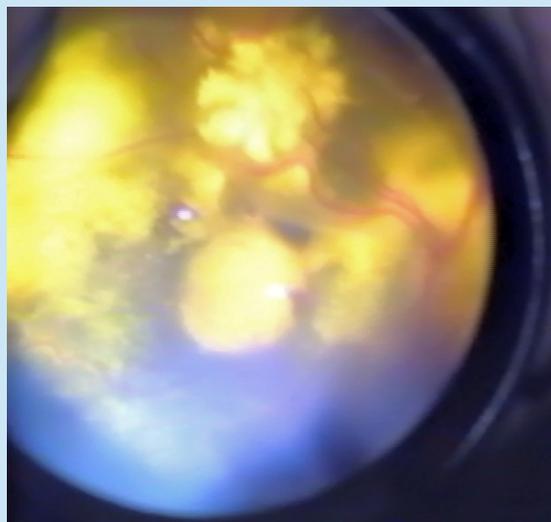
## ❖ **Crioterapia:**

- Zonas de DR



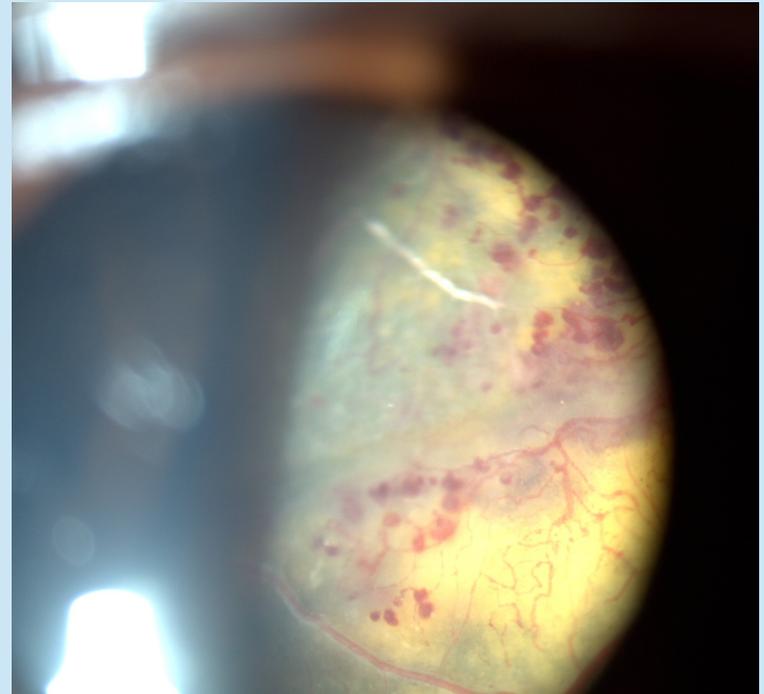
# Caso clínico 2

❖ 2 meses



# Caso clínico 2

❖ Após 9 meses sem *follow-up*



# Caso clínico 3

❖ HMV



6 anos

❖ Motivo de consulta:

