

**ESTADO DEL FUNDUS VINCULADOS A LA HIPERTENSION
ARTERIAL Y ARTERIOESCLEROSIS Y SU
INTERELACION CLINICA**

POR

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En base a mi clasificación de los estados vasculares del fundus, vinculados a la hipertensión y arterioesclerosis, he estructurado, ya vinculado al estado clínico del paciente, un cuadro esquemático en que se estudia la evolución de los síndromes vasculares y retinopatías y la vinculación más aproximada con el estado clínico del paciente.

Pese a su aparente sencillez, este esquema de las etapas evolutivas de la hipertensión arterial vinculando el fondo de ojo al estado clínico en cada etapa, es fruto de largas meditaciones en el terreno teórico avaluado por la consulta con colegas clínicos, y las comprobaciones en el terreno práctico y especialmente evolutivo.

El desarrollo completo en el terreno teórico y práctico de este esquema, se completa y estudia en la tercera edición de mi libro "FUNDUS OCULI" próximo a aparecer.

Como se puede observar, partimos del normotenso, divergiendo hacia la hipertensión benigna y la hipertensión alta sostenida, para de allí, pasando por diversas etapas clínicas llegar a la curación, estabilización o muerte.

Cómo, con qué alcance y en qué forma, interfiere en estos cuadros la arterioesclerosis primaria o aparecida en el curso de la hipertensión puede observarse en el esquema dentro de lo que permite la lógica restricción de una síntesis.

