IX Research Days

2007

December 14th and 15th

RESEARCH DAYS

Vision Institute/Department of Ophthalmology
Federal University of São Paulo (UNIFESP)

Basic and Clinical Research

Conferences, Papers and Posters Presentation

Organization

UNIFESP

instituto da visão UNIFESP

Support

ALLERGAN Alcon NOVARTIS Johnson&Johnson Bausch&Lomb

IX RESEARCH DAYS

Department of Ophthalmology
Vision Institute
FEDERAL UNIVERSITY OF SÃO PAULO
2007, DECEMBER 14-15

BASIC AND CLINICAL RESEARCH
PAPER AND POSTER PRESENTATION

Vision Institute – José Carlos Reys Building
821 Botucatu St. – São Paulo – SP – Brazil

PAPERS = 24
POSTERS = 88
LECTURES = 6

INTERNATIONAL SPEAKERS

Victor L. Perez, MD
Assistant Professor of Ophthalmology
University of Miami, Miller School of Medicine
Bascom Palmer Eye Institute
Miami, Florida, USA

Jorge Valdez, MD MA
Associate Academic Dean
Professor of Ophthalmology
School of Medicine of Monterrey
President of the *Mexican Center of Cornea and Refractive Surgery Society*
Monterrey, Mexico

NATIONAL SPEAKERS

João Batista Calixto, PhD
Full Professor, CNPq 1A
Federal University of Santa Catarina
Member - Brazilian Academy of Sciences
Florianópolis, SC

Antônio Carlos C. Carvalho, MD PhD
Full Professor, CNPq 1A
Federal University of Rio de Janeiro
Member - Brazilian Academy of Sciences
Rio de Janeiro, RJ

SCIENTIFIC COMMITTEE

Adriana Berezovsky, PhD
Ana Luisa Höfling-Lima, MD
Augusto Paranhos Jr., MD*
Angelino Julio Cariello, MD
Denise de Freitas, MD
Ivan Maynart Tavares, MD
Jonathan Clive Lake, MD
José Álvaro P. Gomes, MD**
Marinho Jorge Scarpi, MD
Maurício Maia, MD*
Mauro Nishi, MD*
Mauro S. de Queiroz Campos, MD*
Michel Eid Farah, MD
Paulo Augusto A. Mello, MD
Paulo Schor, MD
Rubens Belfort Jr., MD PhD
Solange Rios Salomão, PhD
Wallace Chamon, MD*

* Award Committee
** Program Director

INFORMATION

Phone: (55-11) 5085-2062 / Fax: (55-11) 5083-4581
E-mail: pgsecretaria@oftalmo.epm.br
Site: http://www.oftalmo.epm.br

PROGRAM

PAPER PRESENTATION

POSTER

LECTURES

ABSTRACTS

PAPER PRESENTATION

POSTER

E-MAILS

December 14th 2007 (Friday)

7:30h **OPENING REMARKS** – *Ana Luisa Höfling-Lima, Denise de Freitas and José Álvaro P. Gomes*

PAPER PRESENTATION – SESSION 1

Refractive Surgery
Moderators: Mauro S. Q. Campos and Paulo Schor

7:45h PRK with Mitomicyn C versus LASIK in Custom Surgeries for Myopia: One Year Follow-up - *Anelise Dutra Wallau (PG-D)*

8:00h Phototherapeutic keratectomy with Mitomycin C for the treatment of adenovirus corneal opacities: a tissue saving approach - *Ester Sakae Yamazaki (PG-D)*

8:15h Wavefront-guided laser in situ keratomileusis with the Alcon Custom Cornea and the Zyoptix: Six-month results - *Telma Regina Maria Pereira (PG-D)*

8:30h **LECTURE 1:** The corneal endothelium: basic and clinical considerations – *Jorge Valdez, M.D., M.A. (School of Medicine of Monterrey, Mexico)*

Cornea and External Diseases
Moderators: Élcio H. Sato and Luciene B. Souza

8:50h Gene Transfer to Primary corneal epithelial cells *ex vivo* - *Lauro Augusto de Oliveira (PG-D)*

9:05h Antimicrobial peptides are lytic to *Acanthamoeba Castellanii* - *Rogério Silva do Sacramento (PG-D)*

9:20h Oral Pilocarpine for the treatment of dry eyes in patients with Sjögren Syndrome – *Sérgio Felberg (PG-D)*

9:35h Management performance of two Eye Banks regarding *Prêmio Nacional de Gestão em Saúde (PNGS) Criteria – Christiana Velloso Rebello Hilgert (PG-M)*

9:50h Characteristics of patients submitted to corneal transplant at UNIFESP/HSP from 2004 to 2006 - *Fábio Dante Garcia (PG-M)*

10:05h **LECTURE 2:** Development of new drugs for the treatment of ocular inflammation – *João B. Calixto, PhD (Center of Biological Sciences, Federal University of Santa Catarina, Florianópolis, SC)*

10:35 **COFFEE BREAK**

11:00h **POSTER - SESSION 1**

Cornea and External Diseases (13), Refractive Surgery (5), Ocular Plastic Surgery (3), Laboratory (1) and Ocular Bioengineering (1).

13:00h **LUNCH**

13:30h **LECTURE 3:** Cell therapy – *Antônio Carlos C. Carvalho, PhD (Federal University of Rio de Janeiro, RJ)*

PAPER PRESENTATION – SESSION 2

Glaucoma
Moderators: Augusto Paranhos Jr. and Paulo Augusto A. Mello

14:00h Influence of age, race and corneal properties on intraocular pressure, corneal thickness and hysteresis - *Larissa Morimoto Doi* (PG-D)

14:15h 10Mhz and 20Mhz Ultrasonography in detecting evidenced optical cup disk and optic nerve parameters measured by OCT and HRT on its diagnostic ability - *Liliana Maria Alves Bastos Cruz (PG-M)*

14:30h Comparison of *Moorfields Regression Analysis* and *Glaucoma Probability Score* classifications using Heidelberg Retina Tomograph III - *Luiz Alberto Soares de Melo Jr. (PG-D)*

14:45h Factors Associated with Topographic Changes of the Optic Nerve Head after Intraocular Pressure Reduction in Glaucomatous Patients – Initial Results - *Tiago dos Santos Prata (PG-D)*

15:00h **LECTURE 4:** Immune responses in high risk corneal allograft rejection: how can we control them better? – Victor L. Perez*, M.D. (University of Miami, Bascom Palmer Eye Institute, Miami, FL, USA)*

15:20h **COFFEE BREAK**

15:40h **POSTER - SESSION 2**

Glaucoma (13), Trauma (3), Neuro-Ophthalmology (2), Ocular Ultrasound (1), Orbit (1) and Strabismus (1).

17:40h **END OF SESSION**

December 15th 2007 - Saturday

PAPER PRESENTATION – SESSION 3

Cataract, Epidemiology, Low vision and Neuro-Ophthalmology
Moderators: Marinho J. Scarpi and Solange R. Salomão

8:30h Qualitative assessment of the impact of surgical experience on the evaluation of 3D-stereoscopic video projections of cataract surgeries - *Jonathan Clive Lake (PG-D)*

8:45h Quality of life and quality of vision in elderly patients (80 - 108 years) - *Marcela Colussi Cypel (PG-D)*

9:00h Prevalence of near vision impariment in low-income older adults in Brazil: The São Paulo Eye Study - *Rafael Werneck Cinoto (PG-D)*

9:15h Assessing vision-related quality of live in children with bilateral congenital cataract - *Márcia Caires Bestilleiro Lopes (PG-M)*

9:30h Large optic discs may maintain mutation carriers as unaffected in an extended brazilian pedigree with Leber's hereditary optic neuropathy - *Carolina do Val Ferreira Ramos (PG-D)*

9:45h **LECTURE 5:** The management of extreme refractive defects – *Jorge Valdez, M.D., M.A. (School of Medicine of Monterrey, Mexico)*

10:05h **COFFEE BREAK**

10:30h **POSTER - SESSION 3**

Cataract (9), Tumors and Pathology (7), Epidemiology (3), Electrophysiology (2) and Uveitis (2).

12:30h **LUNCH**

13:30h **LECTURE 6:** Oxidative damage induced inflammation in Age Related Macular Degeneration: a novel mechanism of disease – *Victor L. Perez, M.D. (University of Miami, Bascom Palmer Eye Institute, Miami, FL, USA)*

PAPER PRESENTATION – SESSION 4

Tumors and Pathology
Moderator: Maria Cristina Martins and Norma Allemann

13:50h Prediction of Malignancy in Ocular Surface Epithelial Lesions: Prognostic Parameters Based on the 2001 Bethesda System - *Jeison de Nadai Barros (PG-D)*

14:05h The role of NF-kB and Bortezomib in uveal Melanoma - *Katyanne Dantas Godeiro (PG-D)*

14:20h A new device for ocular globe enucleation - *Virgínia Laura Lucas Torres (PG-D)*

Retina and Vitreous
Moderators: Michel Eid Farah and Cristina Muccioli

14:35h Association of the Y402H Polymorphism in Complement Factor H Gene and Age-Related Macular Degeneration - *Anderson Gustavo Teixeira Pinto (PG-D)*

14:50h Retina biocompatibility of novel vital dyes for chromovitrectomy - *Eduardo Büchele Rodrigues (PG-D)*

15:05h Optical Coherence Tomography in Central Serous Chorioretinopathy - *Fábio Bom Aggio (PG-D)*

15:20h Low weight gain at 6th week of life as a risk factor for retinopathy of prematurity (ROP) - *João Borges Fortes Filho (PG-D)*

15:35h **COFFEE BREAK**

15:50h **POSTER - SESSION 4**

Retina and Vitreous (21)

17:50h **FINAL REMARKS AND AWARDS ANNOUNCEMENT** – *Wallace Chamon, Mauro S.Q. Campos and José Alvaro P. Gomes.*

POSTER - SESSION 1

Cornea and External Diseases (13)

1. Amniotic membrane vs. anterior stromal puncture: a comparative study in the treatment of symptomatic bullous keratopathy - *Fabiana dos Santos Paris (Est.)*
2. Importance of 3T3 feeder layer to establish epithelial cultures from cell suspension obtained from cornealscleral rims - *Priscila Cardoso Cristovam (G)*
3. Comparison amongst scleral, corneal and amniotic membranne grafts to restore scleral thinning secondary to pterygium surgery with betatherapy - *Charles Costa de Farias (PG-D)*
4. Growth Factors Dosage in Fresh and Preserved Amniotic Membrane in Different Medium and at Different Temperatures - *Mário Genilhu Bomfim Pereira (PG-M)*
5. Human Conjuntival Epithelial Cells cultivated ex vivo on Amniotic Membrane - *Paulo Caldas Silber (PG-M)*
6. Comparative study of Schirmer´s (I and basal) and Phenol Red Thread tests in dry eyes and healthy voluntaries - *Lilian Cristina do Espírito Santo (R)*
7. Therapeutic and preventive effect of topical Bevacizumab on corneal angiogenesis in the rabbit model - *Aline Silveira Moriyama (R)*
8. Blink Rate Analysis Using the “PISC”Tool - *Danielle Lumi Miura (R)*
9. Effect of Intrastromal Injection of Suramin in Treatment of Corneal Angiogenesis in a Rabbit Model - *Milton Nunes de Moraes Filho (R)*
10. Conjunctival transposition surgical technique for pterygium treatment - *Nuno Basílio Ferreira Tavares (R)*
11. Relashionship between Human Papilomavirus in pterygium and inferior sexual tract of female patients - *Renato Dichetti dos Reis Lisboa (R)*
12. Immature dental pulp stem cells for corneal epithelium reconstruction - *Gustavo Barreto de Melo (R)*
13. 5-Fluoracil Injection in an Experimental Model of Epithelialization of the Anterior Chamber in Rabbits - *Rafael de Almeida Gerade (R)*

Refractive Surgery (5)

14. Corneal biomechanics metrics assessment in healthy Brazilian subjects - *Bruno Machado Fontes (PG-D)*
15. Automated Lamellar Keratectomy in patients with Bullous Keratopathy - *Eliana Domingues Gonçalves (PG-D)*
16. VEGF is Involved in bFGF-Induced Corneal Neovascularization - *Hailton Barreiros de Oliveira (PG-D)*
17. Evaluation of the impact of intracorneal ring segments implantation on quality of life of patients with keratoconus using the NEI-RQL (National Eye Institute Refractive Error Quality of life) instrument - *Juliane de Freitas Santos Paranhos (PG-D)*
18. Fluorescence Confocal Microscopy of Porcine Corneas Crosslinked with Riboflavin and Ultraviolet-A - *Kátia Mantovani Bottós (R)*

Ocular Plastic Surgery (3)

19. Evaluation of the interest in the cosmetic upper eyelid surgery (blepharoplasty) among Asian descendants - *Renata Tiemi Kato (G)*
20. Self-esteem assessment in patients submitted to lower eyelid blepharoplasty - *Giovanni André Pires Viana (PG-D)*
21. Lacrimal film evaluation before and after eyelid botulinum toxin A (Prosigneâ) injection in patients with facial dystonia - *Fernanda Castro de Oliveira (R)*

Laboratory (1)

22. Epidemiologic findings of infectious keratitis in the elderly – a 32 years review - *Renato Magalhães Passos (R)*

Ocular Bioengineering (1)

23. Measurement of sight with psychophysical tests: study, standardization and construction of digital equipment - *Airton Leite Kronbauer (PG-M)*

POSTER - SESSION 2

Glaucoma (13)

24. The social-economical-cultural profile and expectations of participants in blindness prevention campaigns through glaucoma - *Carla Ferracina (PG-D)*
25. Comparison of safety and efficacy between trabeculectomy with mitomycin-C and Ahmed glaucoma implant in uveitic glaucoma - *Maria Vitória Moura Brasil (PG-D)*
26. The Agreement Between HRT And OCT On Optic Disk Area Measurements - *Bruno Konno (R)*
27. Changes in Visual Acuity after Cataract Surgery in Glaucoma Subjects - *Cristina Miyamoto (R)*
28. Effects of prostaglandin analogue and prostamide on corneal biomechanics - *Fernanda Pedreira Magalhães (R)*
29. Influence of intraocular pressure reduction on corneal hysteresis - Luis Gustavo Biteli (R)
30. Central Retinal Vessel Trunk Position and Neuroretinal Rim Loss in Glaucomatous Patients - *Patrícia Cabral Zacharias Serapicos (R)*
31. Intra-ocular pressure measurements differences after radial keratotomy using Goldmann, Pascal and Ocular Response Analyser tonometry - *Pilar de Andrade Memoria Moreno (R)*
32. Comparison between Humphrey visual field and FDT Matrix after Radial Keratitomy - *Simone Akiko Nakayama (R)*
33. Intraocular Pressure, Corneal Thickness, and Corneal Hysteresis in Steinert´s Myotonic Dystrophy - *Carlos Alexandre de Amorim Garcia Filho (R)*
34. Effect of Acupuncture on Intraocular Pressure - *Daniel Meira Freitas (R)*
35. Porcine pericardium as glaucoma implant tube coverage – an experimental study - *Sidarta Keizo Hossaka (R)*
36. Correlation between water drinking test outcomes and body mass index in patients with primary open-angle glaucoma - *Verônica Franco de Castro Lima (R)*

Trauma (3)

37. Violence induced ocular lesions - *Bruno Diniz (R)*
38. Ophthalmopedia.com - *Luis Felipe Brenner (R)*
39. Vitreous hemorrhage in blunt ocular trauma - *Rodrigo Doyle Libera (R)*

Neuro-Ophthalmology (2)

40. Pattern electrorretinograms for the detection of neural loss in patient with permanent visual field defect from chismal compression - *Leonardo Provetti Cunha (PG)*
41. Postoperative and secondary anterior ischemic optic neuropathy: comparison with the spontaneous type - *Wanessa Furtado Carneiro (R)*

Ocular Ultrasound (1)

42. Nodular Scleritis: Case Report diagnosed with Ultrasound Biomicroscopy and Treatment with triamcinolone - *Andréa Alejandra Gonzalez Martinez (Est.)*

Orbit (1)

43. Comparison between Magnetic Resonance Image signal intensity and clinical activity score, before and after treatment in pacients with graves Ophthalmopathy - *Paulo Gois Manso (PG-D)*

Strabismus (1)

44. Yamada's Surgery for Treatment of Myopic Strabismus Fixus - *David Kirsch (Est.)*

POSTER - SESSION 3

Cataract (9)

45. Quality of life evaluation in pacients submited to cataract surgery, which has been implanted intraocular multifocal array SA40N and follow up for two years - *Beogival Wagner Lucas Santos (PG-D)*
46. Use of diffractive IOL on young adults carrying inborn cataract - *Eduardo Marcelo Moron de Andrade (PG-D)*
47. Immersion, applanation and optical biometry: which one is better to calculation of multifocal intraocular lens power? - *Filipe de Oliveira (PG-D)*
48. Prevalence and outcomes of catarcat surgery in Brazil: The São Paulo Eye Study - *Francisco Seixas Soares (PG-D)*
49. Strategist Planning for the implantation of the ophthalmological surgical center the reference in Palmas – Tocantins - *Samantha Lustoza Marques de Souza (PG-M)*
50. Evaluation of Satisfaction and Quality of Vision in Patients with Multifocais IOLs - *Luci Meire Pereira da Silva (PG-D)*
51. Randomized comparison of the efficacy of cataract surgery using Ozil technology with miniflared vs tapered phaco microtips - *Eduardo Pantaleão Sarraff (R)*
52. Wavefront analysis of Acrysof® Toric IOL - *Carolina Isolani Pereira (R)*
53. Evaluation of Clinical Security and visual acuity outcome of the foldable acrylic miniflex intraocular lens - *Cristina Maria Ferreira Carossa (R)*

Tumors and Pathology (7)

54. Choroidal Melanoma – Epidemiological review in the latest three years on the Ocular Oncology Unit at São Paulo Federal University - *Camila Cassiano Simões (Est.)*
55. New retinoblastoma cases in a referral service - *Letícia Dourado Alves (Est.)*
56. Choroidal metastasis: epidemiologycal study at the Ocular Oncology Unit of the Federal University of São Paulo-Brazil - *Romina Barreto Sampaio (Est.)*
57. Histopathological study of benign ocular adnexa tumors - Danilo Nakao Odashiro (PG-D)
58. Expression of C-kit in retinoblastoma: a potential therapeutic target - *Letícia Rielo de Moura Santos (PG-D)*
59. MIA levels of uveal and cutaneous Melanoma in a rabbit model - *Patrícia Rusa Pereira (PG-M)*
60. Eye pathologies simulating a retinoblastoma in an ocular oncology center - *Simone Ribeiro Araújo de Almeida (PG-D)*

Epidemiology (3)

61. Prevalence and Causes of Visual Impairment in Low-Income Urban School-Age Children of Sao Paulo, Brazil - *Célia Regina Nakanami (PG-D)*
62. Clinically Significant Macular Edema and Survival in Type 1 and Type 2 Diabetes: Wisconsin Epidemiologic Study of Diabetic Retinopathy - *Flávio Eduardo Hirai (PG-M)*
63. Ocular Findings in Renal Transplanted Patients - *Samuel de Miranda Henriques Ribeiro Gonçalves (R)*

Electrophysiology (2)

64. Functional Assessment in Glaucoma Suspect and Glaucomatous Eyes: A Comparison of mfVEP, FDT and SWAP - *Fábio Nishimura Kanadani (PG-D)*
65. Color vision discrimination in Retinitis Pigmentosa - *Paula Yuri Sacai Munhoz (PG-M)*

Uveitis (2)

66. Anatomic and visual function assessment on asymptomatic HIV-positive patients using optical coherence tomography and frequency doubling technology perimetry - *Tiago Eugênio Faria e Arantes (PG-D)*
67. Intravitreal injection of clindamycin and dexamethasone for toxoplasmic retinochoroiditis: a pilot study - *Frederico Augusto Costa Reis (PG-D)*