↓ AV OD

A.V. sc OD – 0,3

A.V. sc OE – 1,0

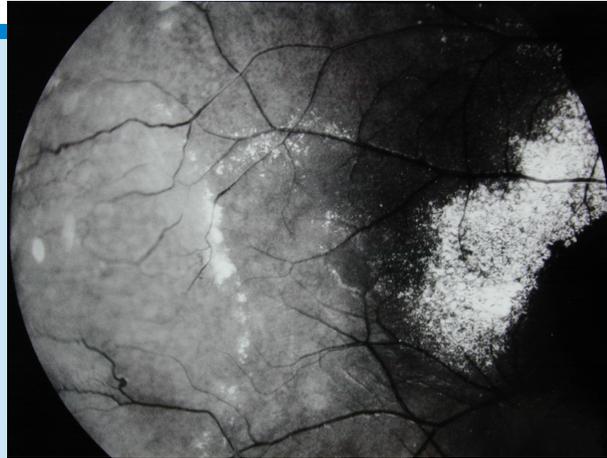
❖ Fundoscopia



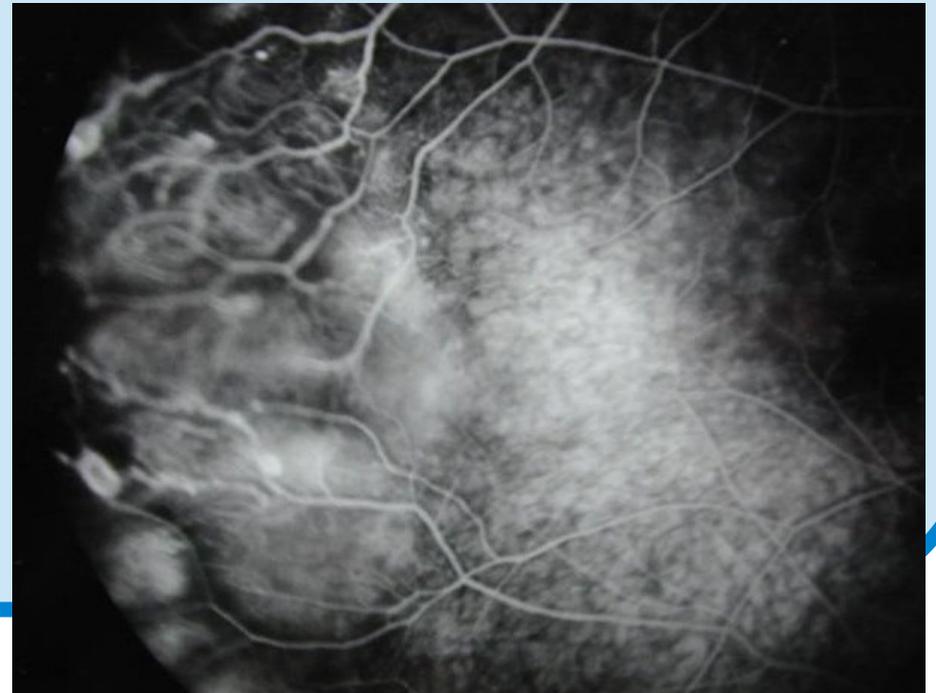
# Caso clínico 3



❖ *Red free*



❖ Angiografía Fluoresceínica

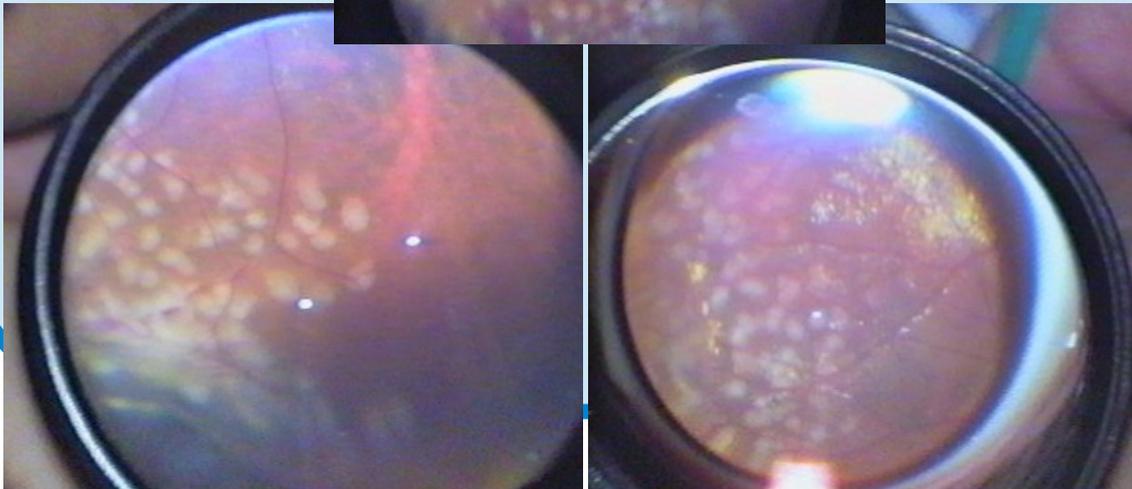
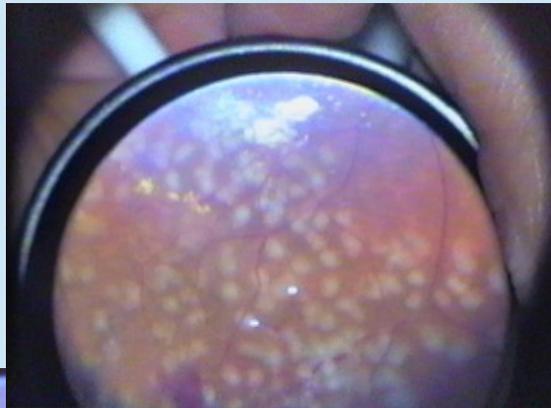