Por otra parte el fondo de ojo de un hipertenso es un ente dinámico y

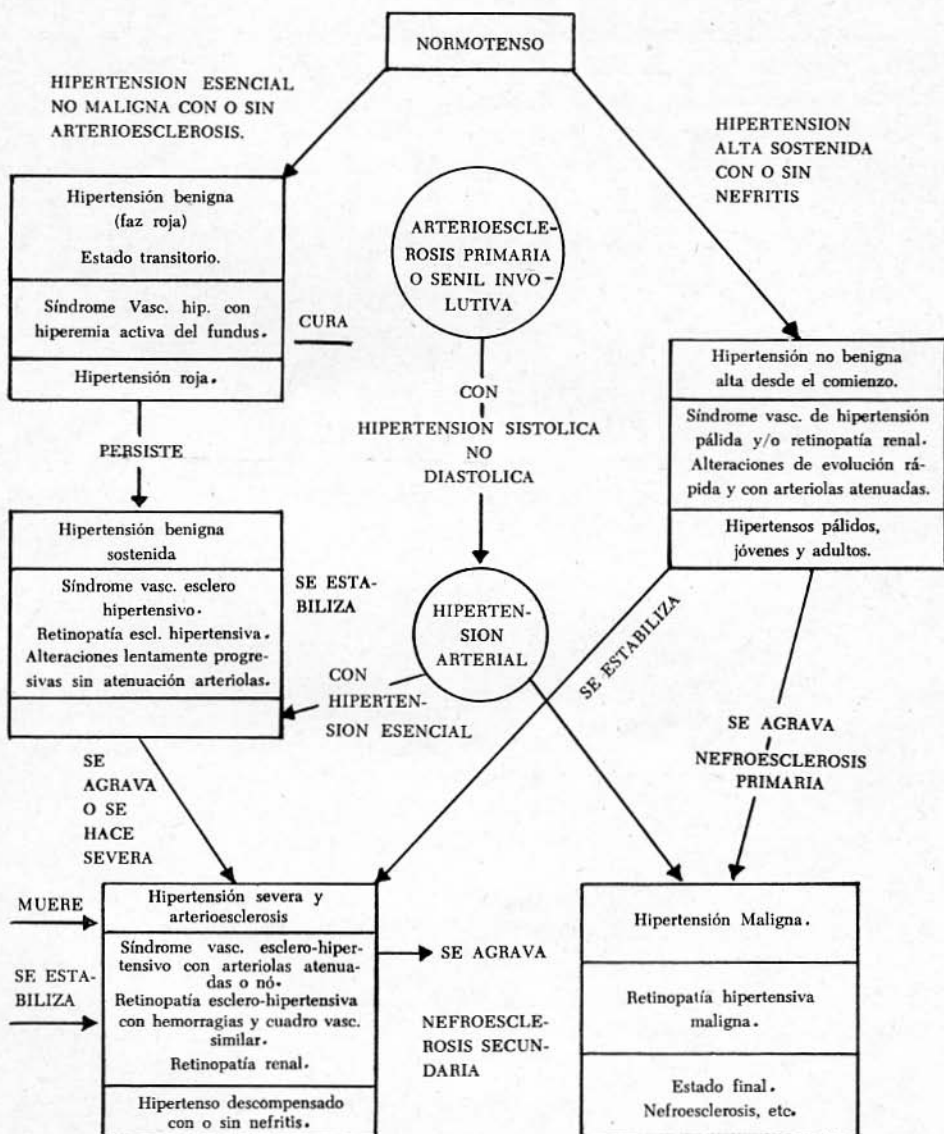
ESTADO DEL FUNDUS

HIPERTENSION PRIMARIA

HIPERTENSION Y ARTERIOESCLEROSIS SECUNDARIA

HIPERTENSION QUE EVOLUCIONA HACIA LA ARTERIOESCLEROSIS

(Esquemático)



no puede estar sujeto a un rígido estatismo clasificativo.

Como dice Rintelen, ya clasificar un fundus de normal "dista de ser sencillo". Lo *normal*, donde las propiedades observadas en forma y color no pueden ser medidas, constituye en gran parte un juicio subjetivo que se funda en la experiencia personal y colectiva.

Las posibilidades y fronteras del criterio oftalmoscópico en las lateraciones vasculares del fundus y retinopatías relacionadas con la hipertensión arterial son dinámicas, y ser inclusivo y exclusivo a la vez, es en la práctica imposible, a ello se debe probablemente las divergencias que existen en este terreno y que he tratado de solucionar en la medida de lo posible en el esquema adjunto.

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**CONDITIONS OF THE FUNDUS OF THE EYE CONNECTED
WITH ARTERIAL HYPERTENSION AND WITH
ARTERIOESCLEROSIS AND THEIR CLINICAL INTERRELATION**

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On the basis of my classification of the vascular conditions of the fundus of the eye connected with hypertension and with arteriosclerosis, I have drawn up a schematic table with reference to the clinical condition of the patient, in which the evolution of the vascular syndromes and retinopathies and the very close connections between these conditions and the clinical condition of the patient are studied. In spite of its apparent simplicity, this scheme of the evolutionary stages of arterial hypertension, relating the fundus of the eye to the clinical condition of the patient in every stage of the disease, is not only the fruit of careful meditation in the theoretical field, but has also been validated by the opinions of clinical colleagues whom I called in consultation; in addition, it has been verified in the practical field, especially as it concerns the evolution of the disease.

The complete theoretical and practical development of this scheme is set forth and thoroughly studied in the third edition of my book, "Fundus Oculi", which is to be published in the very near future.

As can be seen, in the scheme we begin with the person with normal blood pressure, diverging then towards benign hypertension and constantly sustained high hypertension, and continuing through the various clinical stages of hypertension until we come to the recovery of the patient, stabilization of the hypertension, or its termination in death.

How, to what extent, and in what form arteriosclerosis, either primary or that developing in the course of hypertension, enters into these pictures, can be observed in the scheme in so far as the logical restrictions imposed by a synthesis will permit. Moreover, the fundus of the eye of a patient with hypertension is a dynamic entity and it cannot, therefore, be restricted to a rigid static classification.