POSTER - SESSION 4

Retina and Vitreous (21)

68. Ultrasound biomicroscopy (UBM) in recently postoperative 23 gauge vitrectomy sutureless incision - *Ana Carolina Noriko Yamada (Est.)*
69. Tunneled scleral incision to prevent vitreal reflux after intravitreal injection - *Bruno Albuquerque Furlani (Est.)*
70. Meta-analysis of chromovitrectomy with indocyanine green and trypan blue in macular hole surgery - *Fernando Marcondes Penha (Est.)*
71. Interpretation o fthe OCT in Pacients with choroidal neovascularization due to age-related macular degeneration treated with PDT combined with intravitreal bevacizumab versus intravitreal bevacizumab alone in - *Juliana Chizzotti Freire (Est.)*
72. Autofluorescence images analysis after macular grid in diabetic maculopathy oedema - *Paulo Roberto P. Hilarião Filho (Est.)*
73. PDT therapy combined with intravitreal bevacizumab versus intravitreal bevacizumab alone in choroidal neovascularization due to age-related macular degeneration - *Roberta Bocci Velletri (Est.)*
74. Correlation between anatomical and psychophysics findings in maculopathies: diabetic macular edema - *Aline do Lago Coutinho (PG-D)*
75. Optical Coherence Tomography in Retinitis Pigmentosa Patients and Microchip Epiretinal Prosthesis - *Douglas Yanai (PG-D)*
76. Transretinal Fixation of Polyimide Strips - *Luiz Henrique Soares Gonçalves de Lima (PG-D)*
77. Predictive factors for short-term visual outcome after intravitreal triamcinolone acetonide injection for diabetic macular edema: an optical coherence tomography study - *Oswaldo Ferreira Moura Brasil (PG-D)*
78. Evaluation of Early Chorioretinal Abnormalities in Hypercholesterolemic Rabbits Submitted to the PPAR-gamma Agonist Treatment (Rosiglitazone): Histological and Histomorphometric Study - *Rogil José de Almeida Torres (PG-D)*
79. Effects of copaxone in the nerve fiber layer thickness and retinal function in diabetic patients after pan-retinal photocoagulation, a double-masked randomized clinical trial - *Somaia Mitne (PG-D)*
80. Angiographic Features in Central Serous Chorioretinopathy - *Luiz Roisman (R)*
81. Systemic and ocular hemorrhage after intraocular injection of Bevacizumab – *Marcelo Hosoume (R)*
82. Comparison of the single and double density macular grid laser photocoagulation for diabetic macular edema using micropulse 810nm diode laser - *Daniel Lavinsky (R)*
83. Vital dyes for chromovitrectomy: comparative assessment of osmolarity, pH, and spectrophotometry analysis with regard to vitrectomy light sources - *Elaine de Paula Fiod Costa (R)*
84. New approaches to study experimental choroidal neovascularization: effects of intravitreal injection of anti-TNF alpha - *Caio Vinicius Saito Regatieri (R)*
85. Subretinal Bevacizumab Detection after Intravitreal Injection in Rabbits - *Eduardo Dib (R)*
86. Transscleral suture fixation technique of posterior chamber 5.5mm optical diameter intraocular lens - *Flávio Cotait Kara José (R)*
87. Embryonic Stem Cells and Retina: Neurosphere Method - *Gustavo Castro de Oliveira (R)*

88. Effects of Angiotensin-converting enzyme inhibitor and Angiotensin II receptor antagonist in diabetic rabbit retina - *Juliana Mantovani Bottós (R)*

Est. = Fellow
PG = Post-Graduate Student (Master or Doctorship in Ophthalmology or Visual Science)
G = Graduate Student
R = Resident
M = Master
D = Doctor

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RS)

3. PRESENTATION PREFERENCE (REQUIRED)
Paper

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Wallau	Anelise	Dutra
Last Name	First Name	Middle

Refractive Surgery (RS) Service (sector)

01449/04 Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

PRK with Mitomicyn C versus LASIK in Custom Surgeries for Myopia: One Year Follow-up

Authors: Anelise Dutra Wallau and Mauro Campos

Purpose: To compare photorefractive keratectomy with prophylactic use of mitomycin C (MMC-PRK) and laser in situ keratomileusis (LASIK) in custom surgeries for myopic astigmatism.

Methods: Eighty-eight eyes of 44 patients with a minimum estimated ablation depth of 50 µm were randomized to PRK with MMC 0.002% for one minute in one eye and LASIK in the fellow eye. Uncorrected visual acuity (UCVA), best-spectacle-corrected visual acuity (BSCVA), cycloplegic refraction, biomicroscopy, contrast sensitivity, specular microscopy, aberrometry, biomechanical properties of the cornea and a subjective questionnaire were evaluated. Forty-two patients completed one year follow-up.

Results: Mean spherical equivalent (SE) error before surgery and mean ablation depth (AD) were -3.99 ± 1.20 diopters (D) and 73.09 ± 14.55 µm in LASIK and -3.85 ± 1.12 D and 70.7 ± 14.07 µm in MMC-PRK eyes. UCVA was significantly better in MMC-PRK eyes 3 ($p=0.04$), 6 ($p=0.01$) and 12 ($p=0.03$) months after surgery. BSCVA was also better in MMC-PRK eyes ($p<0.001$) at one year follow-up. SE did not differ significantly in the 2 groups during follow-up ($p>0.05$). Significant haze was not observed in any PRK eye. The mean higher-order aberrations (HOA) was higher in LASIK eyes postoperatively when compared with MMC-PRK eyes ($p=0.01$). MMC-PRK eyes showed better contrast sensitivity than LASIK eyes ($p<0.05$). The endothelial cell count did not differ significantly in the 2 groups ($p=0.65$). Corneal hysteresis and corneal resistance factor were significantly greater in LASIK eyes one year after surgery. MMC-PRK eyes were better rated in terms of visual satisfaction.

Conclusions: MMC-PRK appears to be more effective than LASIK in custom surgeries for moderate myopia. Long-term follow-up is necessary to attest its safety.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

RS

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)

(a) Paper

(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Yamazaki	Ester	Sakae
Last Name	First Name	Middle

Refractive Surgery
Service (sector)

0075 / 06
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Phototherapeutic Keratectomy with mitomycin C for the treatment of Adenovirus corneal opacities: A Tissue saving approach

AUTHORS: Yamazaki, E. Campos, M;

PURPOSE:
This study evaluated preoperative and postoperative changes in patients with subephithelial fibrosis caused by adenoviral corneal infiltrates submitted to phototherapeutic keratectomy (PTK) using mitomycin C

METHODS:
This prospective, consecutive case series included patients with corneal subephithelial fibrosis presenting uncorrected visual acuity lower than 20/40. Transephithelial PTK was performed and mitomycin C at 0.002% was applied during one minute after the ablation. Depth of ablation was set to a third of the mean depth of the opacity as measured by anterior eye tomography (Pentacam®), optical coherence tomography (Visante®) and ultrasound biomicroscopy. Measurements of uncorrected visual acuity(UCVA), best spectacle visual acuity(BSCVA) were performed pre, 1, 3 and 6 months postoperatively.

RESULTS:
This study included 30 eyes of 24 patients, 8 men and 16 women. The mean time from disease onset was 18.5 months and mean age was 40.6 years (range 18-65). Preoperatively mean depth of corneal opacities was 162.3 microns with UBM, 169.7 with Pentacam® and 142.1 with Visante®. Mean change in spherical equivalent was 0.26 preoperative and 0.83 and 0.89 at 3 and 6 months respectively. After PTK, all patients presented marked reduction of eye complains, no loss of BSCVA and 79.2% of the eyes gained 2 or more lines and UCVA better than 20/40 was achieved in 81.5% at 6 months. The mean corneal thickness reduction was 48 microns and the mean induction of hyperopia was 0.85 D.

CONCLUSION:
Transepithelial PTK with mitomycin C appears to be effective and safe for the treatment of corneal opacities induced by adenoviral keratoconjunctivitis. Longer follow up is necessary to evaluate safety and stability of corneal transparency.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RS)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
Paper

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Telma Pereira Barreiro
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Barreiro	Telma	Pereira
Last Name	First Name	Middle

REFRACTIVE SURGERY — Service (sector)
0520/06 — Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Wavefront-guided laser in situ keratomileusis with the Alcon CustomCornea and the Zyoptix: Six-month results.

Purpose: To evaluate and compare the visual and clinical outcomes of Wavefront-guided laser in situ keratomileusis (Lasik) with the Alcon CustomCornea and Zyoptix systems.
Methods: Prospective, randomized, masked and bilateral study is being conducted. Fifty patients with preoperative spherical equivalent (SE) ranging from –1.00 to –6.00 D were enrolled for customized ablation in both eyes. All of them were submitted to LASIK CustomCornea treatment in one eye and Zyoptix in the other eye. Uncorrected visual acuity (UCVA), best correct visual acuity (BCVA), manifest refraction, wavefront measurements, contrast sensitivity testing and subjective vision questionnaire were performed preoperatively and postoperatively at 1, 3 and 6 months.
Results: Preoperatively, the CustomCornea group had a mean manifest sphere of -3,07 ± 1,56 diopters (D) (range: -0.75 to -6.00), cylinder of -0.42 ± 0.42 D (range: 0.00 to -1.25 D), and manifest refractive spherical equivalent (MRSE) of -3,29 ±1.56 D (range: -1.00 to -6.50). The Zyoptix group had a mean manifest sphere of -3,00 ± 1,51 D (range: -0.75 to -6.00), cylinder of -0.44 ± 0.36 D (range: 0.00 to -1.25 D), and manifest refractive spherical equivalent (MRSE) of -3,22 ±1.50 D (range: -0.88 to -6.00). At 6 months, 86 % of CustomCornea eyes and 70 % of Zyoptix eyes had UCVA ? 20/20. Twenty-two percents of CustomCornea eyes and 20 % of Zyoptix eyes gained 1 line of BCVA. One hundred of the CustomCornea group and 88 % of the eyes in the Zyoptix, were within 0.50 D of emmetropia. In both groups, the contrast sensitivity improved. Spherical aberration and higher order aberration increased in both groups, the CustomCornea group showed lower values (p< 0,001).
Conclusion: Wavefront-guided Lasik with both systems is safe and effective. The CustomCornea platform showed lower higher order aberration and spherical aberration.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO) CORNEA / EXTERNAL DISEASE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Lauro A Oliveira
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Oliveira_____Lauro_____Augusto_____
Last Name First Middle

Cornea
Service (sector)

_____
Nº CEP

5. ABSTRACT (REQUIRED)

Gene Transfer to Primary Corneal Epithelial Cells *Ex Vivo*

L.A. Oliveira[1,2], L.B. Sousa[2], C. Kim[1], I.R. Schwab[1], M.I. Rosenblatt[1]
[1]Ophthalmology & Vision Science, University of California, Davis, CA; [2]Ophthalmology & Visual Science, Federal University of São Paulo – UNIFESP/EPM, São Paulo, Brazil.

Purpose: To evaluate the transfer of heterologous genes to cultured corneal epithelial cells expanded in vitro.

Methods: Freshly enucleated rabbit corneoscleral tissue was used to obtain corneal epithelial cell suspensions via double enzymatic digestion (dispase followed by trypsin). Cells were plated at a density of $5\times10^3/cm^2$ and allowed to grow for 5 days (to 70-80% confluency) prior to transduction with 5 dilutions of a GFP expressing lentiviral vector. Gene transfer was monitored using fluorescence microscopy and fluorescence activated cell sorting (FACS). At 4 days post-transduction, one set of P0 cells were dual sorted by FACS for GFP expression as well as Hoechst dye exclusion. A second set of cells was serially passaged to P2 and the levels of GFP expression monitored at each passage.

Results: GFP expressing lentiviral vectors (titers of 10^5cfu/ml) were able to effectively transduce rabbit primary epithelial cell culture in vitro. Live cell imaging 4 days post-transduction demonstrated GFP-positive cells with normal epithelial cell morphology and growth. When double sorted by FACS to isolate both GFP positive and side population cells, transduced side population cells were identified. Moreover, the percentage of side population cells that were transduced was similar to the percentage of putatively more mature cells in the main population. The number of cells transduced at P0 was markedly dose-dependent, and at the highest concentrations of lentivirus approached 9%. FACS sorting allowed for the isolation of a pure population of GFP positive transduced cells which were readily expanded to confluency at P1. After serial passages, transduced epithelial cells maintained a quantitatively similar GFP positive phenotype from P0 to P2, even as cell morphology became more mature. Furthermore, the side population cells were not only transduced, but the ratio of infected cells was found to approach the ratio of infected non-side population corneal epithelial cells.

Conclusions: Lentiviral vectors can effectively transfer heterologous genes to corneal epithelial cells expanded in vitro. Genes were stably expressed through three cell passages and could be transferred to mature corneal cells as well as putative stem cells.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
CO

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(x) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name	First Name	Middle
SACRAMENTO	ROGERIO	SILVA DO

Service (sector)	Nº CEP
CORNEA	1668/06

Title: Antimicrobial Peptides Are Lytic To *Acanthamoeba Castellanii*

Sacramento RS; Freitas D; Martins RM; Foronda A; Alvarenga L; Dobroff AS; da Cunha JPC; Rodrigues EG; Mortara, R;Miranda A; Schenkman S

Purpose: *Acanthamoeba* species are an important cause of keratitis, mainly in contact lens wearers. Because of its poor response to conventional antimicrobial agents at concentrations tolerated by the eye the outcome is generally severe visual impairment. We evaluated the *in vitro* efficacy of two classes of antimicrobial peptides against *Acanthamoeba castellani* trophozoites compared to rabbit corneal epithelial (SIRC) cells.

Methods: We used Gomesin, a β-hairpin peptide, and peptides derived from the N-terminus of trialysin (P5), which form amphipathic α-helix structures. Amoebicidal activity was investigated after incubation of *A.castellanii* trophozoites with different concentrations of the peptides and monitored by trypan blue test and flow cytometry for propidium iodide fluorescence. Growth inhibition was assessed during 6 days of incubation in 96-well plates. SIRC cells (ATCC CCL60) viability after exposure to peptides was done by MTT colorimetric assay. Degradation of peptides exposed to trophozoites supernatants was analyzed by liquid chromatography-mass spectrometry. To determine whether proteases inhibition enhanced the lytic effects of peptides, trophozoites were treated with phenylmethylsulphonyl fluoride and incubated in the absence or presence of peptides.

Results: Gomesin was more effective in promoting amoeba (LC_{50} = 15 μM) than SIRC cells permeabilization (LC_{50} = 25 μM), resisting proteolytic degradation. It was less effective in preventing growth because its action decreased in amoeba growth medium. P5 eptide promoted amoeba permeabilization at higher concentrations (LC_{50} = 36 μM) and was very sensitive to proteases secreted by amoeba. Nevertheless, peptide P5 prevented amoeba growth at concentrations as low as 5 μM. Addition of PMSF increased P5 lytic efficiency.

Conclusions: We concluded that although β-hairpin peptides are effective to kill amoeba at safe concentrations, their effect depends on the culture medium, which increases parasite resistance to lysis. In contrast, amphiphathic α-helix peptides are effective in preventing growth but their action would depend on the susceptibility to amoeba proteases.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
CO

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Felberg ***Sergio***
Last Name First Middle

Cornea and External Disease ***0910-03***
Service (sector) Nº CEP

ORAL PILOCARPINE FOR THE TREATMENT OF DRY EYES IN PATIENTS WITH SJÖGREN SYNDROME

Sergio Felberg, Paulo E.C. Dantas and Elcio H. Sato

PURPOSE: To evaluate the efficacy, side effects and tolerability of oral pilocarpine for the treatment of ocular symptoms and signs in patients with Sjögren's syndrome (SS). **METHODS:** 32 patients with SS were included in this prospective, randomized, doubled-blind, placebo-controlled, crossover study. Patients were randomized according to a computer-generated schedule to receive 5 mg of oral pilocarpine hydrochloride or placebo tablets four times daily. Each treatment period lasted for 10 weeks, then the patient crossed over to the other study product after a 2-week washout period. Global evaluation and symptoms of dry eye were assessed by questionnaires (*NEI-VFQ 25* and *Ocular Surface Disease Index*) and objective clinical assessments were performed using rose bengal staining, tear film break-up time (*BUT*), Schirmer I test (without anesthesia), Schirmer II test (with nasal stimulation), non-invasive break up time (*NIBUT*), fluorescein staining, tear ferning test, tear osmolarity and tear lysozyme activity. All the assessments were carried out at baseline and the end of each treatment period. The frequency and severity of adverse events occurring during the study were also recorded. **RESULTS:** Compared to placebo, significant differences were seen with pilocarpine 5 mg four times daily, in subjective symptoms, tear dynamics, condition of the corneoconjunctival epithelium, and global improvement rating. Patients taking oral pilocarpine had improvement in subjective global assessment of dry eyes, as was evaluated by improvement for responses to the *OSDI* and *NEI-FVQ 25* questionnaires. Tear flow measured by Schirmer I and Schirmer II was increased in the pilocarpine group, furthermore, patients receiving oral pilocarpine also showed improvement measured by the rose bengal staining score, fluorescein staining score, *BUT*, *NIBUT*, tear osmolarity and tear lysozyme activity. The tear ferning patterns I and II, rarely observed during placebo phase, were more prevalent after the treatment with pilocarpine. Although adverse effects have been very frequently reported, the drug was well tolerated. The most common pilocarpine-related side effects were sweating but it was generally mild and tolerable. Others reported adverse events were urinary frequency, flushing, and chills. No serious drug-related adverse effect was found in this study.
CONCLUSIONS: Administration of 5mg pilocarpine tablets 4 times daily (20mg/d) was well tolerated and produce improvement in symptoms and signs in patients with Sjogren's syndrome.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)

(a) Paper

(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

HILGERT	CHRISTIANA	REBELLO
Last Name	First Name	Middle

CORNEA/ EXTERNAL DISEASE
Service (sector)

1019 / 04
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

TITLE: Management Performance of Two Eye Banks Regarding Prêmio Nacional de Gestão em Saúde (PNGS) Criteria.
AUTHORS: Christiana Rebello Hilgert, Alvaro Haverroth Hilgert, Elcio Hideo Sato

PURPOSE: To analyse the management of two eye banks with distinct results regarding number of donations using Prêmio Nacional Gestão em Saúde (PNGS) criteria for performance excellence.
METHODS: All the personel of the two eye banks were submitted to an interview using the 'ARE WE MAKING PROGRESS?' questionnaire from Malcolm Baldrige Quality Program. The questionnaire items are organized by the seven criteria categories , as the PNGS's (Leadership - 07 questions/ Strategic Planning - 03 questions /Customer and Market Focus - 05 questions / Measurement, Analysis and Knowledge Management - 06 questions/ Human Resource Focus - 6 questions / Process Management - 04 questions/ Bussiness Results - 09 questions). For all questions the interviewed could: strongly agree / strongly disagree / neither agree or disagree/ agree/ disagree.
The findings were studied upon Fischers'exact test and Non parametric U test (Mann-Whitney) to compare the medium scores, since the samples were too small. The significance level used was 5 %.
RESULTS: 21 employees from Sorocaba Eye Bank and 08 from Santa Casa de Campo Grande Eye Bank were submitted to the questionnaire.
The Non Parametric U test (Mann-Whitney) showed a higher level of agreement to the questionnaire proposals from Sorocaba Eye Bank than the ones from Santa Casa Eye Bank in 6 out from the 7 items studied (Leadership, Strategic Planning,Costumer and Market Focus, Human Resource Focus, Process Management, Bussiness Results). There wasn't any statisticaly significant difference related to the criteria Measurement, Analysis and Knowledge Management. The highest difference on the concordance level between the two organizations was related to Process Management ($p<0.001$).
CONCLUSIONS – The Sorocaba Eye Bank management performance has distinct and statistically significant aspects compared to Santa Casa Eye Bank, shown on 6 out of 7 criteria studied by the questionnaire used. These data showed that the Sorocaba Eye Bank performance management is closer to internationally accepted concepts of performance excellence, based on both PNGS Criteria and Malcolm Baldrige Quality Program, than Santa Casa de Campo Grande Eye Bank.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(x) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name: Garcia First Name: Fábio Middle: Dante

Service (sector): DEOC

Nº CEP: 0573/07
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT

Characteristics of patients submitted to corneal transplant at UNIFESP/HSP from 2004 to 2006.