# Caso clínico 3



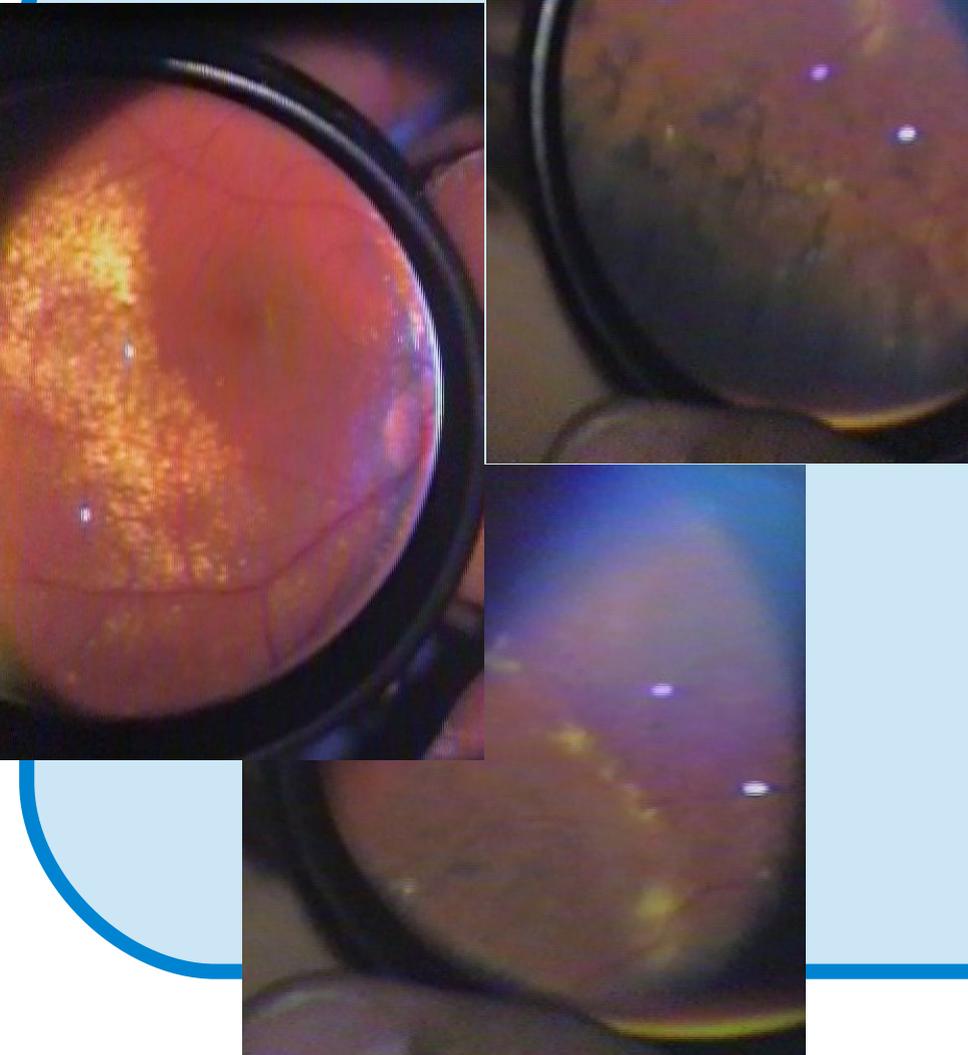
## ❖ Fotocoagulação Laser (Nd:YAG 532nm):

