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**Short Communication** 

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# Diabetic Retinopathy

#### **Gowhar Ahmad\***

Senior Consultant Ophthalmologist, Florence Hospital and University of Jammu and Kashmir, Jammu and Kashmir, India

\*Corresponding Author: Gowhar Ahmad, Senior Consultant Ophthalmologist, Florence Hospital and University of Jammu and Kashmir, Jammu and Kashmir, India.

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**Keywords:** Microaneurysms dot and blot type of Hemorrhages; Retinal Intraretinal; Pre Retinal; Subretinal Macular; Subhyaloid Vitreous Hemorrhage; Fractional Retinal Detachment; Clinical Significant; Macular Odema; Proliferative Diabetic Retinopathy; Retinitis Proliferans

DM is a kind of life style disorder which is global and increasing a lot.

Their are many contributory factors for its increase prevalence it is not only a genetic disorder but as a matter of fact our life style has changed like fatty diet mandatory life lack of exercises.

Smoking stress and strain and above all obesity.

Obesity is a predisposing factor for diabetic retinopathy ARMD.

Glaucoma and CRVO visual loss stroke floppy lid disorders and thyroid disorders.

Once some body has d m it has to be understood that the disease is not a kind of curable one however it can only be controlled by drugs be o h a or insulin and diet long standing uncontrolled d m can lead to following complications like Diabetic retinopathy neuropathy nephropathy arthropathy dermopathy periodontitis diabetic foot ulcers dementia Alzheimer's CVS and CNS disorders in presence of nephropathy retinopathy is severe.

#### Pathogenesis of diabetic retinopathy

It is due to microaneurysms dilatation of retinal arteries and capillaries due to degeneration of intramural pericytes then there is diapedesis which is leakage of blood from vessels which may be of blot or dot type.

Distal to microaneurysms dilatation there is exudation exudates are thick intercepted due to high degree of fat and cholesterol forming hard exudates.

# D retinopathy can be diagnosed by

- Direct Ophthalmoscopy
- Indirect Ophthalmoscopy
- F f angiography
- Ct

It is very important for every diabetic patient to have regular periodic ophthalmic examination on particular retinal evaluation

6 monthly or yearly in order to exclude any evidence of diabetic retinopathy.

For this it is responsibility of treating diabetologist to refer their diabetic patients for periodic fundus examination.

### Atypical presentations of diabetic retinopathy can be:

- Proliferative retinopathy
- Non proliferative
- Clinical significant macular odema
- Macular degeneration
- Optic neuritis
- · Optic atrophy
- Retinitis proliferans
- Retinal detachment.

### **Discussion**

- Diabetic retinopathy is one of the commonest complication of uncontrolled d m which if not diagnosed or treated in time can be visual Threatening go for kind of traction retinal detachment clinical significant macular odema retinal surgeon plans vitrectomy.
- · Laser photocoagulation.
- Anti-veg intravitreal injections.

## **Conflict of Interest**

I have no financial and conflict of interest in publishing this article.

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