Fábio Dante Garcia, Telma Pereira Barreiro, Denise de Freitas, Consuelo B. D. Adan, Flávio Hirai, Élcio H. Sato

Purpose: To evaluate the characteristics of patients submitted to corneal transplant at UNIFESP/HSP from 2004 to 2006.

Methods: Information about patients submitted to corneal transplant at UNIFESP/HSP from January/2004 to December/2006 were retrospectively collected in this study. Data such as gender, age, ethnicity, indication for surgery, and waiting time until surgery were obtained from the Sao Paulo Transplant Center database and from medical records.

Results: Six hundred and six patients were submitted to corneal transplant during the study period (2004-2006). There were 311 (51,3%) males and 295 (48,6%) females and the median age was 41 years (range: 7 months to 92 years). Regarding ethnicity, 365 (60,2%) were white, 169 (27,9%) were brown, 60 (9,9%) were black and 12 (1,9%) were yellow. The most frequent indications for corneal transplant were keratoconus (205 cases (33,8%)), other (83 cases (13,7%)) and bullous keratopathy (68 (11,2%). The median waiting time for surgery was 7,4 months (range: 0 to 49,0 months).

Conclusion: Keratokonus was the main indication for corneal transplant at UNIFESP/HSP. The proportion of males and females was similar, representing an economically active stratum of the population with median age of 41 years and 60% of whites. The median waiting time for a surgery in this study was 7,4 months. We observed that indications for cases that needed priorization such as traumas and child leukomas presented the lowest waiting times and the longest time was for bullous keratopathy.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

PARIS	FABIANA	DOS SANTOS
Last Name	First Name	Middle

CORNEA — Service (sector)

0728/02 — Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Amniotic membrane vs. anterior stromal puncture: a comparative study in the treatment of symptomatic bullous keratopathy

Fabiana Paris, M.D.; Eliana D. Gonçalves, M.D.; Élcio H. Sato, M.D.; Maira Morales, M.D., Liliane Kanekadan, M.D., Mauro S. Q. Campos, M.D.; José Álvaro P. Gomes, M.D.

Purpose: To compare amniotic membrane transplantation (AMT) vs. anterior stromal puncture (ASP) in the treatment of symptomatic bullous keratopathy.
Patients/Methods: A prospective, randomized study was carried out at External Eye Disease and Cornea Service of the Federal University of Sao Paulo from June 2005 to December 2006. Thirty eight eyes of 38 patients with symptomatic bullous keratopathy were randomized in 2 groups: 18 patients underwent ASP and 20 patients AMT. Pre-operative evaluation included anamnesis and a complete ophthalmological examination including esthesiometry and pachimetry by ultrasonic biomicroscopy (UBM). Clinical evaluations were performed 30, 90 and 180 days after the procedures.
Results: Evaluation of pain showed a significant decrease in frequency, duration and intensity *(p<0.001)* in both groups comparing pre and post-operative after 90 and 180 days of follow-up. Esthesiometry values decreased in AMT group *(p=0.004)* and in ASP group *(p=0.120)* without significant difference between the groups *(p=0.556)* after 180 days of follow up. A decreased of average pachimetric values *(p<0.001)* was observed for AMT *(p=0.001)* and ASP groups after 180 days of follow up.
Conclusion: AMT and ASP are both effective methods to relief the pain of patients with symptomatic bullous keratopathy.
Purpose: To compare amniotic membrane transplantation (AMT) vs. anterior stromal puncture (ASP) in the treatment of symptomatic bullous keratopathy.
Patients/Methods: A prospective, randomized study was carried out at External Eye Disease and Cornea Service of the Federal University of Sao Paulo from June 2005 to December 2006. Thirty eight eyes of 38 patients with symptomatic bullous keratopathy were randomized in 2 groups: 18 patients underwent ASP and 20 patients AMT. Pre-operative evaluation included anamnesis and a complete ophthalmological examination including esthesiometry and pachimetry by ultrasonic biomicroscopy (UBM). Clinical evaluations were performed 30, 90 and 180 days after the procedures.
Results: Evaluation of pain showed a significant decrease in frequency, duration and intensity *(p<0.001)* in both groups comparing pre and post-operative after 90 and 180 days of follow-up. Esthesiometry values decreased in AMT group *(p=0.004)* and in ASP group *(p=0.120)* without significant difference between the groups *(p=0.556)* after 180 days of follow up. A decreased of average pachimetric values *(p<0.001)* was observed for AMT *(p=0.001)* and ASP groups after 180 days of follow up.
Conclusion: AMT and ASP are both effective methods to relief the pain of patients with symptomatic bullous keratopathy.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário (X) Tecnólogo ( ) PIBIC

Cristovam	Priscila	Cardoso
Last Name	First Name	Middle

External Disease and Cornea Service
Service (sector)

485/01
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Importance of 3T3 feeder layer to establish epithelial cultures from cell suspension obtained from cornealscleral rims

Priscila C. Cristovam, Maria A. Glória , Gustavo B. Melo, Charles C. Faria, Myrna S. Santos e José Álvaro P. Gomes

Purpose: To evaluate the importance of the presence of 3T3 fibroblasts for establishing limbal epithelial cultures from cell suspension obtained from cornealscleral rims (CSL). **Methods:** CSL from different donors (n=6) had their posterior stroma and endothelium stripped away. Each CSL was divided in three equal segments that were set up in tissue culture in three different conditions: one of the segments was cut in three small pieces which were placed with the epithelial side up on the bottom of the culture plate (group A). The other two fragments were cut in small pieces that were incubated with Trypsin 1g/ml (EDTA/PBS 0,02%) for 30 min at 35^{o}C. The CSL pieces were removed and the cell suspension was centrifuged at 1500rpm for 5 minutes. The procedure was repeated with the same CSL pieces and the cells obtained were suspended on a SHEM media. One-thousand epithelial cells were placed on 100mm culture plates with (group B) or without (group C) irradiaded 3T3 fibroblasts and cultured in SHEM media which was changed every 2 days. The epithelial migration in group A and clone formation in groups B and C were evaluated by phase contrast microscopy. After 20 days, the media was removed and the attached cells were stained with rodamine. **Results:** All the epithelial cell suspensions that were cultured with 3T3 fibroblasts (group B) formed clones. Epithelial cell growth was observed in 4/6 rims (group A). No adhesion or clone formation was observed at the cell suspensions that were cultivated without 3T3 fibroblasts (group C). **Conclusion:** Epithelial cell suspension obtained from CSL in this model need to be cultivated with 3T3 fibroblasts in order to form clones.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Charles Costa de Farias
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (**X**) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Farias	Charles	Costa
Last Name	First Name	Middle

Cornea and External Disease
Service (sector)

0060 / 04
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Comparison amongst scleral, corneal and amniotic membranne grafts to restore scleral thinning secondary to pterygium surgery with betatherapy

Farias CC, Vieira LA, Souza LB, Sternlicht T, Gomes JAP

INTRODUCTION: Scleral thinning may occur secondary to different ocular surface conditions, especially in rheumatologic diseases and after surgeries as in pterygium. There are different methods to treat this condition, as to use scleral, corneal and more recently amniotic membrane graft.

PURPOSE: To evaluate the use of preserved scleral,corneal and amniotic membrane graft for the surgical repair of scleral thinning of different sizes in patients underwent surgery of pterygium with associated betatherapy .

METHODS: Prospective, comparative, randomized, interventional study of twenty nine eyes of twenty eight patients (one bilateral case) with scleral thinning after betatherapy. The mean age was 64,5 (47-82), 16 were female and 12 male. All patients were operated by the same surgeon and the surgical procedure was randomized in scleral, corneal or amniotic membrane graft. Nine patients underwent surgery with scleral graft that was covered by conjunctival flap; ten with corneal graft and ten with amniotic membrane tranplantation. Patients were followed for 180 days.

RESULTS: All the eyes that received scleral and corneal grafts presented stability of ocular surface with rapid reepithelialization of the ocular surface; on the other hand, the eyes that received the amniotic membrane grafts had the transplanted tissue absorbed on average after 30 d of follow up. There were a few complications related to the procedures: two patients developed fornix foreshortening, one patient had a scleral perforation, one patient had a small laceration of the choroid and two patients had corneal melting after 15 days of post operative, probably due to rheumatologic disease.

CONCLUSION: Our results suggest that both scleral and corneal grafts are good options to be used for restoring scleral defects with thinning.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Pereira.	Mário.	Genilhu Bomfim
Last Name	First Name	Middle

CASO
Service (sector)

0074/06
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Growth Factors Dosage in Fresh and Preserved Amniotic Membrane in Different Medium and at Different Temperatures

Mário Genilhu Bomfim Pereira , José Álvaro Pereira Gomes, Luiz Vicente Rizzo

Purpose: To compare the concentration of different growth factors (EGF, NGF, FGF-b, TGF-B, HGF) in fresh and preserved in amniotic membranes during different periods of storage at different temperatures.
Methods: Eight amniotic membranes were obtained from eight placentas of cesarean deliveries at term. Each amniotic membrane was divided in seventeen pieces and preserved at saline solution 0,9% (1), DMSO 12%(8) and modified TC 199 preservation medium / glycerol (Ophthlamos) (8). One sample of each membrane in the saline solution was put in serum free and protein free hybridroma medium for 24 hours. The supernatant was retrieved and submitted to ELISA. After 24 hours preserved at -80º C and 0º C, one sample of each membrane was placed in serum free and protein free hybridroma medium for 24 hours. The supernatant was retrieved and submitted to ELISA.
Results: HGF concentration increased either in membranes preserved at -80º and at 0º at both media (DMSO and Ophthalmos') compared with fresh membrane. TGF-beta, IL-10, FGF and NGF concentrations couldn't be evaluated because of the low values, which means that they were probably too diluted in the supernatant.
Conclusion: These early results are not conclusive, but it looks like that both preservation media increase the concentration of growth factors, notably HGF, in the first 24hs. Another set of amniotic membranes will be obtained in order to repeat the experiment and confirm our initial findings.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name	First Name	Middle
Silber	Paulo	Caldas

Service (sector)
Centro Avançado de Superfície Ocular (CASO)
EPM/UNIFESP

0677/07(CEP)
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

Human Conjuntival Epithelial Cells cultivated *ex vivo* on Amniotic Membrane

Silber PC, Osawa JQS, Cristovam PC, Oliveira LA, Gomes JAP

Introduction: The conjunctiva plays an important role in the ocular surface physiology: it represents a physical barrier against microorganisms and prevents liquid loss. Besides, it has immune cells, special cicatricial mechanisms and produces mucins, an important components of the tear film. There are different ocular surface diseases that affect the conjunctiva, as pterygium, tumors and symblepharon. Classically, conjunctival auto or allografts have been performed to treat many of these diseases. However, there are some limitations regarding the availability of conjunctival donor tissue.
Purpose: To establish human conjunctival epithelial cell culture on amniotic membrane.
Methods: A conjunctival fragment of approximately 2x4mm was harvested from different living donors who underwent cataract or pterygium surgery. All donors signed a inform consent prior to the procedure. The conjunctival fragment was sent to the laboratory. Under sterile conditions, the tissue was divided into an anterior and a posterior portion. The anterior portion was divided into two fragments. One was cultivated on denuded human amniotic membrane, and the other was placed on a culture plate. The cultures were incubated with a modified HEM media at 37ºC and 5% CO2. The culture medium was changed 3 times a week for 3 weeks. After this period, the cultures were air-lifted for 3 days and fixed for immunocytochemical analysis for epithelial cytokeratins (K3, MUC5) and proliferation markers (Ki-67). We also performed impression cytology to verify morphologic features of the cultures.
Results: Conjunctival epithelial cells (n=3) expanded successfully either on culture plate or amniotic membrane. Impression cytology demonstrated the presence of compact conjunctival epithelium and goblet cells. Immunocytochemical analysis showed positivity to K3, MUC5 and Ki-67.
Conclusions: We establish a method to cultivate human conjunctival epithelial and goblet cells *ex vivo* on human amniotic membrane. This method may represent an important step to be used in the treatment of many ocular surface diseases.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Espírito Santo	Lilian	Cristina
Last Name	First Name	Middle

Córnea
Service (sector)

01543/07
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Comparative study of Schirmer´s (I and basal) and Phenol Red Thread tests in dry eyes and healthy voluntaries

Santo, LCE; Oliveira, FC; Cariello, AJ; Freitas, D.

PURPOSE: To investigate the relation between Schirmer's and Phenol Red Thread tests in patients with dry eyes and healthy voluntaries, comparing results, discomfort scale and ocular surface changes after test. **METHODS**: A total of 20 eyes with diagnoses of dry eye and 12 normal eyes underwent Schirmer's I test, discomfort scale and Bengal Rose test at the first day of study. On the next day they did the same exams except for the Phenol red. On the third day we performed just the Schirmer`s Basal test. **RESULTS:** On the dry eye group, the average age was 60,2 years, 90% female, 80% white, 10% yellow and 10% black. The Schirmer`s I test was 12,45 mm in average, but it was positive in 30% (6/20 eyes) when a cutoff point of 5 mm was used and positive in 55% (11/20 eyes) with a cutoff point of 10 mm. The Phenol red thread test average was 10, 31 mm, but was positive in 56,25% (9/16 eyes) when a cutoff point of 10 mm was used and in 93,75% (15/16 eyes) with a cutoff point of 20 mm. On the normal eye group, the average age was 51,83 years, 66,66% female, 50% white, 33,33% mulatto and 16,66% black. The Schirmer`s I test average was 25,74 mm and the Phenol red thread test 13,87 mm. In both groups was noted a discomfort`s scale decrease on Phenol red thread test comparing to Schirmer`s I test. The Bengal Rose test revealed that with the Schirmer`s I test the ocular surface presented more affected than on Phenol Red Thread test. **CONCLUSION:** There is a very weak correlation between Schirmer's test and Phenol Red Thread tests and the Schirmer´s I test caused more discomfort and damage to the ocular surface than Phenol Red Thread test.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 (X) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

MORIYAMA	ALINE	SILVEIRA
Last Name	First Name	Middle

CORNEA AND EXTERNAL DISEASE
Service (sector)

1739/07
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Therapeutic and preventive effect of topical Bevacizumab on corneal angiogenesis in the rabbit model

Moriyama AS, Moraes Filho M, Furlani B, Rodrigues EB, Farah ME, Barros L, Dias B, Maia M, Lima AS, Hofling-Lima AL

Purpose: To evaluate the preventive and therapeutic effects of topical Bevacizumab on experimentally induced corneal neovascularization in a rabbit model.
Methods: A rabbit model of suture-induced corneal neovascularization was used to assess the topical anti-angiogenic role of bevacizumab. After suture was performed at day 0, animals were divided into the following groups: A: Control Group (n=4): receiving saline solution eye drops tid during 14 days beginning in the same day suture was performed. B: Therapeutic group (n=6): receiving 25mg/ml bevacizumab eye drops tid from day 14 to day 28. C: Preventive group (n=6): receiving bevacizumab 25mg/ml eye drops tid from day 0 to day 14. All the animals were evaluated and biomicroscopic photographed in the 7th (D7), 14th (D14), 21st (D21) and 28th (D28) day after the start of angiogenic stimulus with suturing. By the 28th day animals were sacrificed and the eyes were sent to immunohistochemical analysis. Images were morphometrically analyzed using the image processing and analysis software Image J 1.31v. (Wayne Rasband Research Services Branch, National Institute of Mental Health, Bethesda, USA). Statistical analysis was performed to compare three parameters of neovascularization regression among each of groups: area of neovascularization, radial length of the longer neovessel and limbar length of the neovascularizarion area: values for $p<0.05$ considered statistically significant.
Results: Area of neovascularization was significantly decreased in the Preventive group at D7 (average area of 386,649 pixels in group A, 241,459 pixels in group B and 45,964 pixels in group C; $p<0.05$). Preventive Group had also smaller areas of neovascularization in D14, D21 and D28. Other parameters presented analogous results, in D7 radial length of the longer neovessel values (497,994 in group A, 329,266 in group B and 135,026 in group C) and limbar length of the neovascularization area (1,104 pixels in group A, 1,306 pixels in group B and 688 pixels in group C) showed decreased measures in Preventive group with statistical significance. Immunohistochemical analysis is under process.
Conclusions: Bevacizumab showed to be effective in minimizing neovascularization when applied early in angiogenic stimuli process, though it was ineffective in regressing neovascularization when administered later in the creased disease. These results might reflect a different action of this drug depending on the maturation degree of the corneal angiogenesis and may be clinical relevant for its use in human eyes.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Danielle Lumi Miura
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 (x) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name	First	Middle
Miura	Danielle	Lumi

Service (sector)	Nº CEP
Cornea	1721/07

First Author: Danielle Lumi Miura
Other Authors: Karina Paula Watanabe, José Alvaro Pereira Gomes
Academic Degree:2º. Year Resident
Service/Sector: Cornea
Title: Blink Rate Analysis Using the "PISC"Tool

PURPOSE: The proposal of this study is to evaluate the effectiveness of "pisc" (a timer device designed to stimulate blink frequency in situations of visual concentration). The study will evaluate normal patients and dry eye patients.

MATERIALS AND METHODS:
A prospective study will be carried out at the External Diseases and Cornea Service of the Department of Ophthalmology, Federal University of São Paulo (UNIFESP). Thirty patients, 15 with dry eyes and 15 controls, will participate in the study. The research protocol and the consent term for the patients were approved by the Ethic and Research Committee of UNIFESP-EPM. Pisc is a 2 cm diameters device, composed by a micro electronic controller circuit and a microprocessor with a 3 volts battery. It has an on/off key, a frequency controlling crystal and a sensor that emits sonorous, luminous or vibratory signs in the human blinking frequency that aims to stimulate the blink action. In practice, it can be easily fixed to computer screens through a magnet or sticker. A webcam will be positioned in front of patient's face, at 1 meter distance to film the experiment. There will be two visits – the first visit without Pisc and at the second visit using Pisc – divided in two sections each – with and without air conditioned to refrigerate the environment. The patients will be filmed for 10 minutes by section with the request of reading a text. During the second visit the patients will be oriented to blink according Pisc signs. Patients will be submitted to specific dry eye tests (fluoresceine and green lissamina), before and after the reading exercises.The fluoresceine and green lissamina tests will indicate cornea and conjunctive suffering cells by coloring them. The test analyses will be based on the Bijsterveld´s criteria: 0 - coloration absence; 1 - puntiform coloration; 2 - confluent and extense points; 3 - plates of coloration. Exclusion criteria will be: eyelids abnormalities, ocular diseases and previous ophthalmologic surgery. Consent term of all the patients will be obtained prior to the study.