- Ectasias vasculares
- Áreas de não perfusão
- Barragem

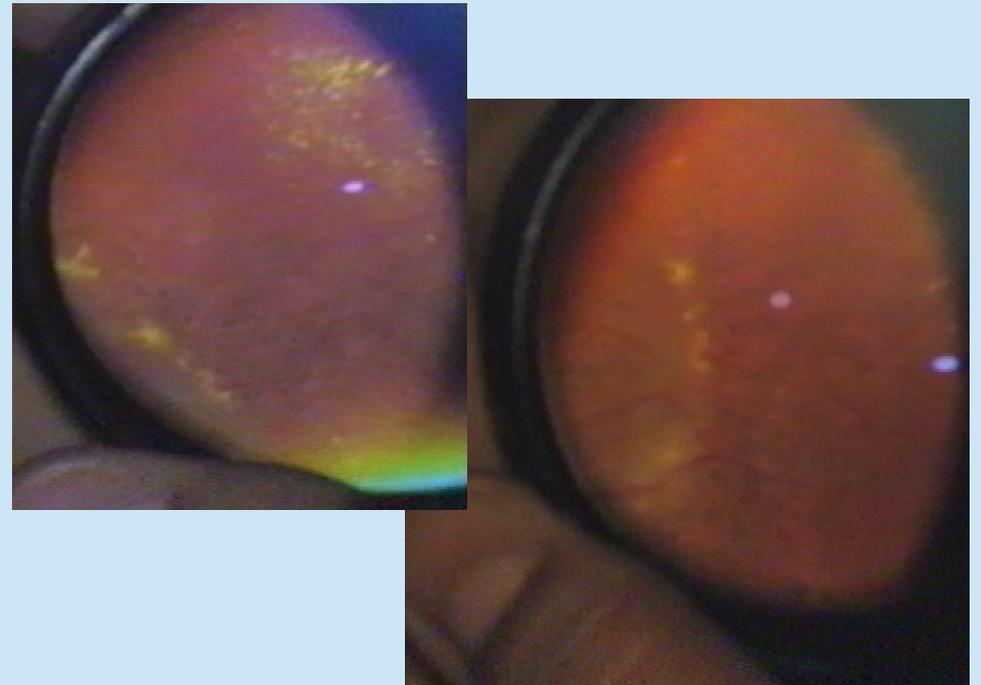


# Caso clínico 3

❖ 3 meses



❖ 5 meses



