成因

黃斑點是視網膜的中央部份，擁有最高解析度及最多能分辨顏色的感光細胞；當該處出現病理變化時便稱為黃斑點病變。其中與年齡有關的有老年性黃斑點退化，一般出現在五十歲後，隨年齡增長發生的機會也漸增，家族遺傳、吸煙、酗酒、長期在強光中工作等因素也會增加發病機會。由於黃斑點負責接收中央的視訊及分辨顏色，患者會出現視力下降、影像變形、事物顏色出現偏差、失去中央視野等徵狀，影響日常觀察細微的東西，例如閱讀困難、面部輪廓變得模糊難以辨別、物件顏色雙眼有別、光暗環境難以適應等。

老年性黃斑點退化的類別

老年性黃斑點退化大致可分為兩類：

乾性

較為普遍，視力受影響也較輕微；病情發展緩慢；當惡化時可轉化成濕性。

濕性

相對比較少，但中央視力受影響較快和嚴重，視網膜後有血管異常增生至黃斑點；一些血管更出現滲血的情況而引致中央視力急速及嚴重受損，患者會看見物件出現嚴重扭曲變形，最後中央視力可能會完全喪失留下黑影，嚴重的可引致失明。

正常

老年性黃斑點退化

檢查及治療

放大瞳孔眼底檢查可以清楚找出黃斑點是否出現毛病，螢光素血管造影檢查則可找出視網膜血管出現滲漏的地方及程度。各種治療的成效，要視乎病情的嚴重程度。

對乾性病者，一般只須配帶合適的眼鏡、保護眼睛防紫外線及強光的傷害、避免吸煙、少吃高脂肪高膽固醇的食物，使用放大鏡等工具幫助閱讀，並定期作眼底檢查。

濕性的患者，部分病人可以接受“光動能治療”-透過靜脈注射一種對光敏感的藥物，當它流經視網膜的異常血管時利用激光將其活化，以阻止異常的血管增生及出血。近年新研製的眼內注射針藥，抱括一些類固醇及抗血管生長因子，對多種類形的濕性黃斑點退化都有很顯注的療效。

另外，服用一些含高劑量抗氧化元、葉黃素和玉米黃素等維生素及礦物質補充劑，對部分患者有減慢退化和改善視力的幫助。

UMP Eyecare and Optometry Centre
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如需預約或查詢請致電

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星期一至星期日 上午十時至下午八時
星期四及公眾假期 休息

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佐敦

彌敦道238號15樓06-07室
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下午二時至下午七時
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老年性黃斑點退化
Age related macular degeneration

青光眼
Glaucoma

飛蚊症
Floaters

糖尿眼
Diabetic Eye Disease

視網膜脫落
Retinal Detachment

斜視
Strabismus

老年性黃斑點退化
Age related macular degeneration

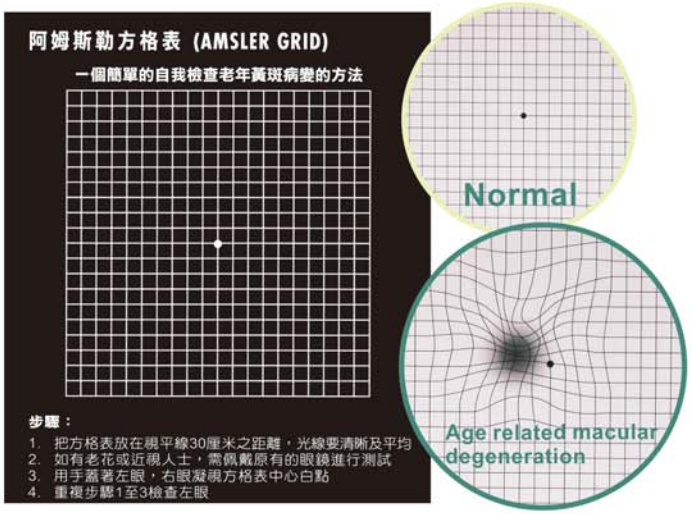
常見眼睛疾病

Common Eye Diseases

UMP 宏康 Healthcare Group

Causes

The yellow spot at the centre of retina in the eye is called Macular. This area contains photocells, which have the highest resolution power and richest in color differentiating cells. When pathological disorder occurs in this region, it is called Maculopathy. One example of this kind of disorders is Age Related Macular Degeneration (ARMD). It is common after 50 years old, ageing is the main risk factor, others include genetic, smoking, alcoholic and working in a strong light environment for a long period of time. Since macular is responsible for receiving central visual information and color differentiation, patient with macular disorder will suffer from symptoms like vision deterioration, image deformation, color discrepancy, loss of central vision etc. As a result, difficulty for reading and face recognizing, hard to adapt brightness change, color perceived different between eyes, may be experience.

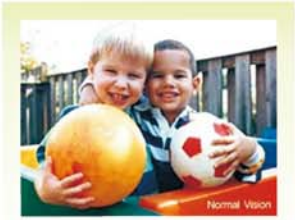


Types

Age related macular degeneration is mainly divided into 2 types:

Dry type
It is relatively more common and the vision loss is usually less severe. The disease progress tends to be slow. It can develop into wet type when get worsen.

Wet type
It is less common and tends to have a more severe and rapid effect on the central vision. New vessels may grow under the macular, leakage or bleeding from these vessels will cause a rapid and substantial deterioration in central vision. Patient may see objects severely twisted or deformed, central vision may eventually lost completely and leave a dark shadow in central vision. The suffered eye may blind finally insevere condition.



Normal

Age related macular degeneration

Examination and Treatment

Retinal examination with pupil dilation can clearly detect if any macular disease and Fluorescein angiography can find out the location of leakage on those abnormal blood vessels. The effectiveness of different kinds of treatment depends on the severity of the condition.

For Dry type patient, treatment involves wearing suitable spectacle to protect the eyes from ultraviolet light and strong light. Using magnifying glass to assist in reading and perform regular retinal examination.

While Wet type, suitable patient may be treated with Photo Dynamic Therapy (PDT), which is a type of laser treatment with intravenous-injection of light sensitive drugs to stop such leakage. Newly developed drugs, intravitreal steroids and anti-growth factor drugs, which are given as injections into the vitreous cavity of the eye are very effective treating most types of wet ARMD.

Besides, vitamin supplements with high doses of antioxidants, lutein and zeaxanthin have been demonstrated to slow the progression of degeneration and improve visual acuity in some patients.

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For enquiry or appointment, please call

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