RESULTS: In Progress

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Milton Moraes-Filho
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 (X) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Moraes-Filho_____ Milton_____Nunes
Last Name First Middle

CORNEA / EXTERNAL DISEASE _____0216/07_____
Service (sector) Nº CEP

Effect of Intrastromal Injection of Suramin in Treatment of Corneal Angiogenesis in a Rabbit Model

Moraes Filho, MN; Moriyama AS; Dib E; Lima, AS; Freitas, D

Introduction: Suramin (Sigma-Aldrich, EUA) is an antineoplastic drug that has multiple potential mechanisms of action, including *in vitro* and *in vivo* inhibition of VEGF, bFGF, IGF-1, PDGF, TGF-β and kinase C protein [1, 2].
Purpose: To analyze the effect of intrastromal administered Suramin on experimentally induced corneal neovascularization (NV) in a rabbit model.
Methods: NV was induced by silk 6.0 suture in peripheral cornea from 8 New Zealand rabbits and were randomly distributed into three groups:Control Group (n=4): Received intrastromal injection (30G) of Balanced Saline Solution (BSS®) 14 days after injury.Suramin Group 1 (n=2): Received 8mg/0,2mL intraestromal injection (30G) of Suramin 14 days after injury.Suramin Group 2 (n=2): Received 4mg/0,2mL intraestromal injection (30G) of Suramin 14 days after injury.Standardized biomicroscopic photographies were taken at days 7, 14, 21 and 28. NV areas were processed and morphometrically analyzed by Image J 1.31v software (Wayne Rasband at the Research Services Branch, National Institute of Mental Health, Bethesda, MD, USA).
Quantitative and qualitative analysis between the NV area growth and/or regression among each group was made.
Results: The majority of silk 6.0 suture-induced corneal NV was superficial.
0,2 mL intrastromal injection was little, thus not filling entire cornea.
Intracameral injection of Suramin occurred accidentally in one rabbit of the Group 2. The animal showed no different ocular effects than the others.All the animals presented progressive increase in the NV area along the 28 days follow up, though in different degrees. Average NV area at D28 was largest in Group 2 followed closely by Group1. Control group surprisingly featured conspicuous smaller areas. (Table 1, Graphic 1).
The NV area of the D14 was considered as 100% and Graphic 2 shows relative progression of NV along time.Qualitative analysis revealed a decrease in neovascular branching and density at D28 in all groups (Fig. 1). In addition, loss of corneal bright and a whitish intrastromal deposit were observed in all rabbits after the injection. Those alterations persisted through the whole studied period. The opaque white deposits however turned translucent along the time (D28). (Fig. 1)
Conclusions: Although Suramin has proved to inhibit corneal NV in rats[1] and in rabbits [3] we found different results in this pilot study. Intrastromally injected Suramin may maximize or even yield an intense NV process in comparison to control. We speculate that such unexpected results may be caused either by a direct action of the drug in the corneal stroma or by secondary injection related inflammation.

2007 Research Days Abstract Form – Department Ophthalmology – UNIFESP/EPM

2- SCIENTIFIC SECTION PREFERENCE
CO

3- PRESENTATION PREFERENCE

(a) Paper
(b) Poster

4- The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY

Deadline: 29/10/2007

FORMAT: Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6) , Purpose, Methods, Results, Conclusions.
Example :ARVO (1.10 x 1.70) Abstract Book

1- FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 **(x) R2** ( ) R3

( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Ferreira	Nuno	Basílio
Last Name	First	Middle

Cornea/External disease	1465/07
Service (setor)	Nrº CEP

Conjunctival transposition surgical technique for pterygium treatment.

Ferreira N., Serapicos P., Kashiwabuchi R., Gomes J. A., Freitas D.

Purpose: To evaluate the efficacy of conjunctival transposition surgical technique in the treatment of pterygium

Patients and Methods: A prospective study involving 10 eyes from 10 patients with primary pterygium was carried out at the Cornea and External Disease Service of the Department of Ophthalmology, Federal University of Sao Paulo. Only patients older than 18 years old, with surgical indication for primary pterygium, without visual axis involvement, other past/present eye diseases or dubious diagnosis were included in the study. Conjunctival transposition surgical technique was performed in all affected eyes. Recurrence was evaluated using a grading system (1- normal appearance of surgical area, 2- fine episcleral vessels extending to limbus, 3- fibrous tissue in surgical area, 4- corneal recurrence). Patients were evaluated in days 1, 7, 15, and months 1, 3, 6, 12. Biomicroscopic photographs were acquired to document the follow-up and recurrence.

Results: No recurrence and low conjunctival inflammation was observed in all cases after 2 months of follow-up.

Conclusions: Conjunctival transposition surgical technique seems to be a good and feasible option for the treatment of primary pterygium. A prospective comparative study with more follow up time is needed to further define the long term efficacy of this technique.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 (X) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name: Lisboa First Name: Renato Middle: Dichetti dos Reis

Service (sector): Cornea and External Disease

Nº CEP: 0381/07
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Title
Relashionship between Human Papilomavirus in pterygium and inferior sexual tract of female patients

Autors
Renato Dichetti dos Reis Lisboa, Carlos Alexandre Garcia, Moacyr Pezati Rigueiruo, Ismael Dale Cotrim, Julisa Chamorro, Denise de Freitas

Introduction
Pterygium is a conjunctival degeneration with growth onto the cornea, usually nasally. It is constituted of fibrovascular tissue continuous with the bulbar conjunctiva that occurs in the palpebral fissure area. Although many theories were proposed, this alteration is considered to have a multifatorial etiology, incluiding ultraviolet light exposure, microtraumatisms, wind, dust, cronic inflammation, age, imonologic disturbs and genetic autossomic heritance. The human papilomavirus (HPV) is considered another possible causing agent of pterygium.

Objective
Evaluate the association of the presence of HPV in pterygium and genital infection in female individuals.

Patients and Methods
In a transversal study 20 patients with pterygium were select in the External Disease Sector of the Ophthalmology Department of the Federal University of São Paulo. These patients did not have any disease that could influence their immune status, such as diabetes, corticosteroid use or Adquired Imunodeficience Sindrome. They also were never been submitted to previous ocular surgery procedure, except from previous pterygium surgery.

The pterygium was classified as grade I, when had 1mm from the limbus; grade II when its extension was below the limbus, but did not reached the pupilar area; grade III when reached the pupilar area; grade IV when crossed the pupilar area. Considering the morphological aspect, the lesion was classified as grade I when the episcleral vessels under the lesion were clearly visualized, grade II when partially visualized and grade III when the visualization of the episcleral vessels was impossible.

The pterygium exised during the surgery was divided in two simetrical pieces. One of them was sent to anatomopatological evaluation. The second one was stocked in a tube that contained DNAzol, an special substance used to extract the DNA from biological material and search for the HPV using the polymerase chain reaction. This second tube was sent to the Ginecology Laboratory, were the seach for HPV was made.

The patients were also evaluated for an experienced gynecologist. During this evaluation cevico-vaginal material was collected and sent to the Gynecology Laboratory and the same process to detect HPV was conducted. Necessary treatment for any pathology found during the gynecological exam was offered to the patient.

Results and Conclusions
Data are still being collected and a proper statistical analysis will be made.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 (X) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Melo	Gustavo	Barreto
Last Name	First	Middle

Instituto Butantan CEP para Uso de Animais do Instituto Butantan, nº 250

IMMATURE DENTAL PULP STEM CELLS FOR CORNEAL EPITHELIUM RECONSTRUCTION.

Melo, G. B.; Gomes, J. A. P.; Monteiro, B. G.; Maranduba, C. M. C.; Sant'Anna, O. A.; Cerruti, H.; Kerkis, A.; Kerkis, I. Departamento de Oftalmologia, Universidade Federal de São Paulo; Laboratório de Genética, Instituto Butantan.

Purpose: To compare the effect of undifferentiated immature dental pulp stem cells (IDPSC) isolated from deciduous teeth for ocular surface reconstruction in an animal model of total limbal stem cells deficiency (LSCD) by mild and severe chemical burns (MCB and SCB).
Methods: An animal model of LSCD was induced by chemical burn with NaOH 0.5M applied in one eye of New Zealand male rabbits either for 40 seconds (SCB) (n=4) or for 25 seconds (MCB) (n=3). After 1 month, a superficial keratectomy was performed. Human IDPSC, which had been previously cultivated, were transplanted to the corneal bed and then covered with a patch of amniotic membrane (AM). It was sutured with the epithelial side down to the episclera. In the control group, the denuded corneas were covered with the AM patch in the same way but without the IDPSC. After 2 months, a detailed clinical evaluation of the rabbit eyes was performed. The animals were then sacrificed, their eyes were enucleated and the corneas were submitted to histological analysis and immunohistochemical study with confocal microscopy. To assess the differentiation of the IDPSC, antibodies (AB) were used against keratin-3 (specific for human corneal epithelium) and IDPSC (made by our group, specific for human IDPSC). Cy3 anti-mouse AB was used as the secondary AB.
Results: Corneal transparency of the eyes that underwent IDPSC transplantation was improved throughout the follow-up. Rabbits from MCB group presented much clearer corneas with less neovessels than those from SCB and control groups. SCB animals disclosed slightly improved transparency in comparison to controls. The control animals corneas developed total conjunctivalization and opacification in both MCB (n=1) and SCB (n=2). The clinical data was confirmed by histological analysis that showed uniform corneal epithelium in MCB eyes; corneal epithelium partially covered by conjunctival epithelium in SCB eyes; and conjunctival epithelium over the corneal stroma in control eyes (both MCB and SCB). The presence of IDPSC was detected in both MCB and SCB animals. The differentiation for the corneal tissue was proven through positive staining of antibody against keratin-3. MCB and SCB rabbits showed the same pattern of staining. In the control animal corneas, as expected, none of these antigens were detected.
Conclusions: Our results suggest that IDPSC transplanted to the eyes of a rabbit model of TLSCD have the ability to migrate, proliferate and differentiate into corneal epithelium after both mild and severe chemical burns. The former presented better clinical results than the latter. However, both showed the same results at confocal microscopy. The authors believe that even severely chemical burnt corneas may benefit from IDPSC transplantation.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 (X) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

GERADE	RAFAEL	DE ALMEIDA
Last Name	First Name	Middle

CORNEA AND EXTERNAL DISEASE
Service (sector)

Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

5-Fluoracil Injection in an Experimental Model of Epithelialization of the Anterior Chamber in Rabbits.

R. A. Gerade, A. J. Cariello, , G. C. Oliveira, B. D. Furlani, A. Forseto, M. Lowen, J. A. P. Gomes

Purpose - To assess the influence of the antiproliferative agent (5-FU) on an experimental mode of epithelization of the anterior chamber in rabbit eyes.

Methods – Twelve male albino rabbits (12 eyes) were used in this experiment. An epithelial corneal flap (including limbus) of 5 x 10 mm was prepared and inserted into the anterior chamber of the same eye (OD) in all the twelve rabbits. The graft was positioned over the endothelium with the aid of an air bubble. 5-fluoracil (500 micrograms) was injected in the anterior chamber of six right eyes. In the control group (6 rabbits), it was injected balanced salt solution (BSS) in the right eyes. After two weeks, all animals were euthanised and both eyes were enucleated and prepared for histological studies.

Results – In the control group, histological analyses showed an epithelial membrane covering endothelium in all the six animals. The other group, that received the antiproliferative agent, showed the epithelial membrane in two cases only.

Conclusions – The antiproliferative agent (5-FU) seems to play an important role in the inhibition of the growth of epithelial tissue in the anterior chamber.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(RS) REFRACTIVE SURGERY

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Bruno M. Fontes
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Fontes	Bruno	Machado .
Last Name	*First*	*Middle*

REFRACTIVE SURGERY — Service (sector)
0123/06 — Nº CEP

Corneal biomechanics metrics assessment in healthy Brazilian subjects

Bruno M. Fontes, Renato Ambrósio Jr, Ruiz S. Alonso, Daniela Jardim, Guillermo C. Velarde, Walton Nosé

PURPOSE: To evaluate corneal biomechanical metrics (corneal hysteresis – CH; and corneal resistance factor – CRF), given by the Ocular Response Analyzer ([ORA], Reichert Ophthalmic Instruments, Depew, New York, USA) and to correlate these new metrics with tomographic parameters given by the Pentacam (Oculus Inc, Wetzlar, Germany), and refractive data in a population of healthy Brazilian subjects.

METHODS: Observational, cross-sectional study. Age, gender, central keratometric readings (central K), central corneal thickness (CCT), anterior chamber depth (AC depth), spherical equivalent (SE), CH and CRF were assessed and analyzed. Exclusion criteria were: less than 18 years old, any previous corneal or ocular surgery, any eye disease other than cataract, chronic and/or continuous use of topical medications, corneal scars and/or opacities, corneal irregular astigmatism, systemic collagen diseases and refuse to participate.

RESULTS: One hundred and fifty consecutive patients (53 male, 97 female; total of 260 eyes) were enrolled. Mean age was 46.5±21.04 (range from 18 to 90 years old), average central K 43.59±1.54D (range from 38.1 to 46.75D), CCT 545.05±35.41µ (range from 454 to 640µ), AC depth 2.96±0.52mm (range from 1.34 to 4.69mm), SE –1.16±3.48D (range from –19.75 to +9.5D), CH 10.17±1.82 (range from 3.23 to 14.58) and CRF 10.14±1.8 (range from 5.45 to 15.1). Mean CRF and CH were distinct among gender: CRF 10.326 in women and 9.810 in men (p=0.0266); CH 10.421 in women and 9.727 in men (p=0.0031). We found a negative correlation between both CRF and CH with age (r=-0.1255; p=0.0434 and r=-0.2445; p=0.0001, respectively). There was no association between CRF and average central K (r=0.0633 ; p=0.3086), AC depth (r=-0.0474 ; p=0.4498) or SE (r=0.1028 ; p=0.1061). CH was not associated with age average central K (r=0.0572 ; p=0.3573), AC depth (r=0.0060 ; p= 0.9236), or SE (r=0.0975 ; p=0.1253) as well. CRF and CH were positively associated with CCT (r=0.5760, p=0 and r=0.4655, p=0, respectively).

CONCLUSIONS: Corneal biomechanical metrics were determined in Brazilian healthy patients. The values were associated with CCT, gender and age. Corneal steepness, AC depth and SE did not affect CH and CRF values in the studied population.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
RS

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(x) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

GONÇALVES	ELIANA	DOMINGUES
Last Name	First Name	Middle

REFRACTIVE SURGERY
Service (sector)

0068/05
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Automated Lamellar Keratectomy in patients with Bullous Keratopathy

Gonçalves ED, Campos M, Paris F, Gomes JAP, Kanecadan L, Farias CC

Purpose: To relieve pain in patients with symptomatic bullous keratopathy (BK) until penetrating keratoplasty and in patients with BK without visual prediction.

Methods: A randomized prospective study comparing two groups with twenty-seven patients with symptomatic BK submitted to automated lamellar keratectomy without (group 1) and with mitomycin (group 2).
Complete ophthalmological examination was performed including UCVA, BSCVA, biomicroscopy, tonometry, esthesiometry, UBM pachymetry, impression cytology, and pain questionnaire.

Results: Twenty-one patients of twenty-seven (77%) developed BK after ocular surgeries (17/27 after cataract surgery), all patients had corneal surface damage with epithelial and subepithelial bullae, l7 (62%) had neovascularization in more than 25% of corneal circumference and with more than 2 mm.
In preoperative the corneal edema was moderate in 19 (70%) patients. The UBM pachymetry average was 682 in group 1 (428 to 862) and 992 in group 2 (416 to 1944). In both groups central cornea esthesiometry was 1.0 and inferior peripheral was 1.65 (cm of filament).
The average of pain in two groups was 7.6 in a scale of one to ten, the episodes of pain were more than four hours of 19 (70%), and 12 had insomnia because the pain. In one year of postoperative of automated lamellar keratectomy in two groups with and without mitomycin all patients had no corneal surface damage, 7/10 with neovascularization in more than 25% of corneal circumference and with more than 2 mm. Corneal edema was more than two degrees in 6/10 patients, all of them were without bullae, the average of UBM pachymetry was 626 in group 1 and 1362 in group 2 with mitomycin, central esthesiometry was 0.75 and inferior peripheral 1.7 (cm of filament). The average of pain in one year of postoperative was 0.36 in a scale of one to ten, no patient had episode of pain upper four hours or related insomnia due to the pain.

Conclusions: The Automated Lamellar Keratectomy with or without mitomycin represents a promising alternative in treatment of pain in symptomatic patients with Bullous Keratopathy.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
RS

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Hailton Barreiros Oliveira
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Oliveira_____Hailton_____Barreiros_____
Last Name First Middle

_____Refractive Surgery____ 937/04_____
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

VEGF is Involved in bFGF-Induced Corneal Neovascularization

Hailton B. Oliveira, MD, Joel A. D. Javier, MD, Elias Jarade, MD, Jae Bum Lee, MD, PhD, Jin-Hong Chang, PhD, Dimitri T. Azar, MD

PURPOSE: To characterize bFGF induced VEGF production in corneal keratocytes in vivo and in vitro.

METHODS: Uniformly sized hydron pellets containing 80ng of bFGF, and control pellets were surgically implanted into wild type (C57BL/6) mice corneas. The corneas were observed and photographed at 4 hours, 1, 4, 7, 10, 14 & 21 days post implantation, and the percentage of corneal surface occupied by new vessels was calculated using NIH image program. Wild-type mouse corneas implanted with control and bFGF containing pellets were harvested at 4 hours, 1, 4, 7, 10, 14, and 21 days after pellet implantation. The harvested wild type corneas were evaluated for the localization of CD-31 and VEGF using immuno-confocal microscopy. Immunolocalization of bFGF receptors on immortalized keratocytes cell line was visualized using immuno-confocal microscopy.

RESULTS: Neovascularization of the corneal stroma began on day 4 and was sustained through day 21 following bFGF pellet implantation. In the corneal area adjacent to the limbus, the onset of VEGF stromal immunolocalization occurred 24 hours after bFGF pellet implantation and was maintained throughout the 21 day period. CD-31 localization lagged behind VEGF expression by approximately 4 day. In the more central zone (adjacent to the pellet), the onset of VEGF stromal immunolocalization occured at day 1 and peaked at days 4-7. The lag period of CD-31 expression in this zone was 2-5 days. bFGFreceptors expression were visualized in immortalized keratocytes cell line.

CONCLUSIONS: bFGF-induced corneal neovascularization mediated via a VEGF-dependent pathway. Keratocytes express VEGF via bFGF stimulation.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

RS

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(x) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

PARANHOS	Juliane	de Freitas Santos
Last Name	First Name	Middle

Refractive Surgery — Service (sector)

490-06 — Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Evaluation of the impact of intracorneal ring segments implantation on quality of life of patients with keratoconus using the NEI-RQL (National Eye Institute Refractive Error Quality of life) instrument.

Paranhos JFS, Paranhos Jr A, Ávila MP, Schor P.