⇒ A.V. sc OD – 0,6

# Caso clínico 4

❖ GLP



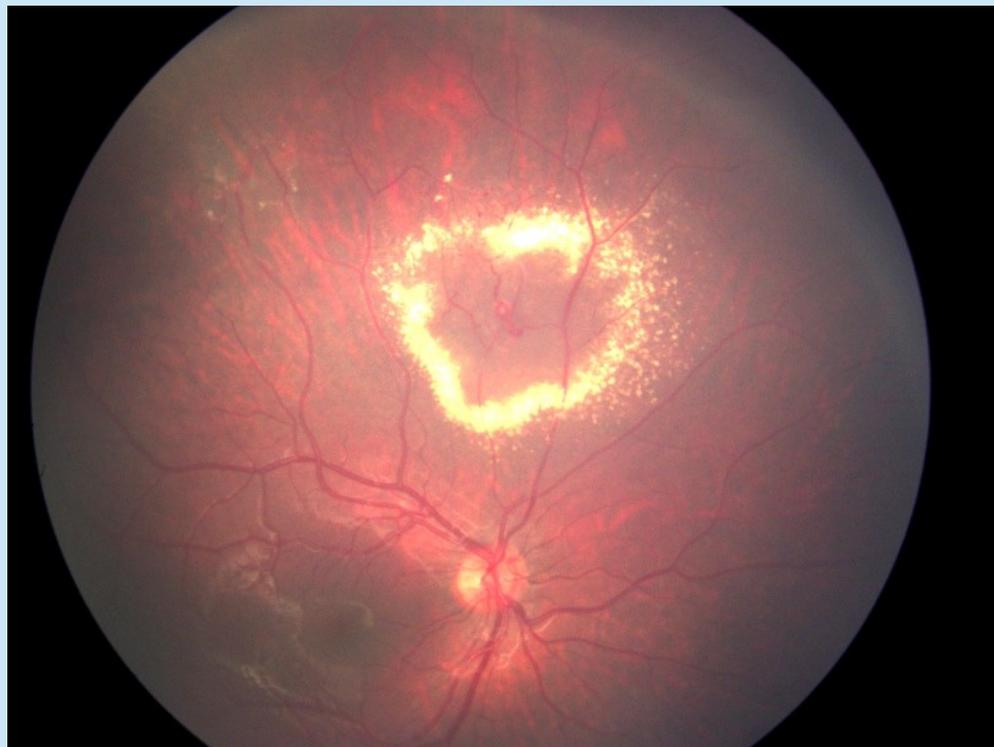
7 anos

❖ Consulta de retina

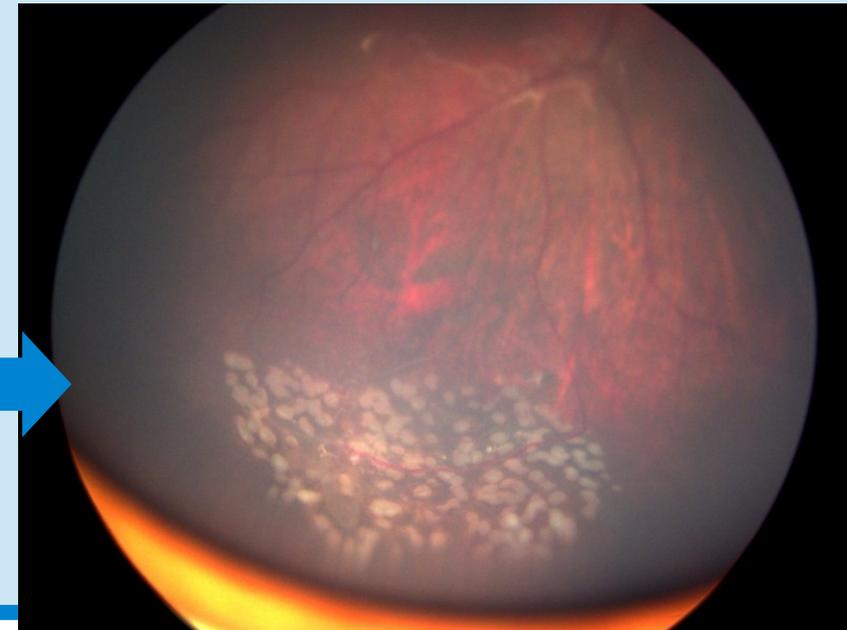