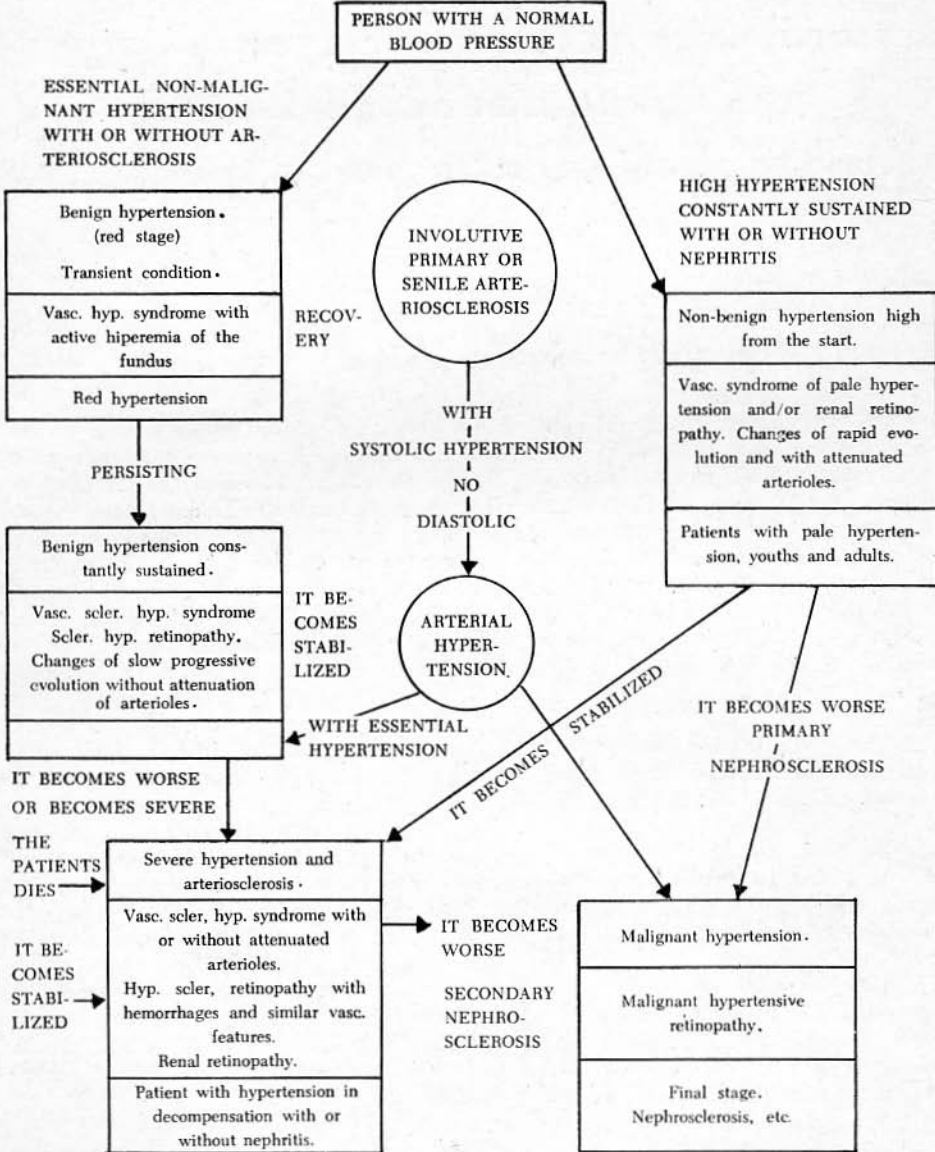
As Rintelen says, even to classify the fundus of the eye as "normal" is far from a simple accomplishment. The *normal*, when the properties observed in form and color

PRIMARY HYPERTENSION

HYPERTENSION AND SECONDARY ARTERIOSCLEROSIS

HYPERTENSION WHICH DEVELOPS IN THE DIRECTION OF ARTERIOSCLEROSIS

(Schematic)



CONDITION OF THE FUNDUS

cannot be measured, constitutes in large part a subjective judgment which is based on personal and collective experience.

The possibilities and limitations of the ophthalmoscopic criterion in the vascular changes of the fundus of the eye and in the retinopathies connected with arterial hypertension are dynamic and, in practice, it is impossible to be inclusive and exclusive at one and the same time. This impossibility is probably the cause of the divergencies which exist in this field. In the attached scheme, an attempt is made to resolve these divergencies, in so far as possible.