PURPOSE: To evaluate the outcome of intracorneal ring segments implantation on quality of life of patients with keratoconus using the NEI-RQL (National Eye Institute Refractive Error Quality of life) instrument.
METHODS: The questionnaire was administered to patients that had indication for intracorneal ring implantation before and after surgery when they were wearing the best correction for at least one month.
RESULTS: Twelve patients were included in this study. Descriptive statistics were used due to the small number of patients in this pilot study. Before surgery the spherical equivalent (EE) ranged from +0,75D to -16,15D (mean -3,94D ± 4,37) and after the ring implantation it ranged from -5,75D to +0,125D (mean -1,69D ±1,95) considering operated and non operated eyes. Best corrected visual acuity ranged from 0 to 1,2 (mean 0,39 ± 0,31) log mar before surgery and from 0,9 to 0 (mean 0,17 ±0,20) after surgery. The best corrected visual acuity improved in all operated eyes. The mean overall questionnaire scale increased from 42,14 ±15,65 before to 73,03 ±7,32 after surgery. Patient satisfaction was greater in subscales of clarity of vision (mean ranged from 34,85 before to 78,22 after surgery), expectations (mean 4,55 to 40,91), far vision (mean 46,16,75 to 82,17), near vision (mean 40,15 to 83,71), vision fluctuations (mean 37,12 before to 70,08 after) and suboptimal correction (mean 13,64 to 34,09) and satisfaction with correction (45,45 to 85,45). Worry about the disease, symptoms and appearance were about the same after surgery.
CONCLUSIONS: Intracorneal ring implantation surgery improved many aspects of quality of vision and the overall scale suggesting that the quality of life improved after surgery regardless of changes in visual acuity. In the next study we'll use a larger sample so we could use analytic statistics to prove our initial conclusions.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
RS

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Kátia Mantovani Bottós
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 **(X) R3**
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Bottós_____Kátia_____Mantovani_____
Last Name First Middle

Refractive Surgery (RS) 01565/07
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Fluorescence Confocal Microscopy of Porcine Corneas Crosslinked with Riboflavin and Ultraviolet-A

Katia M Bottós, Paulo Schor, Caio Regatieri, Juliana Dreyfuss, Yara Michelacci, Wallace Chamon

Purpose: to assess ultrastructural stromal modifications in porcine corneas after riboflavin and ultraviolet-A (UVA) exposure using fluorescence confocal imaging.
Method: Fifteen freshly enucleated porcine eyes enrolled the study. Five eyes served as control (Group 1). Five eyes had its epithelial removed (group 2) and five eyes had its epithelial intact (Group 3). Groups 2 and 3 were crosslinked with riboflavin 0,1% solution (10 mg riboflavin-5-phosphate in 10 mL 20% dextran-T-500) and UVA (365nm, 3 mW/cm2) for 30 minutes. Ultrathin sections (10um) of the corneas were stained with anti-collagen-I (Seikagaku) and DAPI (4´6-diamidino-2-fenilindole, dihidrocloride) and its fluorescence was revealed under confocal microscopy (LSM 500 meta – Zeiss).
Results: The porcine treated corneas (group 2) showed an anterior pronounced fluorescence zone of 180 um, divided into a superficial zone of 130 um, with collagen fibers hightly organized and a posterior zone of 50um partially organized. This fluorescence anterior zone was not founded in the control group, neither in the corneas that wasn't previously deepithelialized (group 3). In order to check if the number and location of keratocytes was affected, the groups were analyzed by fluorescence microscopy for nuclei (DAPI staining). A reduction in the number of cell nuclei seems to occur after crosslink (group 2).
Conclusion: it was possible, for the first time in the literature, to observe the riboflavin/UVA treatment effect using confocal fluorescence imaging, allowing a direct quantitative study to be performed in order to establish the safety of such procedure in new devices to come. Crosslinked corneas showed a pronounced and limited zone of organized collagen fibers, strongest in the anterior stroma. Treatment of the cornea with riboflavin and UVA without previous deepithelization did not induce any crosslinking effect, thereby, to facilitate diffusion of riboflavin throughout the corneal stroma, the epithelium should be removed as an important and initial step of the treatment.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE:
(PL)

3. PRESENTATION PREFERENCE:
Poster

4. The signature of the First (Presenting) Author, acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST AUTHOR (PRESENTING)
Must be author listed first in body of abstract

Medical Student

Kato	Renata	Tiemi
Last Name	First	Middle

Service (sector): OCULAR PLASTIC SURGERY

CEP Nº **0228/07**

Evaluation of the interest in the cosmetic upper eyelid surgery (blepharoplasty) among Asian descendants.

Authors: Kato RT, Osaki TH, Cariello AJ, Osaki MH.

Purpose: To evaluate the degree of information and interest in the surgery that creates a double eyelid fold among oriental young descendants.

Methods: Asiatic descendants were invited to answer a questionnaire composed of 20 questions about the degree of knowledge and interest in double eyelid plastic surgery (blepharoplasty). The data underwent descriptive analysis.

Results: Eighty-six Asiatic descendants were interviewed (57 women and 29 men) from February to June 2007. The ages ranged from 18 to 39 years old (21.95 ± 3.66). Thirty-seven (43.02%) were university students, twelve (13.95%) were preparatory students and one (1.16%) was technical School student. The ethnic group comprising most cases was descendants of Japanese (87.8%). Forty eight (55.8%) subjects had bilateral double eyelid fold, five (5.8%) had unilateral fold and three (3.5%) had no knowledge about that. Sixteen interviewed (18.6%) had knowledge about the surgery technique, seventy four (74.4%) had superficially heard about the surgery and six (7.0%) had never had any information about the procedure. From 37 subjects who demonstrated interest in any type of cosmetic surgeries, six (16.2%) would like to have the double eyelid fold construction surgery. Five (5.8%) do not agree with the cosmetic blepharoplasty. Thirteen (15.1%) subjects pointed the double eyelid fold as a relevant beauty factor in the opposite sex.

Conclusion: Upper than sixty per cent of interviewed had a double eyelid fold. Few people had knowledge about this surgery and few interviewed showed interested in this procedure.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(PL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Giovanni André P. Viana
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Viana	Giovanni André	P.
Last Name	First	Middle

OCULAR PLASTIC SURGERY	01468/04
Service (sector)	Nº CEP

5. ABSTRACT (REQUIRED)

Self-esteem assessment in patients submitted to lower eyelid blepharoplasty

Viana GAP, Osaki MH, Sant'Anna AE, Nishi M.

Purpose: In aesthetic surgery patient satisfaction is recognized as the main determinant factor for success. The aim of the present study is to analyze the self-esteem evolution of patients submitted to periorbital rejuvenation through inferior blepharoplasty.
Design: Randomized clinical trial.
Methods: Fifty-five consecutive aesthetic surgery patients aged 35 to 65 years old were recruited preoperatively through Oculo-plastic Surgery Service. Subjects were approached by their surgeon for voluntary participation in the study after a decision to proceed with surgery had been made. All patients who agreed to participate signed a consent form approved by Human Subjects Review Board (Ethical Committee) at the São Paulo Federal University. They were assigned into two surgical groups: Classical Inferior Blepharoplasty (group 1), and Septal Reset Blepharoplasty (group 2). In the septal reset blepharoplasty, the orbit septum is advanced to the anterior orbital rim. The same surgeon has operated all patients on. Photographs have been taken before surgery and at each follow-up period. These photographs will be reviewed independently and masked for the surgical technique, by three oculoplastic surgeons who have not been involved with the particular patients. A graduated scale was devised to evaluate these clinical photographs. In order to assess the self-esteem impact of these surgeries, the Rosenberg UNIFESP/EPM self-esteem scale has been applied in the pre-operative and 6 month follow-up period. Patients that have had previous lower eyelid injury or blepharoplasty were not enrolled in the present study. Student's t-test and Wilcoxon test were performed using the SPSS program.
Results: Initially, 55 consecutive patients were included, but up to now 49 patients completed the study protocol for a 100% retention rate, and five were excluded. The genders distributions were the same in both groups: 96% patients were female and 4% were male. The two groups did not differ significantly in age (Group 1- 49.6 and Group 2- 48.0, T= 0.35, p> 0.05). Group 1 surgery's time on average was 88.5 minutes, while Group 2 surgery's time was 90.4 minutes, however, this difference was not statistically significant (T= 0.305; p>0.05). The average time to answer the self-esteem questionnaire in the preoperative period was 4.28 minutes and 3.51 minutes 6-month after the surgery (T= 2.58; p= 0.006). The self-esteem index score improved from baseline preoperative mean levels of 5.14 to a mean of 3.70 at 6 months post-surgery (Z= 2.95; p= 0.0016). No difference in the self-esteem has been shown up to now between the two blepharoplasty techniques. The analysis of self-esteem scores (preoperative and postoperative) showed that 31 subjects (63.2%) had their self-esteem improved after the surgery, 10 subjects (20.4%) had their score unchangeable, and 8 subjects (16.4%) got worse. The analysis by 3 masked specialists is still on course.
Conclusion: The lower eyelid blepharoplasty techniques studied produced positive psychological benefits by significantly improving self-esteem outcomes.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE
(PL)

3. PRESENTATION PREFERENCE
(a) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Oliveira_____Fernanda_____Castro de_____
Last Name First Middle

Ocular Plastic Surgery (PL) 01544-07
Service (sector) Nº CEP

Title: Lacrimal film evaluation before and after eyelid botulinum toxin A (Prosigne®) injection in patients with facial dystonia.

Authors: Oliveira, FC; Oliveira, GC; Cariello, AJ; Felberg, S; Osaki, MH.

Purpose: To evaluate the effect of botulinum toxin A (BTX-A) on the lacrimal film and to compare the quality of life of patients with facial dystonia before and after botulinum toxin A (Prosigne®) injection into the eyelid. **Methods:** A prospective study of 20 patients with facial dystonia (9 patients with essential blepharospasm and 11 patients with hemifacial spasm) was performed in the Ophthalmic Plastic Surgery Sector of Department of Ophthalmology at the Federal University of Sao Paulo. All patients underwent ophthalmic examination, lacrimal film tests (Rose Bengal, Schirmer´s test, lacrimal clearence and breakup time), Fahn Disability Rating Scale and Ocular Surface Disease Index before the botulinum toxin injection and thirty days thereafter. **Results:** Mean age was 71.9 years old. The male / female ratio was 0.33. Eleven patients (55%) had hemifacial spasm and nine (45%) essential blepharospasm. There was subjective improvement of dry eye symptoms after the treatment. The clinical tests showed that fifty-five per cent of the patients had a baseline reading of less than 5 mm on Schirmer's test; after the treatment, the proportion decreased to forty-five per cent. The basal Schirmer´s test did not show any improvement. The mean value breakup time test was 6.46 seconds before and 8.49 seconds after the injection. **Conclusion:** The dry eye symptoms in patients with facial dystonia may improve after the botulinum toxin injection; however, the clinical tests did not change significantly 30 days after the BTX-A injection.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(LA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(**X**) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

PASSOS	RENATO	MAGALHÃES
Last Name	First Name	Middle

LABORATORY OF OCULAR MICROBIOLOGY — 01719 / 07
Service (sector) — Nº CEP

Epidemiologic findings of infectious keratitis in the elderly – a 32 years review

Passos RM, Cariello AJ, Konno B, Zorat Yu MC, Höfling-Lima AL.

Purpose: To describe the epidemiologic findings of infectious keratitis in the elderly in a reference service.

Method: Retrospective study. We revised patients' files age 60 years and older (WHO criteria – 1984) that were attended in the Ocular Microbiology Laboratory of UNIFESP according to age, gender, diagnosis, involved eye, previous topic medication, previous ocular surgery, history of trauma, and results of bacterioscopy and culture. Data underwent descriptive analysis.

Results: From 1975 to 2007 were included 16.576 patient registers. From these, 2.890 (17.4%) were elderly above 60 years-old, and 1.487 were from keratitis suspected patients. The most prevalent age group was 60 to 69 years (46.8%). There were 681 males (45.8%) and 806 females (54.2%). 64 patients (4.3%) had an ocular surgery less than 2 months before the beginning of the complaints (mainly keratoplasty or cataract removal). 103 patients (6.9%) had a history of trauma related to the keratitis. The place of collect was the emergency room in 733 cases (49.2%) and the ambulatory in 540 cases (36.3%). Previous use of topical antimicrobial medication was found in 646 cases (43.4%). Bacterioscopy was positive in 36.1% of cases. The cultures were positive for bacteria in 47.5% of cases (from these: Gram negative rods 30.2%, Corynebacterium 7.3%, Pseudomonas 13.4%, Staphylococcus aureus 21.7%, Staph. Coag. neg. 31.2%, Streptococcus sp 17.9%, multibacterial 17.6%), for fungus in 5.7% and for Acanthamoeba sp in 0.6% of cases. The remaining 46.2% of cases did not show any identified etiological agent.

Conclusions: The infectious keratitis in the elderly was more common in females and from 60 to 69 years old. The prevalence of risk factors such as ocular surgery or trauma was similar to those described for keratitis in general population. As expected for elders, there was a higher prevalence of infection by gram negative rods and multiple agents. Despite of the efforts, in almost 50% of the cases it was not possible to identify the etiological agent of the keratitis, thus emphasizing the importance of the clinical judgment and empirical treatment in this threatening condition.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract

BE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

KRONBAUER / AIRTON LEITE

Last Name First Middle

Departament of Ophthalmology
UNIFESP / USP-IFSC / BIOENGINEERING

Service (sector)

1102/06

Nº CEP

Title

Measurement of sight with psychophysical tests: study, standardization and construction of digital equipment.

Sector and University

University Federal of São Paulo - Department of Ophthalmology (UNIFESP)
University of São Paulo - São Carlos Physics Institute - Optic Group (USP-IFSC)

Authors

Airton Leite Kronbauer
Paulo Schor
Luis Alberto Vieira de Carvalho

Purpose

In ancient times there were already references of measuring the sharpness of vision by the ability to resolve double stars. Around 1850 major changes started to happen in ophthalmology. In 1854, Eduard von Jaeger in Vienna published a series of reading samples. In 1861 Franciscus Cornelis Donders, professor of physiology in the Medical School of Utrecht University, proposed a formula defining the "sharpness of vision". First of all, Donders defined a standard of measurement. He defined a "standard eye" as capable of recognizing letters that are 5' high. Donders had chosen Herman Snellen as his co-worker, who would later become his successor. Snellen introduced his letter charts in 1862.

Since then the method Donders and Snellen became the main form of measuring the vision in ophthalmology worldwide. More than 140 years old this simple method of measuring doesn't possess the capacity to differentiate small variations in the visual quality. More than in previous years, the necessity of current ophthalmology practice is to quantify the small variations in the medical procedures with the new technologies of ocular aberration measurements. Our objective is to study, standardize and construct new digital equipment incorporating the new technologies.

Methods

A computational device that generates visual stimulus has been constructed. The visual stimulus is dynamic. The sinusoidal frequency is changeable being modified by the psychophysical response of the examined individual. The modifications of frequency and amplitude will be computed by software. The psychophysical results will be compared with objective data of ocular measurements.

Results

The study is in its intermediate phase. The project platform hasn't been totally standardized yet. Nevertheless it's possible to accomplish the first measurements of the visual quality of the eye of voluntary subjects and understand its principles.

Conclusions

With a simple idea and computerized equipment the researchers seek for creating a new and precise technique to measure visual quality.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(GL) GLAUCOMA

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Doi_____Larissa_____Morimoto_____
Last Name First Middle

Glaucoma_____ 0605/06_____
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Title: Influence of Age, Race and Corneal Properties on Intraocular Pressure, Corneal Thickness and Hysteresis
Authors: L.M. Doi, L.A. S. Melo, Jr., A.C. S. V. Oshima, S.K. Hossaka, E.T. Sato, L.Pereira, A.Paranhos, Jr., J.A. Prata, Jr..
Purpose: To evaluate the influence of age and race on intraocular pressure (IOP) measurements, central corneal thickness (CCT), and corneal hysteresis. In addition, we evaluated the influence of corneal properties on IOP.
Methods: A cross-sectional study including 179 eyes of 93 healthy volunteers was performed. The CCT was obtained using ultrasonic pachymetry. The mean and astigmatic keratometry readings were based on the corneal topography. The corneal hysteresis was obtained using the ocular response analyzer (ORA). IOP measurements were taken using Goldmann applanation tonometry (GAT), ORA, and dynamic contour tonometry (DCT). For GAT and DCT measurements as well as corneal hysteresis, which were taken in random order among the devices, the median of three readings made by the same examiner was used for analysis. The median of five CCT readings was used for the analysis.
Results: There were no statistically significant correlations between GAT, DCT and CCT, and age within each race. The corneal hysteresis reduced with increasing age at a mean rate of 0.04 mm Hg/ year (95% confidence interval [CI], 0.02 to 0.07; P=0.001) in the Asians. There were no statistically significant differences in GAT (P=0.15), DCT (P=0.33) and CCT (P=0.08) measurements between the races. The corneal hysteresis was lower in the Black race (mean difference, 0.72 mm Hg; 95% CI, 0.05 to 1.38 mmHg; P=0.03) and Asian race (mean difference, 0.74 mm Hg; 95% CI, 0.10 to 1.38 mmHg; P=0.02) when compared with the White race. The mean keratometric reading was correlated with GAT (P=0.001), DCT (P<0.001), and ORA Goldmann-correlated IOP (P=0.001). On the other hand, astigmatic keratometric reading was not correlated with any tonometry. The central corneal thickness was positively correlated with GAT (P=0.001), ORA Goldmann-correlated IOP (P<0.001), and ORA corneal-compensated IOP (P=0.03), but not with DCT (P=0.40). The corneal hysteresis was correlated only with ORA corneal-compensated IOP (P<0.001).
Conclusions: The age and race do not influence the IOP and CCT measurements, but are associated with the corneal hysteresis. Among the corneal properties, the mean keratometry and central corneal thickness are the main corneal factors related to IOP readings.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(GL)

3. PRESENTATION PREFERENCE (REQUIRED)
Paper

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Liliana Mª Alves B Cruz
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Cruz	Liliana	Mª Alves Bastos
Last Name	First Name	Middle

Glaucoma
Service (sector)

Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

B MODE 10MHZ AND 20MHZ ULTRASONOGRAPHY IN DETECTING EVIDENCED OPTICAL CUP DISK AND OPTIC NERVE PARAMETERS MEASURED BY OCT AND HRT ON ITS DIAGNOSTIC ABILITY

Cruz LMAB; Higa F; Pires L; Silva R; Quedas E; Paranhos A; Allemann N; Mello PAA.

Purpose: To evaluate the ability of the B mode ultrasonography (US) by means of 10MHz and 20MHz transducers in detecting evidenced excavation in the optical disk and the influence of cup depth, disk area and cup area on its results**.**

Methods: 40 normal and 40 glaucomatous patients were evaluated by: fundus biomicroscopy (two observers), stereo photo (three observers), HRT, OCT and B mode US 10MHz and 20MHz transducers by one experienced examiner (masked for the other exams). The statistical analyses were performed with logistic regression, Kappa agreement test and ROC curve. Glaucoma suspect was defined as cup disk area ratio ? 0,7 (mean of three observers with stereo photos). For the logistic regression, detectable excavation was considered when positive by US for vertical (V) or horizontal (H) analysis and used as a binary dependent variable.

Results: The area under the ROC curve showed cut off for 10Mhz (V) 0.62;(H) 0.58 and for 20Mhz (V) and (H) 0.55. Cup area was the most important factor for detection of the cup by US (for both frequency) and disk area (measured by OCT) for the 20Mhz works as a confounding factor .
The agreement between important clinical excavation in the optical disk (mean of three examiners higher or equal to 0,7) and evidenced excavation with 10Mhz and 20Mhz tranducers B mode ultra-sonography (V and H) shows Kappa of for10Mhz (V) 0,29 ; (horizontal) 0,37; 20Mhz (vertical) 0,38 (horizon) 0,39.

Conclusions: The 20Mhz transducer (vertical) showed the best agreement for important clinical excavation and evidenced excavation with B mode US and was saw with 0.55. Cup area had the highest odds ratio for both frequency.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
GL

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(x) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Melo Jr	Luiz	Alberto
Last Name	First Name	Middle

Glaucoma
Service (sector)

0063/04
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Comparison of Moorfields Regression Analysis and Glaucoma Probability Score Classifications using Heidelberg Retina Tomograph III

L.A.S. Melo Jr., L.R. Fasolo, A.S. Barbosa, D.P. Engel, F.S. Higa, L.M. Doi, J.A. Prata Jr

Purpose: To evaluate the diagnostic accuracy and agreement between Moorfields Regression Analysis (MRA) and Glaucoma Probability Score (GPS) classifications.
Methods: A total of 105 healthy individuals (105 eyes) and 102 primary open-angle glaucoma patients (102 eyes) were enrolled. Healthy participants had intraocular pressure equal or lower than 21 mmHg, no glaucomatous visual field defects, and no signs of glaucomatous optic neuropathy at fundus biomicroscopy. Glaucoma patients had intraocular pressure higher than 21 mmHg, glaucomatous visual field defects, and signs of glaucomatous optic neuropathy at fundus biomicroscopy. All participants underwent confocal scanning laser ophthalmoscopy using Heidelberg Retina Tomograph (HRT III).
Results: The MRA classification was obtained from all participants. The HRT did not classify two glaucoma patients using the GPS. The sensitivities of the MRA and GPS ranged from 69% to 89% and from 73% to 93%, respectively. The specificities of the MRA and GPS ranged from 65% to 85% and from 61% to 89%, respectively. The agreement between both classifications was 62% (k =0.47).
Conclusions: The sensitivity and specificity of both classifications were moderate to good. The MRA and GPS classifications had moderate agreement and cannot be used interchangeably.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(GL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Prata	Tiago	Santos
Last Name	First Name	Middle

Glaucoma	1114/06
Service (sector)	Nº CEP

5. ABSTRACT (REQUIRED)

Factors Associated with Topographic Changes of the Optic Nerve Head after Intraocular Pressure Reduction in Glaucomatous Patients – Initial Results

Ophthalmology Department, Federal University of São Paulo, São Paulo, Brazil.
T.S. Prata, V. C Lima, L. M. Guedes, L. G. Biteli, F. P. Magalhães, A. Paranhos Jr.