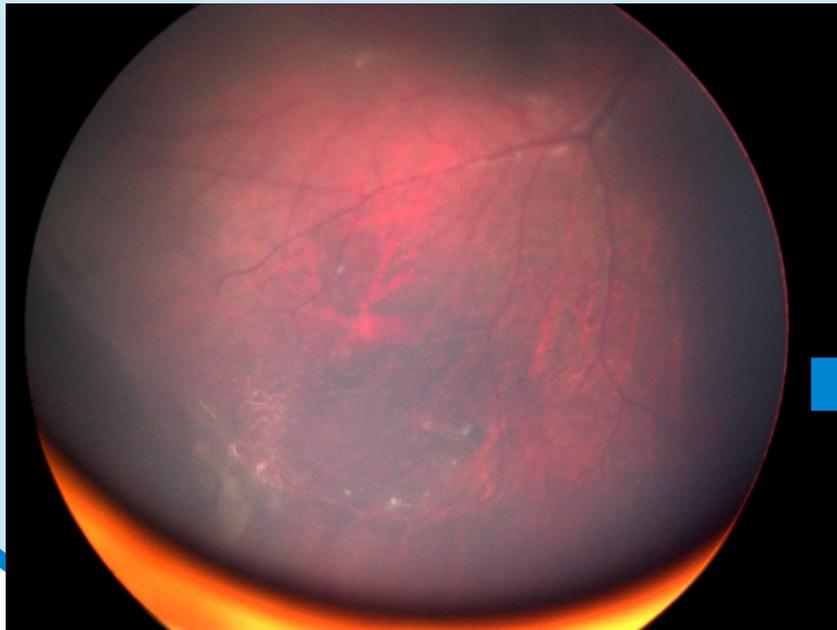
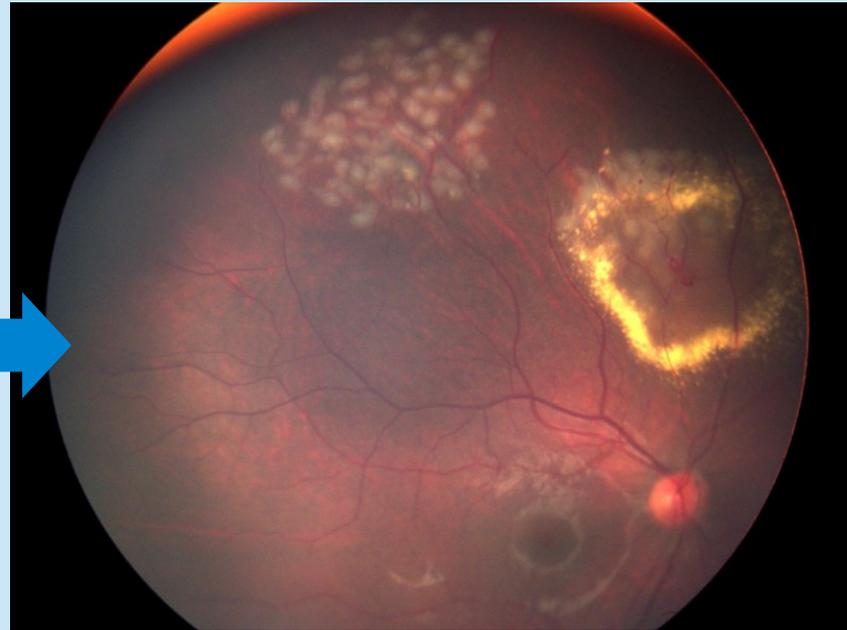
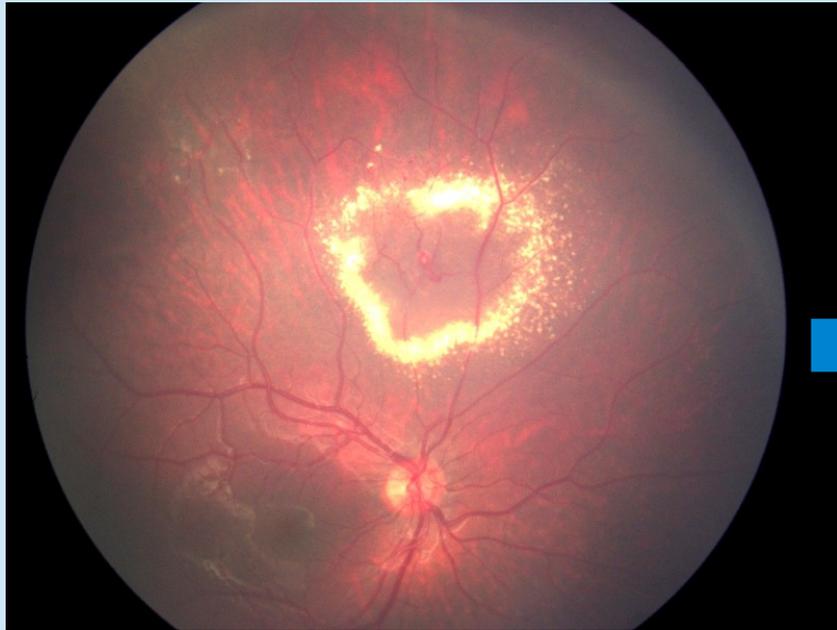
A.V. sc OD – 0.8