Purpose: To evaluate which factors, mainly diabetes and corneal hysteresis, could be correlated with topographic changes of the optic nerve head (ONH) after intraocular pressure (IOP) reduction in glaucomatous patients. **Methods:** Patients referred to the glaucoma clinic that presented documented IOP of over 21 mmHg and cup to disk ratio greater than 0.5 were included in the study. All subjects underwent a complete ophthalmic evaluation and those presenting any other significant ocular disease or ocular surgery were excluded. Central corneal thickness was measured using ultrasound pachymetry. Goldmann applanation tonometry, corneal hysteresis evaluation (by the Ocular Response Analyzer) and scanning laser ophthalmoscopy were performed before and after lowering
IOP with topical brimonidine tartrate 0.2%, timolol maleate 0.5% plus travoprost 0,004%, and oral acetazolamide 500 mg. It was analyzed the changes in the ONH parameters in both diabetic and non diabetic patients, and its correlation with corneal hysteresis. **Results:** A total of 21 non diabetic patients (21 eyes) and 5 diabetic patients (5 eyes) were included in the study. Mean age (standard deviation [SD]) for the diabetic and non diabetic groups were respectively 74.0 (4.7) and 67.8 (13.8) years old. Mean (SD) IOP delta was similar for both groups: 50.5% (6.8) for the diabetic and 48.1% (15.4) for the non diabetic subjects (P=0.6). There was a tendency for a statistically significant difference between the 2 groups concerning cup area (P=0.058) and rim area delta (P=0.074), and also for a positive correlation between maximum cup depth delta and corneal hysteresis. **Conclusions:** These initial results revealed that could exist significant differences in topographic changes of the ONH after IOP reduction between glaucomatous patients with and without diabetes. This possible correlation deserves further analysis with a larger number of subjects to be confirmed.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

GL

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(x) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Ferracina_____Carla_____
Last Name First Middle

Glaucoma Congênito 20070728140125
Service (sector) Nº CEP

The social-economical-cultural profile and expectations of participants in blindness prevention campaigns through glaucoma

Ferracina,C.; Mello, P.A.A.

Purpose: To investigate the social-economical-cultural profile and expectations of participants in blindness prevention campaigns through glaucoma.

Methods: Twenty –five participants answered a questionnaire about not only their social, economical and cultural life, but also their expectations in a blindness prevention campaign through glaucoma. The criteria of inclusion was to be over 39 years old. This campaign was promoted by Brazilian Glaucoma Patients Association (ABRAG), an association which its mission is to educate and to inform people about glaucoma.

Results: The majority of participants are female (64%), they are between 51 and 60 years old (44%), their incomes are between 1 and 3 minimums wage (44%), and about 36% of them did not finish the elementary school.
Almost half of them knew about the campaign through the radio (48%), and 68% of the participants arrived at the local of the campaign on foot. About 60% of them did not know if they have any family member with glaucoma and 68% of them did not know if they have themselves glaucoma. The expectations of 68% of them were to be sent to a health center and to be treated.

Conclusion: The knowledge about the target public of this type of campaigns and their expectations about the medical service is important for ABRAG in order to promote successful campaigns.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(GL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

BRASIL	MARIA VITORIA	MOURA
Last Name	First	Middle

GLAUCOMA
Service (sector)

Nº CEP

5. ABSTRACT (REQUIRED)

Comparison of safety and efficacy between trabeculectomy with mitomycin-C and Ahmed glaucoma implant in uveitic glaucoma

Maria Vitoria M. Brasil, Paulo Augusto A. Mello, Careen Y. Lowder, Rachel W. Kuchtey, Scott D. Smith

Purpose: To compare the safety and efficacy of trabeculectomy with mitomycin-C (TRAB) and Ahmed Glaucoma Implant (AGI) in the treatment of uveitic glaucoma.
Methods: A retrospective chart review of 74 eyes of 58 consecutive patients who underwent TRAB or AGI implantation with a minimum follow-up period of 6 months was performed. The primary outcome measures were IOP, complication rate and surgical success. Surgical success was defined as IOP reduction of at least 20% from baseline and final IOP >5mmHg and < 22 mmHg. Eyes requiring additional glaucoma surgery, implant removal or who lost light perception were also considered surgical failures.
Results: There were 41 and 33 eyes in the TRAB and AGI groups, respectively. Baseline IOP was significantly higher in the AGI group (35.8 ± 8.7 mmHg vs. 31.3 ± 8.8 mmHg, p=0.03). In addition, a greater proportion of patients in the AGI group had undergone previous glaucoma surgery (30.3% vs. 2.4%, p=0.002). Other baseline characteristics were similar in the two groups. A significant reduction in IOP from baseline was achieved in both groups (TRAB -55.2% and -61.0%, both p<0.00005). The mean IOP was significant lower on the AGI group at the first postoperative day (7.9 ± 3.3 mmHg vs 15.5 ± 13.1 mmHg, p=0.002). The IOP in the TRAB group was lower at all other follow-up time points, but these differences were not statistically significant. The required number of postoperative glaucoma medications was similar in the two groups (p=0.2). The rate of surgical success according to our defined criteria was higher in the AGI group at 6 month (93.5% vs 73.2%, p=0.03) and 18 month (100.0% vs 70.6%, p=0.009) follow-up time points. Ocular hypotony (IOP ?5 mmHg) was observed more frequently in the TRAB group, but the difference was not statistically significant. The rate of complications and the change in visual acuity did not differ between the two groups (p>0.4 and p=1.0, respectively).
Conclusion: Both TRAB and AGI are safe and effective in the treatment of uveitic glaucoma. The higher success rate following AGI may result from the more common occurrence of ocular hypotony following TRAB in patients with uveitis.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(GL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Konno	Bruno	
Last Name	First Name	Middle

Glaucoma
Service (sector)

1720/07
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

The Agreement Between HRT And OCT On Optic Disk Area Measurements

Bruno Konno, Mauro T. Leite, Kátia M. Bottós, Augusto Paranhos

Purpose: To evaluate the agreement between HRT and OCT on optic disk area measurements.

Methods: 87 glaucomatous eyes were selected by HRT II measurements with different optic disk areas. 87 images of OCT Stratus and HRT measurements of optic disk area(ODA), rim area, cup area and cup to disk area ratio were taken.. The difference between the mean of optic disk measurements by the two devices was evaluated by Student t-test. The Bland & Altman plot and Lin concordance correlation coefficient were used to assess agreement between the two devices.

Results: There was a significant but not clinically relevant difference between the mean of ODA measured by HRT (2,22 ± 0,62 mm^2) and OCT (2,49 ± 0,51mm^2); p<0,0001. No statistic difference was found in rim area analysis measured by HRT (1,39 ± 0,41mm^2) and OCT (1,29 ± 0,47mm^2); p=0,097. The cup area analysis showed a significant higher values on OCT (1,23 ± 0,72mm^2) than HRT (0,82 ± 0,54mm^2); p<0,00001. Cup to disk area analysis showed a significant difference between the mean of HRT (0,36 ± 0,23) and OCT (0,47±0,22); p<0,00001. In addition, a good coefficient of agreement (Lin coefficient r= 0,7874, 95% Confidence interval (0.6459 to 0.8765) and Bland &Altman plot of agreement for the disk area was present.

Conclusion: Although optic nerve area measured by OCT depends on the automatic definition of the retinal pigment epithelium ends, and this is not the case on HRT, the two devices had similar values concerning optic disk parameters with slightly values higher on OCT.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

GL

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Miyamoto	Cristina	
Last Name	First Name	Middle

Glaucoma
Service (sector)

1718/07
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Changes in Visual Acuity after Cataract Surgery in Glaucoma Subjects

C. Miyamoto, T.S. Prata, L. A. S. Melo Jr.

Purpose: To evaluate the changes in visual acuity after cataract surgery in glaucoma patients.

Methods: A retrospective, chart-review study was performed. Glaucoma patients that underwent uneventful cataract surgery were included. Data on visual acuity before and after surgery as well as the sensitivity of the paracentral points in the preoperative standard automated perimetry were collected. The relative improvement in visual acuity was calculated as the change (before – after surgery) in the logarithm of minimum angle of resolution (logMAR) divided by the preoperative logMAR.

Results: A total of 29 patients (32 eyes) were included in the study. The median (range) visual acuity before and after surgery were 20/70 (20/30 to counting fingers at 50 cm) and 20/30 (20/20 to 20/100), respectively. The median relative improvement in visual acuity was 62% ($P < 0.001$). There was no correlation between the relative improvement in visual acuity and the sensitivity of the paracentral points in the preoperative perimetry ($r = 0.18$; $P = 0.33$) .

Conclusions: Visual acuity improved moderately after cataract surgery in glaucoma patients. This improvement was not correlated with the preoperative paracentral sensitivity of the standard automated perimetry.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

GL

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Magalhães, Fernanda Pedreira
Last Name First Middle

Glaucoma
Service (sector)

1537/07
Nº CEP

5. ABSTRACT (REQUIRED)

Effects of prostaglandin analogue and prostamide on corneal biomechanics

Fernanda P. Magalhães, Luis Biteli, Tiago S. Prata, Luiz Alberto S. Melo Jr.

Purpose: To evaluate the influence of prostaglandin analogues and prostamide on central corneal thickness and corneal hysteresis.

Methods: A cross-sectional study was performed including glaucoma patients with no previous intraocular surgery. Two groups were formed: Prostaglandin group - patients using prostaglandin analogues (latanoprost or travoprost) or prostamide (bimatoprost); Control group - patients not using antiglaucoma medication. Data on intraocular pressure (Goldmann applanation tonometry), central corneal thickness (ultrasound pachymetry), corneal hysteresis, and corneal resistance factor
were analyzed.

Results: Results: A total of 8 patients (12 eyes) in the prostanglandin group and 11 patients (14 eyes) in the control group were included. The mean (standard deviation [SD]) intraocular pressure in the prostaglandin group was 17.5 (6.3) mmHg and in the control group was 27.7 (6.0) mmHg ($P < 0.001$).The mean (SD) central corneal thickness in the prostaglandin group was 520.0 (30.9) µm and in the control group was 538.9 (38.4) µm ($P = 0.25$). The mean (SD) corneal hysteresis in the prostaglandin group was 8.68 (2.00) mmHg and in the control group was 7.82 (1.23) mmHg ($P = 0.24$).

Conclusion: Prostaglandin analogues and prostamide do not seem to alter the central corneal thickness and corneal hysteresis. Larger studies are needed to confirm these findings.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(GL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Biteli_____Luis_____Gustavo_____
Last Name First Middle

Glaucoma_____ 1114/06_____
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Influence of intraocular pressure reduction on corneal hysteresis

L. G. Biteli, T.S. Prata, F. P. Magalhães, L. A. S. Melo Jr., L. M. Guedes

Purpose: To assess the influence of the intraocular pressure reduction on the corneal hysteresis.

Methods: A total of 22 glaucoma patients (37 eyes) were enrolled in this prospective study. Patients were included if they had glaucoma without previous ocular surgery, intraocular pressure higher than 20 mmHg, and no other significant ocular disease. The intraocular pressure was measured using Goldmann applanation tonometer and the corneal hysteresis was obtained using the Ocular Response Analyzer. These measurements were taken before and one hour after the use of antiglaucoma medications (brimonidine tartrate 0.2%, timolol maleate 0.5%, travoprost 0.004%, and acetazolamide 500 mg).

Results: Before medication, the mean (SD) intraocular pressure and corneal hysteresis were 29.6 (6.8) mmHg and 7.0 (2.4) mmHg, respectively. After medication, the mean (SD) intraocular pressure reduced to 18.5 (5.7) mmHg (P <0.001) and the corneal hysteresis increased to 8.2 (2.3) mmHg (P < 0.001). There was no statistically significant correlation between both intraocular pressure and corneal hysteresis changes (r = -0.12; P = 0.74).

Conclusions: Corneal hysteresis increased after intraocular pressure reduction, but without correlation between these changes. This lack of correlation suggests that other factors are related to the increase in the corneal hysteresis, which need to be investigated.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(GL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Serapicos	Patricia	Cabral Zacharias
Last Name	First Name	Middle

Glaucoma
Service (sector)

1114/06
Nº CEP

5. ABSTRACT (REQUIRED)

Central Retinal Vessel Trunk Position and Neuroretinal Rim Loss in Glaucomatous Patients

Ophthalmology Department, Federal University of São Paulo, São Paulo, Brazil.
P.C.Z.Serapicos, T.S. Prata, A. Paranhos Jr.

Purpose: To evaluate whether the position of the central retinal vessel trunk is correlated with the shape of glaucomatous rim loss. **Methods:** A cross-sectional study was carried out including glaucomatous patients without any other significant eye disease or ocular surgery. After a complete ophthalmic evaluation, all subjects underwent optic disk topographic measurements with confocal scanning laser tomography – Heidelberg Retina Tomograph III (HRTIII [Heidelberg Engineering, Dossenheim,Germany]). Three exams were performed for each eye. We determined the position of the central retinal vessel trunk exit on the lamina cribrosa surface and accessed the neuroretinal rim area values measured by the HRT III. **Results:** A total of 13 patients (22 eyes) were included in the study. Measurements of the neuroretinal rim, from the closest and most distant quadrants to the central retinal vessel trunk exit, revealed mean (standard deviation) values of 0.474 mm^2 and 0.174 mm^2 respectively. The neuroretinal rim located most distant to the central retinal vessel trunk exit was significantly smaller than the closest rim ($P < 0.00001$). **Conclusions:** This suggests that the distance from the central retinal vessel trunk is one factor among others that could be correlated with the regional vulnerability of the neuroretinal rim in glaucomatous patients.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(GL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Moreno_____Pilar_____de Andrade Memoria
Last Name First Middle

_Glaucoma_____
Service (sector) Nº CEP 20070926190143

TITLE: Intra-ocular pressure measurements differences after radial keratotomy using Goldmann, Pascal and Ocular Response Analyser tonometry.

AUTHORS: Moreno PAM., Nakayama S., Teixeira S.H, Paranhos Jr A..

PURPOSE: To compare the intraocular pressure (IOP) using Goldmann applanation tonometry (GAT), the ocular response analyzer (ORA), and the Pascal dynamic contour tonometer (PDCT) in eyes treated with radial keratotomy (RK).

METHODS: Patients with glaucoma history or glaucomatous optic disc head were excluded. IOP was measured in eyes after RK by GAT, ORA, and PDCT in a randomized sequence. Measurements of corneal biomechanical properties (corneal hysteresis [CH], corneal resistance factor [CRF] were recorded. Static ocular refraction, biomicroscopy, fundoscopy, ultrasonic pachymetry and corneal topography were also performed.

RESULTS: Preliminary results showed mean IOP values of 13,1 mmHg for the GAT, 14,35 for PDCT and 22,6 for ORA measurements. Seventy five percent of PDCT had low quality measures and had to be excluded.

CONCLUSIONS: These preliminary results indicate that GAT values are lower than ORA and PDCT ones and that PDCT might have problems generating reliable measurements in post RK patients.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(GL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Nakayama	Simone	Akiko
Last Name	First	Middle

__Glaucoma_____ 20070926190143
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

COMPARISON BETWEEN HUMPHREY VISUAL FIELD AND FDT MATRIX AFTER RADIAL KERATOTOMY

Nakayama, S.A.; Moreno, PAM, Teixeira, SH, Paranhos Jr A.

Purpose: To assess whether there are differences in Humphrey Visual Field and Matrix frequency-doubling technology (FDT) after radial keratotomy.

Methods: Eyes that undergone radial keratotomy were included in this study. Patients with glaucoma or optic nerve head with a glaucomatous pattern were excluded. Visual field (Humphrey 24-2 SITA standard) was performed in the first visit after a comprehensive ophthalmology examination. A second visual field (either Humphrey or Matrix frequency-doubling technology (FDT) were performed in the second visit and the other visual field exam in the third visit (second and third visual field exams order were randomized and with a interval of 1 to 10 days) . Mean defect (MD), pattern standard deviation (PSD) and mean threshold sensitivity of baseline were recorded. All the visual fields had to be reliable with Fixation Losses below 20%, False Negatives below 33%, and False Positives below 33%.

Results: Preliminary results showed lower MD values for the FDT – Matrix exams comparing with the Humphrey tests. There is also a higher frequency of GHT alterations in the Humphrey exams.

Conclusion: In the preliminary evaluation it seems that corneal alterations induced by RK might have a higher influence in the Humphrey perimetry than in FDT matrix perimetry.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

GL

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 **(X) R2** ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name	First Name	Middle
GARCIA FILHO	CARLOS ALEXANDRE	DE AMORIM

Service (sector)
GLAUCOMA

Nº CEP 1688/07
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Intraocular Pressure, Corneal Thickness, and Corneal Hysteresis in Steinert´s Myotonic Dystrophy

Carlos A.A. Garcia Filho, Tiago S. Prata, Aline K.S. Sousa, Larissa M. Doi, Luiz A.S. Melo Jr.

Purpose
Low intraocular pressure (IOP) is one of the ocular manifestations of Steirnert's myotonic dystrophy. The goal of this study was to evaluate the Goldmann and corneal-compensated IOP, corneal central thickness (CCT), and corneal hysteresis in patients with myotonic dystrophy.
Methods
A total of 12 eyes of 6 patients with Steirnert's myotonic dystrophy were included in the study group. A total of 12 eyes of 6 age-, race-, and gender-matched healthy volunteers were included in the control group. IOP was measured using Goldmann applanation tonometer (GAT), Dynamic Contour Tonometer (DCT) and Ocular Response Analyzer (ORA) in random order. Central corneal thickness was obtained by ultrasound pachymetry. The corneal hysteresis was obtained by the Ocular Response Analyzer (ORA). Three measurements of each device were taken and the mean measurements were used for the analysis. In light of the multiplicity of tests performed, the significance level was set at 0.01 rather than 0.05.
Results
The mean (standard deviation [SD]) IOP provided by GAT, DCT, and corneal-compensated ORA in the study group was 5.4 (1.4) mmHg, 9.7 (1.5) mmHg, and 10.1 (2.6) mmHg, respectively. The mean (SD) IOP provided by GAT, DCT, and corneal-compensated ORA in the control group was 12.6 (2.9) mmHg, 15.5 (2.7) mmHg, and 15.8 (3.4) mmHg, respectively. The differences in IOP between the study and control groups were statistically significant in the GAT (mean, -7.2 mmHg; 99% confidence interval [CI], -10.5 to -3.9 mmHg; $P<0.001$), DCT (mean, -5.9 mmHg; 99% CI, -8.9 to -2.8 mmHg; $P<0.001$), and corneal-compensated ORA IOP (mean, -5.7 mmHg; 99% CI, -10.4 to -1.0 mmHg; $P=0.003$). The mean (SD) CCT in the study and control groups were, respectively, 542 (31) μm and 537 (11) μm ($P=0.65$). The mean (SD) corneal hysteresis in the study and control groups were, respectively, 11.2 (1.5) mmHg and 9.7 (1.2) mmHg ($P=0.04$).
Conclusions
The patients with Steinert's myotonic dystrophy showed lower Goldmann and corneal-compensated IOP in comparison with healthy individuals. The CCT and corneal hysteresis in this dystrophy were within the normal range. These facts imply that the low IOP readings found in the myotonic dystrophy are not related to changes in corneal biomechanical properties.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(GL)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Daniel Freitas
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 **(X) R2** ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Freitas_____Daniel_____Meira_____
Last Name First Middle

Glaucoma_____ 1196/07_____
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Effect of Acupuncture on Intraocular Pressure

Daniel Meira-Freitas, Angelino Julio Cariello, Ruth Cardoso Vita, Eduardo Pantaleão Sarraff, Ângela Tabosa, Luiz Alberto S. Melo Jr.

Purpose: To evaluate the short-term effect of acupuncture on the intraocular pressure.
Methods: A randomized controlled trial was performed. Forty eight healthy volunteers (94 eyes) were randomly allocated into three groups: Acupuncture group - 19 subjects (38 eyes) submitted to a 20-minute session of acupuncture with needles inserted in specific points (Tongziliao, Yangbai and Jingming); Sham group - 14 subjects (27 eyes) submitted to a 20 minutes session of acupuncture with needles inserted in false points; Control group - 15 subjects (29 eyes) had no intervention. All subjects had the intraocular pressure measured by Goldmann applanation tonometry immediately before the intervention, as well as 30 minutes and 24 hours after the acupuncture. The intraocular pressure measurement was taken by a physician who was masked to the patient's group.
Results: The mean (SD) intraocular pressure in the Acupuncture group was 17.9 (3.3) mmHg at baseline, 16.4 (3.9) mmHg at 30 minutes, and 16.3 (3.3) mmHg at 24 hour. The mean (SD) intraocular pressure in the Sham group was 18.6 (3.3) mmHg at baseline, 17.7 (2.6) mmHg at 30 minutes, and 15.9 (3.6) mmHg at 24 hour. The mean (SD) intraocular pressure in the Control group was 16.9 (3.5) mmHg at baseline, 16.5 (3.8) mmHg at 30 minutes, and 15.8 (3.3) mmHg at 24 hour. There was no statistically significant difference in the change of the intraocular pressure (post-intervention minus baseline measurements) between groups after 30 minutes ($P = 0.13$) and 24 hours ($P = 0.21$).
Conclusion: Acupuncture did not produce a short-term effect on the intraocular pressure.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

GL

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Sidarta Keizo Hossaka
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 **(X) R2** ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Hossaka	Sidarta	Keizo
Last Name	First	Middle

Glaucoma — 1556/07
Service (sector) — Nº CEP

PORCINE PERICARDIUM AS GLAUCOMA IMPLANT TUBE COVERAGE – AN EXPERIMENTAL STUDY

S.K. Hossaka, L.M. Pinto, C.S. Regatieri, I.M. Tavares and M.P. Rigueiro

Purpose: To evaluate the inflammatory response associated with the use of porcine processed pericardium and glycerin-preserved homologous sclera as tube shunt coverage in rabbit experimental model.

Material and Methods: Eight eyes of eight New Zealand white rabbits were assigned to receive either same-sized glycerin-preserved homologous scleral patches or double-layered porcine processed pericardium that were sutured to bare sclera covering a silicone tube. Conjuntival hyperemia was graded in a masked way on the immediate postoperative period and then at the first, third, and seventh postoperative weeks, and after the seventh week the enucleated eyes were histopathologically examined. They were also evaluated for signs of patch graft melting, tube erosion and chemosis.

Results: There was no occurrence of graft melting or tube exposure although porcine pericardium was associated with more inflammation on clinical observation. Light microscopy revealed marked inflammatory reaction surrounding the porcine pericardium with foreign body granuloma formation. On the other hand, in the sclera group, inflammatory reaction was milder with foreign body granulomas only around the sutures.

Conclusion: Porcine pericardium is associated with significant inflammation when used as tube coverage in a rabbit model at both histopathologic and clinical level, comparing with glycerin-preserved homologous sclera.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
GL

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Verônica F. de C. Lima
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 (x) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

_____Lima_____Verônica_____Castro_____
Last Name First Middle

_____Glaucoma_____ 1114/06
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

CORRELATION BETWEEN WATER DRINKING TEST OUTCOMES AND BODY MASS INDEX IN PATIENTS WITH PRIMARY OPEN-ANGLE GLAUCOMA

Background: To evaluate the correlation between the water drinking test (WDT) outcomes and body mass index (BMI) in primary open-angle glaucoma (POAG) patients. **Methods:** Forty-one POAG patients (41 eyes) under glaucoma treatment were enrolled in this study. After inclusion, patients underwent weight and height measurements. The WDT was performed consisting in a basal intraocular pressure (IOP) reading followed by ingestion of 1 liter of tap water in 5 minutes. Then IOP was measured 4 times at 15 minutes intervals. IOP peak was considered as the maximum value of the 4 measurements and IOP fluctuation as the difference between the peak and the basal IOP. **Results:** There were statistically significant correlations between the IOP fluctuation and the following baseline parameters: BMI, weight, height, cup to disk ratio and IOP at baseline. **Conclusions:** These data suggest that patient's individual characteristics, including BMI and weight, may influence the WDT results. Patients with higher BMI presented lower IOP fluctuation in the WDT.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

TR

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 (X) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

DINIZ	BRUNO	
Last Name	First Name	Middle

TR
Service (sector)

01511/06
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

VIOLENCE INDUCED OCULAR LESIONS

BRUNO DINIZ, ELISABETH NOGUEIRA MARTINS

Purpose: To describe the incidence of the ocular injuries violence induced found in patients that received eye care at a tertiary ophthalmic center at São Paulo – Brazil. **Methods:** Prospective observational study developed at São Paulo Hospital – UNIFESP in 2006. Patients victims of aggression and who were admitted at the emergency room with ocular lesions related to the trauma were included. All of them were submitted to a questionnaire and complete ophthalmologic examination. Sex, age, trauma mechanism and the different types of injuries were evaluated. **Results:** Ocular lesions related to aggression accounted for 17,73% of all cases of ocular trauma attended in 2006 (N=846). The mean age was 31 years (range, 3-60) and it occurred most commonly in the group from 15 to 30 years old (33,33%). Men were more likely to have an eye injury (77,33%). The punch aggression was the trauma cause in 46,66% of the patients, followed by thrown stones. Soft tissue lesions (50,0%), such as eyelid laceration, and subconjunctival hemorrhage (40,66%) were the most found injuries. Traumatic uveitis and the *commotion retinae* were also seen in a great number of patients. Inicial visual acuity was 1.0 at the affected eye in 38,66% of the patients. **Conclusion:** Violence induced injuries had a higher incidence among young male adults and a punch was the most common mechanism of trauma. There was a predominance of blunt trauma and half of the patients had soft tissue lesions.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(TR)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 (X) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Brenner Luis Felipe
Last Name First Middle

Trauma
Service (sector)

Nº CEP

Ophthalmopedia.com

Brenner,LF; Martins, EN; Höfling-Lima,AL

PURPOSE: World Wide Web has led to a rapid growth of medical information availability and continuing medical educational opportunities. The purpose of this study is to create a web-based electronic ophthalmic encyclopedia for ophthalmologists in order to provide real-time, on-demand, and updated ophthalmic information in Portuguese, Spanish, and English.

METHODS: The website development project was divided in three phases: 1) Content definition; 2) Development of the text and gathering of appropriate pictures from the Department of Ophthalmology-UNIFESP archives; 3) Implementation and continuous evaluation/updates.

RESULTS: Phase 1 was concluded. We created a website diagram that encompasses all major areas of ophthalmology and its subspecialties. Topics were derived from major ophthalmic textbooks and selected by the authors according to their relevance, in order to achieve an adequate coverage. Due to the size of the defined content, different search engines are being tested to be used in the final website.

CONCLUSION: A transnational web-based ophthalmic encyclopedia will probably be a valuable educational tool, however accessibility of its content is a crucial point and must be overcome to provide a real useful resource.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
TR

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 (X) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Libera	Rodrigo	Doyle
Last Name	First	Middle

Trauma	1606-06
Service (sector)	Nº CEP

Vitreous hemorrhage in blunt ocular trauma

Libera R.D, Martins E.N

Trauma Service – Department of Ophthalmology - Federal University of São Paulo

PURPOSE: To identify prognostic factors for visual acuity in patients with trauma-related vitreous hemorrhage.

PATIENTS AND METHODS: The records of 915 patients who attended Federal University of São Paulo Eye Emergency Center during a 5-year period, followed for at least 6 months, were retrospectively reviewed. Patients with vitreous hemorrhage associated to blunt ocular trauma were selected. We investigated the factors possibly related to final visual acuity using either Spearman's rank correlation coefficient (initial best corrected visual acuity –BCVA and age) or Fisher Exact test (final BCVA of 0.5 Snellen E or better *vs* posterior segment alterations).

RESULTS: Forty-nine patients (39 males) were included. The most common findings were traumatic uveitis (46.9%), hyphema (40.8%) and corneal abrasion (36.7%). Retina tear and /or retinal detachment occurred in 26.5% of the cases. BCVA at last visit was 0.5 or better in 40.8% of the eyes. Initial BCVA was significantly associated with final BCVA ($r = 0,72$, $p<0.001$) and a trend towards worse final BCVA in older patients was also detected. Final BCVA of 0.5 or better was significantly less frequent in patients with retinal detachment.

CONCLUSIONS: Retinal detachment and age were related to prognosis in our series of patients with trauma-related vitreous hemorrhage.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
NO

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Cunha Leonardo Provetti
Last Name First Middle

Setor de Neuroftalmologia 654/06
Universidade de São Paulo (CAPPesq HCFMUSP)
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Pattern electrorretinograms for the detection of neural loss in patient with permanent visual field defect from chismal compression

Leonardo Provetti Cunha, Mário Luiz Ribeiro Monteiro

Purpose: To evaluate the ability of full field and hemifield pattern electroretinogram (PERG) parameters to differentiate between eyes with band atrophy (BA) of the optic nerve and healthy eyes.
Methods: Twenty-four eyes from 24 consecutive patients with permanent temporal hemianopic visual field defects and BA of the optic nerve from previous chiasmal compression and 24 healthy subjects were studied prospectively. All patients were submitted to an ophthalmic examination including Humphrey 24-2 SITA Standard automated perimetry. Full field and hemifield (nasal and temporal) stimulation transient pattern electroretinogram (PERG) were recorded using checkerboard screens. Amplitudes and peak times for the P50 and N95 as well as the overall P50+N95 amplitude were measured. The intraocular N95:P50 amplitude ratio was calculated. Comparisons were made using Student's t test. Receiver operating characteristic (ROC) curves were used to describe the ability of PERG parameters to discriminate both groups.
Results: Full field P50, N95 and P50+N95 PERG amplitude values were significantly smaller in eyes with BA when compared with control eyes ($P < 0.001$). Nasal and temporal hemiafield PERG studies revealed significant differences in N95 and P50+N95 amplitudes measurements. No significant difference was observed regarding peak time values as well as N95:P50 amplitude ratio. Nasal and temporal hemifield PERG values showed no significant difference both in eyes with BA and in controls. Using the 10% percentile of normals as the lower limit of normal, 15 of 24 eyes were considered abnormal using the best discriminating parameters.
Conclusions: Transient PERG amplitudes measurements were efficient at differentiating eyes with BA and permanent visual field defect from normal controls. However, PERG parameters from hemifield stimulation were not able to identify asymmetric hemifield neural loss and that future studies are necessary for clarify this issue.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(NO)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 **(X)** R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

CARNEIRO , WANESSA FURTADO
Last Name First Middle

Neuro-Ophthalmology **20071024120410**
Service (sector) Nº CEP

Postoperative and secondary anterior ischemic optic neuropathy: comparison with the spontaneous type

Carneiro WF, Cariello AJ, Imamura P

Purpose: To compare the characteristics of patients who develop non-arteritic anterior ischemic optic neuropathy (NAION) following to those who develop NAION spontaneously and in the postoperative time.

Methods: It was performed a retrospective chart review of all patients who were examined at Neuro-ophthalmology service of UNIFESP, from 1999 to 2006 and detected charts of patients diagnosed with anterior ischemic optic neuropathy (AION) and separated the non-arteritic from arteritic.

The diagnosis of NAION was done if it was present, at least, three of the following: Sudden and painless decrease in vision, characteristic visual field defect, relative afferent pupillary defect, optic disc edema in the acute phase or optic disc pallor, if more than six weeks.

The following data were recorded: Gender, age, chief complaint, if unilateral or bilateral, associated systemic diseases, previous ocular and systemic surgeries, complete ophthalmic examination, initial visual field description, done by an experienced ophthalmologist, image exams and other ancillary test results. The prevalence of NAION known risk factors (hypertension, diabetes mellitus, hypercholesterolemia, smoking, cardiovascular diseases and vascular conditions) was compared between the three groups using a medical statistical software.

Results: In progress

Conclusions: In progress

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(US)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

Martinez, Andréa Alejandra Gonzalez

Last Name First Middle

Ocular Ultrasound 1793/07
Service (sector) Nº CEP

Nodular Scleritis: Case Report diagnosed with Ultrasound Biomicroscopy and Treatment with triamcinolone

Martinez AAG, Allemann N, Hirai A, Mattos K
Department of Ophthalmology – Federal University of São Paulo

Purpose: To establish pattern of evolution in nodular scleritis with high frequency ultrasound (HFU). **Methods:** Twenty-seven years old white female, presenting idiopathic nodular scleritis, initial manifestation of intermediate uveitis and bilateral macular edema, visual acuity loss (OD: 20/300; OS: 20/100), no improvement with conventional clinical treatment (topical and oral corticostheroids). After 4 months, a scleral nodule was observed in OD. Ultrasound biomicroscopy (high frequency ultrasound, 50 MHz, UBM Paradigm, immersion technique) was used for evaluation. **Results:** First HFU examination revealed a temporal scleral lesion with dimensions over 5 mm and thickness of 3.8 mm, with associated scleral thinning (0.16 mm). Triamcinolone intravitreous application was performed to treat macular edema. The scleral nodule regressed maintaining localized scleral thinning. No recurrence was observed after 10 months of intravitreous injection. **Conclusion:** High frequency ultrasound allowed the diagnosis of nodular scleritis during the activity phase, the follow-up evaluation and the study of its sequelae such as scleral thinning.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(OR)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Manso	Paulo	Gois
Last Name	First Name	Middle

Orbit
Service (sector)

Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Comparison between Magnetic Resonance Image signal intensity and clinical activity score, before and after treatment in pacients with graves Ophthalmopathy

Paulo Gois Manso, João Roberto Maciel Martins, Reinaldo Furlanetto, Luis Paves , Deise Nakanami, Angela Wolosker

PURPOSE: The purpose of this study is to correlate the clinical activity score (CAS) and intensity signal of extraocular muscle in the resonance magnetic image before and after treatment of Graves's Ophthalmopathy.

METHODS: Twenty-nine patients with active Graves' Ophthalmopathy were enrolled in a prospective study and submitted to a clinical ophthalmologic exam and magnetic resonance image (MRI). The patients were classified according to the Clinical Activity Score (CAS) and the MRI of extraocular and white matter signal intensity performed on the T2 sequences (SI). Dates were obtained of all Graves Ophthalmopathy patients before and after clinical treatment. This treatment was performed by radiotherapy, corticosteroids and colchicine, isolated or by association between then.

RESULTS: There was a positive relationship between CAS and SI before and after treatment even in those patients who do not respond adequately. Considering absolute values of CAS and SI, 8 patients obtained an improvement less than 50% (non-responders) while 21 presented an amelioration of more than 50% (responders). In this situation, neither CAS nor SI pre-treatment were predictors parameters of therapeutic response ($p= 0.35$ and $p= 0.11$, respectively). On the other hand, when these parameters post-treatment were analyzed, those patients that non-respond to treatment maintained higher values of CAS and SI when compared to responders.

CONCLUSION: Although CAS and SI had a positive correlation before treatment, high values of these parameters are not predictors of therapeutic response in Graves' Ophthalmopathy. On the other hand, the combination of these two parameters post-treatment was useful on the identification of those patients who persisted with clinical ocular inflammation pointing for the need of a new management of this disease.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(ST) STRABISMUS

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

Kirsch David
Last Name First Middle

Strabismus _____
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Yamada's Surgery for Treatment of Myopic Strabismus Fixus

David Kirsch
Katyane Godeiro, Marcia Keiko Tabuse, Célia Nakanami.

Esotropia is associated to myopia in 5,2% to 8% of the cases. In myopic strabismus fixus there is cquired progressive esotropia and hypotropia associated with restricted elevation and abduction. High - resolution magnetic resonance imaging (MRI) has demonstrated the inferior and medial displacement of the lateral rectus (LR) and superior rectus (SR) muscle respectively probably caused by an enlarged globe superotemporal herniating through the muscle cone. Treatment is difficult with recorrence of the large angle esotropia even after surgery. In 2002, Yamada et al described an effective surgical technique to achieve ocular alignament in theses cases. This procedure was consisted of hemitransposition of the SR and LR muscles with escleral fixation at 7mm from the limbus in the combined with ipsilateral medial rectus (MR) muscle recess. More recently, Ejzenbaum et al6 reported two cases of myopic strabismus fixus submited to Yamada's procedure associated with 4mm resection of the hemitransposed portions of the SR and LR muscles to increase the muscular tonus and then improve surgical effects6. In the present study, we report two cases of myopic strabismus fixus treated with modified Yamada´s surgery, one associated with ipsilateral MR muscle recess and other with botox injection at the MR muscle.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

JCL
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

_Lake_____Jonathan_____Clive_____
Last Name First Middle

Cataract_____ _0009/04_____
Service (sector) Nº CEP

Qualitative assessment of the impact of surgical experience on the evaluation of 3D-stereoscopic video projections of cataract surgeries

Authors: Jonathan Clive Lake, MD; Lincoln Lemes Freitas, MD; Rubens Belfort Jr, MD

Objective: To analyze variations of the perception of stereoscopic and non-stereoscopic projections of cataract surgeries according to surgical experience.

Methods: Data was obtained from a questionnaire that used Boolean variables and visual analog scales for evaluation of differences between 3D-stereo and non-stereoscopic projections of cataract surgeries. Answers of surgeons with different levels of experience (number of surgeries) were grouped in order to establish a profile of behavior of variation of answers during perception of surgical situations with or without 3D projection. Variations were computed and compared with a previously established gold standard.

Results: Variations were very high among surgeons with zero experience. These variations showed a decreasing trend according to surgical experience. Certain surgical situations presented a high variation regardless of surgical experience.

Conclusion: Variations in perception of 3D-stereo and non-stereo video projections were very high for all surgeons that participated in this study. Experienced surgeons showed less variations then less-experienced surgeons in certain situations. Cataract training with videos should involve customized individual support to the different levels of surgeons-in-training.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

EP

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)

(a) Paper

(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Marcela Colussi Cypel

Marcela Colussi Cypel
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(x) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Cypel	**Marcela**	**Colussi**
Last Name	First	Middle

Retina — Service (sector)

1583/04 — Nº CEP

Quality of life and Quality of Vision in Elderly Patients (80 - 108 years)

M. Cypel, P.E.C. Dantas, C.L. Lottenberg, L.R. Ramos, R.Jr. Belfort.

Department of Ophthalmology, Federal University of São Paulo, São Paulo, Brazil.