A.V. sc OE – 0.8

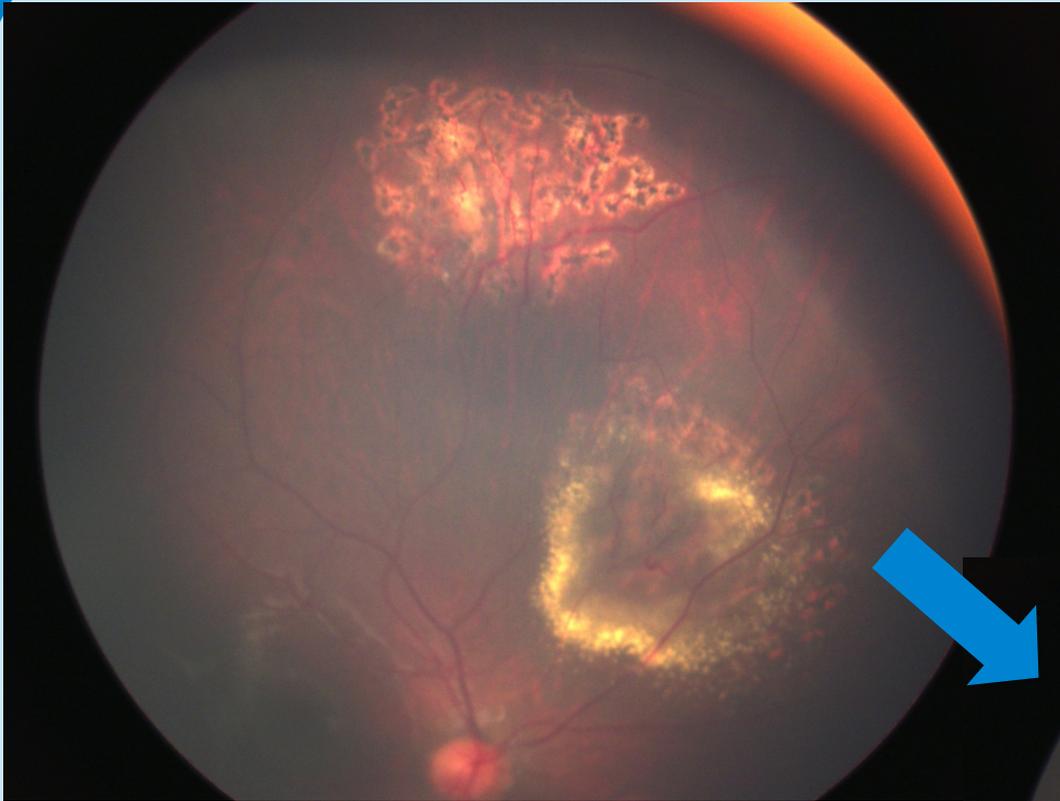
❖ Fundoscopia



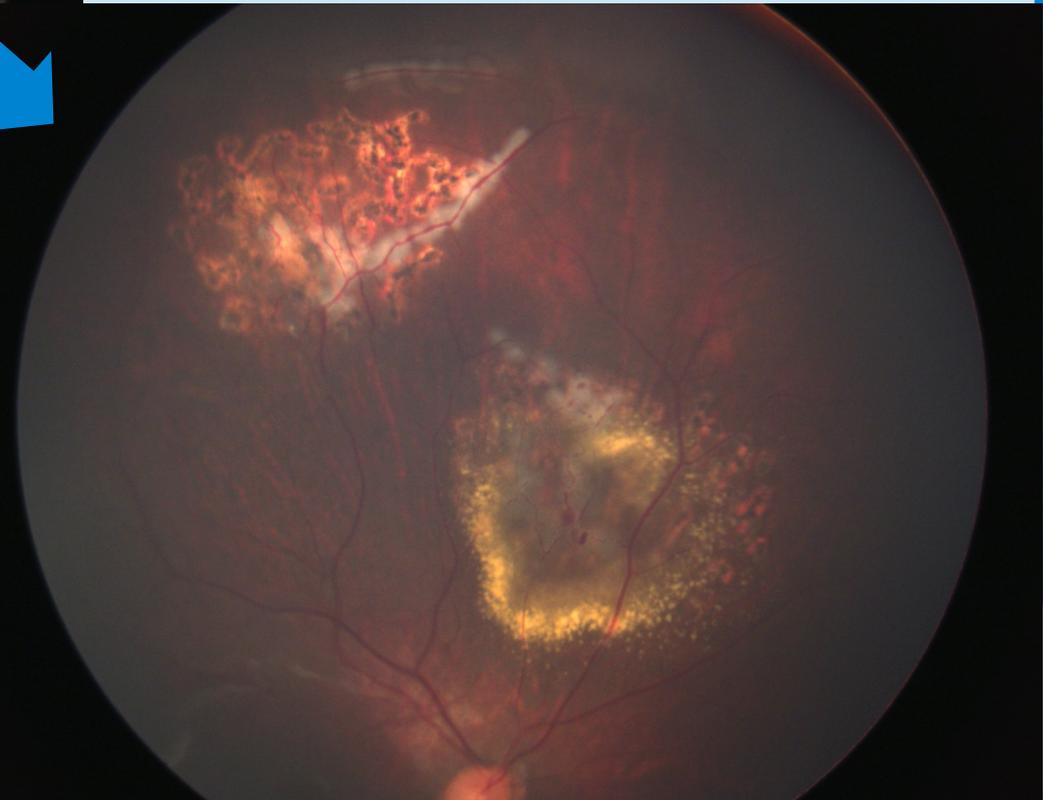
Laser diodo 810nm



❖ 3 meses



**Laser Nd:YAG 532nm**



# Conclusões

**Diagnóstico e  
tratamento precoce**

Previne a progressão  
da ↓ A.V.

**Fotocoagulação  
Crioterapia**

Eficaz nos estádios precoces  
(melhoria e estabilização da doença)

***Follow-up* regular  
e a longo prazo**

Tempo médio de recorrência  
10 anos

# Obrigada