ABSTRACT

Purpose: Evaluate quality of life and quality of vision in patients older than 80 years old. **Methods:** The 150 examined patients were: residents of the "Lar Golda Meir", participants of the project EPIDOSO ("Projeto Epidemiologia do Idoso/ UNIFESP") and some others recruited by media advertisement. They were examined at the UNIFESP's Vision Institute. We divided them in three groups: Group 1: 70 patients between 80 and 89 years old; Group 2: 50 patients between 90 and 99 years old and Group 3: 30 patients above 100 years old. We measured de visual acuity and classified it (using an international classification) and the following questionnaires were performed: SF-36 (Quality of Life "Short Form" – 36) and VFQ-25 (Vision Functioning Questionnaire-25) **Results:** The mean age found was: Group 1 - 83.83 (DP 4.24), Group 2 - 92.36 (DP 2.70) and Group 3 – 101.60 (DP1.73). Most of them were females 68.7% (103). At the SF-36 we found difference statistically significant when considering the answers of the whole group of patients (150 patients) comparing the scores of visual acuity, unless in the scale for pain. When considering each age group and comparing the SF-36 answers in the different groups of scores of visual acuity or considering each score of visual acuity and comparing it in each age group we found the opposite, almost all didn't show difference statistically significant. At the VFQ-25 we found difference statistically significant when considering the answers of the whole age group of patients and separately at the age group 1 and at the age group 2 each one against the scores groups of visual acuity, but the age group 3 showed no statistically difference in most of these comparisons answers. Considering the VFQ-25 answers on the same visual acuity score and comparing them in each age group we found most of results withought significant statistically difference. The scale that represented the visual acuity for reading showed significant statistically difference in all the groups when considering age and score of visual acuity. **Conclusion:** Perhaps after the 80ths what mater most is how your health is and not really how old you are (80, 90 or centenarian). The quality of visual acuity showed to have an important impact in the general quality of live in old peoples from 80 to 99 years old and should be considered in the different age groups and in the different scores of visual acuity. Looking for improvement in vision in old peoples eyes can bring real profits in quality of life.

Keywords: old populations, quality of life, quality of vision.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

EP

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)

Paper

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Rafael W Cinoto

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

CINOTO RAFAEL WERNECK
Last Name First Middle

EPIDEMIOLOGY 0095/04
Service (sector) Nº CEP

PREVALENCE OF NEAR VISION IMPAIRMENT IN LOW-INCOME OLDER ADULTS IN BRAZIL: THE SÃO PAULO EYE STUDY

RAFAEL W. CINOTO, B.A., ARNAUD ARAÚJO-FILHO,M.D.; ADRIANA BEREZOVSKY, PH.D., MÁRCIA R.K.H. MITSUHIRO, M.D.; RUBENS BELFORT JR., M.D., PH.D.; SOLANGE R. SALOMÃO, PH.D.

Objective: To determine the prevalence of near vision impairment and blindness in older adults in a low-income urban area of São Paulo, Brazil.
Design: Population-based, cross-sectional study.
Participants: A total of 3678 examined persons 50 years of age or older.
Methods: A random selection of census sectors (clusters) was used to identify the study sample in Ermelino Matarazzo, Vila Jacui and São Miguel districts in the east zone of São Paulo city. Eligible persons in the 22 selected clusters were enumerated through a door-to-door household survey and invited to an examination site for visual acuity testing and eye examination from July 2004 to December 2005.
Main outcome measures: Presenting and best corrected near visual acuity.
Results: A total of 4224 eligible persons in 2870 households were enumerated, and 3678 (87.1%) were examined. The prevalence of normal near vision (visual acuity ?20/32 in both eyes) was 72.3% (95% confidence interval [CI]: 70.4%-74.2%) with presenting visual acuity and 85.6% (95% CI: 84.0%-87.2%) after refractive correction. The prevalence of normal/near-normal vision (?20/63 in both eyes) was 92.0% (95% CI: 88.3%-95.6%) with presenting acuity and 92.1% (95% CI: 89.6%-94.6%) with best correction. The prevalence of presenting near bilateral blindness (<20/200) was 1.73% (95% CI: 1.18%-2.28%) and after refractive correction was 1.43% (95% CI: 0.87-1.98%).
Conclusions: Although the overall prevalence of near visual impairment was low, it could be avoided by simple refraction in a large proportion of those with visual impairment/blindness in this urban low-income adult Brazilian population. These results highlight the need to target near vision impairment as well as distance visual impairment to the aging population. Refractive services with provision of glasses would considerably improve the near vision of older adults with reflections in their quality of life.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(LV)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

(A) PAPER PRESENTATION

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

(LV) LOW VISION

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Lopes,	**Márcia**	**Caires Bestilleiro**
Last Name	First	Middle

Setor de VSN (Ambulatório de Estimulação Visual Precoce)
Service (setor)

1641/04 em 13 de abril de 2005
Nº CEP

5. **ASSESSING VISION-RELATED QUALITY OF LIFE IN CHILDREN WITH BILATERAL CONGENITAL CATARACT**

Marcia Caires Bestilleiro Lopes[1]; Adriana Berezovsky[2]; Marcia Beatriz Tartarella[2]; Solange Rios Salomão[2]
[1]Graduate Student, Visual Sciences Program, Dept. of Ophthalmology, UNIFESP; [2] Professor, Dept of Ophthalmology, UNIFESP

PURPOSE

To assess vision-related quality of life in children with bilateral congenital cataracts, using the recently developed Children's Visual Function Questionnaire (CVFQ).

METHODS

CVFQ has two presentations, one for children under 3 years of age and the other for older children, and is divided in six subscales – general health; general vision; competence; personality; family impact and treatment. From those, a composite score can also be calculated. The CVFQ was applied in the hospital setting to parents or other caretakers by personal interview. The subscale scores were compared for control group (n=32 - normal vision) versus congenital cataract group (n=16 - no visual impairment, n=9 - mild visual impairment and n=11 - severe visual impairment). For analysis, t-tests and analysis of variance (ANOVA) were performed.

RESULTS

All subscales presented low scores for the quality of life of children with bilateral congenital cataracts. Congenital bilateral cataract scores were higher than those of the control group for all subscales. In the bilateral congenital cataract cohort competence subscale was significantly lower in the severe visually impaired compared to those not visually impaired (ANOVA F 5.1, $p=0.01$; Tukey test $p<0.01$) with composite subscale significantly lower in the severe visually impaired patients compared to those mild and not visually impaired (ANOVA F 5.4, $p=0.01$; Tukey test $p=0.01/0.05$).

CONCLUSIONS

Bilateral congenital cataracts influence vision-related quality of life of children as confirmed by low scores in all competences assessed by the CVFQ. This instrument should be incorporated in the clinical assessment of children with bilateral cataracts as a measure of the impact of visual impairment in their quality of life.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
NO

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Carolina Ramos
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

__Ramos_____Carolina_____do Val Ferreira
Last Name First Middle

____Neuro-oftalmologia_____1352/05 _____
Service (sector) Nº CEP

LARGE OPTIC DISCS MAY MAINTAIN MUTATION CARRIERS AS UNAFFECTED IN AN EXTENDED BRAZILIAN PEDIGREE WITH LEBER'S HEREDITARY OPTIC NEUROPATHY

Carolina V.F. Ramos[1], Piero Barboni[2], Valerio Carelli[3], Anna Maria De Negri[4], Federico Sadun, Adriana Berezovsky[1], Rafael W. Cinoto[1], Rubens Belfort Jr[1], Alfredo A. Sadun, Solange R. Salomão[1]

Southern California, Los Angeles, CA, USA.

Purpose: To investigate retinal nerve fiber layer thickness (RNFL) and optic nerve head (ONH) morphology in a large family from Brazil with Leber's hereditary optic neuropathy (LHON) carrying the 11778/ND4 mutation.
Methods: We enrolled 139 individuals belonging to the previously reported Brazilian SOA-BR LHON pedigree, divided in the following subgroups: 13 LHON affected patients (LHON-affected), 48 LHON unaffected mutation carriers (LHON-carrier) and 78 controls (26 off maternal lineage spouses and 52 descendants of males who do not carry or inherit respectively the LHON mutation). All individuals underwent optical coherence tomography (OCT) measurements including RNFL thickness and ONH analysis.
Results: The RNFL thickness analysis showed a significant increase in the temporal and inferior quadrants as well as in the 360° average in the LHON-carrier compared to controls. This RNFL thickening was particularly significant in male LHON-carrier. LHON-affected had a drastic reduction of RNFL thickness in all measurements. ONH topographic analysis showed a significantly larger optic disc area and vertical disc diameter in LHON-carrier compared to LHON-affected and controls, whereas LHON-affected did not show a statistical difference with controls.
Conclusions: Our study confirms the previously reported pattern of RNFL changes in LHON. Further, we show that anatomical conformation of ONH may be an important determinant of disease penetrance, large optic discs being a putative protective factor. If these data, obtained in a single large family, are a general feature in LHON, the ONH investigation by OCT may have a prognostic significance for risk of being affected.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Santos	Beogival	Wagner Lucas
Last Name	First Name	Middle

Cataract
Service (sector)

1685/04
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

QUALITY OF LIFE EVALUATION IN PACIENTS SUBIMITED TO CATARACT SURGERY, WHICH HAS BEEN IMPLANTED INTRAOCULAR MULTIFOCAL ARRAY SA40N AND FOLLOW UP FOR TWO YEARS

This article analyzes visual acuity, quality-of-life, frequency of spectacles wear and measure of overall satisfaction with visual acuity at distance and near in seventy two patients (one hundred forty two eyes) whom received an implantation. This retrospective study included hundred forty-two eyes cataract patients from " CIOMS" (Centro Integrado de Oftalmologia de Matos Grosse do Sul) who had received an Array multimodal intraocular lens. The questionnaire focused on variables that might define them as to: visual acuity in pre and postoperative, frequency of spectacles wear, measure of overall satisfaction with visual acuity at distance and near, capacity of doing some tasks and problems with glare, rings and halos. After an application of a questionnaire, we observed that 84,37% of the patients had distant vision of 20/40 (Jaeger) or better, and with correction this statistics were up to 96,87%. With near vision correction, 100% of the subjects had near vision of J3 or better. 56,25% of the patients never used optical correction in the postoperative. It has seen that 93,75% of the patients did not wear glasses. Half of the subjects are bothered by glade, rings or halos. About the interviewed patients 81,25% reported being satisfied with overall visual function; 100% can read books or newspapers; and can do daily works, such as cook, watch television, shave or make herself up and practice sports. To conclude, we could see that Array SA40N multifocal intraocular lens could improve visual function and quality-of-life of the patients in this study, due to a certain spectacle independency.

Key words: Array multifocal intraocular lens; cataract; visual acuity.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

CA

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper

(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

___Andrade,_____Eduardo_____M__M_____
Last Name First Middle

_____ _____
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

USE OF DIFFRACTIVE IOL ON YOUNG ADULTS CARRYING INBORN CATARACT

ANDRADE E. CHAMON W.

PURPOSE: Describe the use of diffractive IOL on young adult patients carrying bilateral inborn cataract, aiming the reduction of dependency of near correction.

MATERIALS AND METHODS: We evaluated the use of diffractive intra-ocular lens on patient JKOL, 14 years of age, with family history of bilateral inborn cataract. Besides the patient, his father and brother also carry bilateral inborn cataract, having the same pattern of access to the crystalline. All patients were accompanied since 1998, being that JKOL have always presented stable vision of 20/40 J2 free from correction. For approximately one year, he presented progressive VA decrease, reaching vision of 20/80 to 20/100 free from correction. It was decided for the performance of cataract surgery on both eyes due to difficulties in fulfilling school work. On March 2007, the patient was subjected to facoemulsification + implant of diffractive IOL model SN60D3 (ALCON Labs) on both eyes by the same surgeon free from intercurrence. The patient was evaluated on 1,7,30 and 90 post operation, through a complete ophthalmologic exam which included: biomicroscopy, visual acuity with and free from correction, intra-ocular pressure and refraction.

RESULTS: VA free from correction was 20/30 and J3 under good conditions of lightness, what enabled the patient to have autonomy performing all daily activities, including school work. The better visual acuity with correction was 20/25 and J2 with refraction (RE + 0.25 DE - 0.75 DC @ 130 and LE + 0.50 DE – 0.75 DC @ 115).

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

OLIVEIRA **FILIPE**
Last Name First Middle

CLINICAL TRIALS **01027/06**
Service (sector) Nº CEP

IMMERSION, APPLANATION AND OPTICAL BIOMETRY: WHICH ONE IS BETTER TO CALCULATION OF MULTIFOCAL INTRAOCULAR LENS POWER?

Filipe de Oliveira, Eduardo S. Soriano, Lincoln Leme Freitas, Cristina Muccioli

BACKGROUND: Many studies have recommended the immersion or optical biometry like the gold-standard method to multifocal intraocular lens (MIOL) calculation. Although the applanation biometry is widely used to monofocal IOL calculation, this technique is not so accurate to MIOL due to corneal indentation resulting in anterior chamber depth (ACD) as well as axial length (AL) shortened.
PURPOSE: To compare the AL and ACD measurements from three differents biometric methods widely used at present and to evaluate how much the applanation technique can produce error in MIOL calculation.
METHODS: A study was performed on 92 eyes in 46 patients presenting to clinical practice for cataract surgery with MIOL assessment. Preoperative measurements of AL and ACD was taken with optical (IOLMaster, Zeiss - Germany), immersion and applanation biometry (Ocuscan RxP, Alcon - USA). All measurements were done for an unique biometrist. The measurements were used to determine the MIOL power based on the third generation formulas.
RESULTS: The AL means obtained were by optical biometry (23.10mm ±0.93), immersion (23.14mm ±0.99) and applanation (23.00mm ±1.01). The ACD means were respectively (3.17mm ±0.43), (3.21mm ±0.41) and (3.08mm ±0.40). The ACD correlation coefficients were 0.84 (applanation x optical) and 0.97 (applanation x immersion). The AL correlation coefficient was high (r=0.99) to either correlation. On average the AL measurements by the applanation were shorter by 0.10 mm compared to optical and 0.14 mm to immersion biometry. This shortened measurements can result in post-operative error in myopic direction.
CONCLUSION: The minimal post-operative error in myopic direction might be avoided to MIOL calculation, then the shortened measurements from applanation biometry is not an accurate method for this purpose.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):
CA

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. Francisco seixas Soares
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(x) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Soares	**Francisco**	**Seixas**
Last Name	First Name	Middle

Cataract — Service (sector)

0095/04 — Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

PREVALENCE AND OUTCOMES OF CATARACT SURGERY IN BRAZIL: THE SÃO PAULO EYE STUDY

Francisco S. Soares, Rafael W. Cinoto, Adriana Berezovsky, Arnaud Araújo-Filho, Márcia R.K.H. Mitsuhiro, Sung E. S. Watanabe, Alisson V. Carvalho, Rubens Belfort Jr., Solange R. Salomão

Purpose: To investigate the prevalence and visual acuity (VA) outcomes of cataract surgery in a low-middle income population in São Paulo, Brazil.

Methods: Cluster sampling based on geographically-defined census sectors was used in randomly selecting individuals ?50 years of age for visual acuity measurement, refraction, and slit-lamp examination during 2004-2005. Cataract patients were queried as to the year and place of surgery. The surgical procedure any evidence of surgical complications were recorded during the examination. The principal cause of vision impairment was identified for eyes presenting with VA <20/40.

Results: A total of 4224 eligible persons were enumerated and 3678 (87.1%) were examined. The prevalence of cataract surgery was 6.28% (95% confidence interval [CI]: 5.29%-7.27%). Cataract surgery increased dramatically with a 1999 government initiative that improved access to subsidized surgery. Surgical coverage among those with presenting visual impairment or blindness <20/63 in both eyes because of cataract was 61.4%. Age and no formal schooling were associated with un-operated impairment/blindness. Among 352 cataract-operated eyes, 41.2% presented with VA >20/40, 28.1% with VA 20/40 to 20/63, 14.2% with VA <20/63 to 20/200, and 16.5% with VA <20/200. With best-correction, the corresponding percentages were 61.9%, 17.6%, 8.2%, and 12.2%. Intra-ocular lenses were in 90.6% of cataract-operated eyes, and half of these had phakoemulsification. Next to refractive error, retinal disorders were the main cause of vision impairment/blindness in operated eyes. With logistic regression, phakoemulsification was associated with presenting VA ?20/63; age, gender, formal schooling, time or place of surgery were not significant. With best corrected vision, only formal schooling was significant.

Conclusions: The volume of cataract surgery has increased in low-middle income areas of São Paulo, but many remain visually impaired/blind because of cataract. Refractive error and other causes of visual impairment amenable to treatment are common in cataract operated eyes. Greater emphasis on the quality of visual acuity outcomes along with sustained government subsidy to provide access to affordable modern cataract surgery are needed.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Samantha Lustoza M. Souza

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Souza	Samantha	Lustoza Marques de
Last Name	First	Middle

Ophthalmology	1056/04
Service (sector)	Nº CEP

ABSTRACT

Title: STRATEGIST PLANNING FOR THE IMPLANTATION OF THE OPHTHALMOLOGICAL SURGICAL CENTER THE REFERENCE IN PALMAS – TOCANTINS.

Name of Authors: Samantha Lustoza M.Souza, Abelardo S. Couto JR

Purpose: Describe the administrative actions used for the implantation of reference service in ophthalmic surgeries in Palmas – Tocantins. **Methods:** Bibliographic searching, interview with the administrative regency of the Health Municipal Secretary, space organization according to the Resolution RDC 50, the National Agency of Sanitary Vigilance, stand of the available resources, applicability and financial places for the project's execution, as the systematization of a detailed planning work. **Results:** The administrative actions used were: local reality analyzes relating to the health ocular problems, elaboration of planning work destined to the obtainable financial resources necessary through the consolidation of the convene between the Health Municipal Secretary and the Health Ministry, choose and adequacy of the physic space and the human resources, acquisition of benefits and permanent materials, strategic planning focusing the attendance to the repressive demand of ophthalmologic surgeries in Palmas – Tocantins and reference areas. **Conclusion:** It was conclude that the administrative actions described in this paper constituted the strategic planning basis for the implantation of the CCOR in Palmas – Tocantins, trough de definition of the politics' health, of the objectives and proposed metadata, of the rational utilization of the available resources and the presence of the mechanisms of accompany, evaluation and control, optimized by the integration of the decisive process existent and for the clearness of the administrative procedures.

Keywords: Strategic Planning; Implantation; Surgery Center; Ophthalmology; Public Health.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Silva	Luci	Meire
Last Name	First Name	Middle

Clinical Trials
Service (sector)

1027/06
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Evaluation of Satisfaction and Quality of Vision in Patients with Multifocais IOLs
Luci Meire P. Silva, Ana Lúcia Ribeiro, Cristina Muccioli

Purpose: To evaluate the satisfaction of patients who received concomitant implantation of multifocal IOLs (Restor/Rezoom) as well as to evaluate the quality of vision through questionnaires.
Materials/Methods: Fourty patients who received combined implantation of RESTOR LIO (model SA60D3) and REZOOM LIO (Model NXG1) were interviewed preoperative and postoperative (100 days after surgery of the second eye). It was used a questionnaire to evaluate the satisfaction of patients regarding their quality of vision and ability to perform daily activities.
Results: Mean age was 70.6 years (Range: 42 to 88). Gender 45% Female. Race 72,5% Caucasian, 12.5% Black and 5.0% Asian. The **pre-operative interview** showed: 31 (77%) can´t read newspaper or could read with much difficulty; 12 (31%) can´t cook/eat or could cook/eat with much difficulty; 33 (82%) can´t recognize people or have much difficulty; 20 (50%) can´t watch TV or have much difficult; 25 (62%) can´t recognize street signs or have much difficult. The following patient´s complains regarding quality of vision were observed: 25 (62%) presented glare/flare difficultly tolerated or incapacitating; 27 (67%) showed problems with night vision difficultly tolerated or incapacitating; 16 (40%) showed halos difficultly tolerated or incapacitating; 21 (52%) with blurred near vision difficultly tolerated or incapacitating; 27 (66%) with blurred far vision difficultly tolerated or incapacitating; 18 (45%) were not satisfied with the bilateral near vision; 20 (50%) were a little disatisfied/moderately satisfied with bilateral near vision; 24 (59%) were not satisfied with the bilateral far vision and 13 (33%) were a little disatisfied/moderately satisfied. In the **postoperative interview** the following were found: 35 (87%) read newspaper easily; 40 (100%) no difficulty to cook/eat; 37 (92%) no difficult to recognize people; 38 (95%) no difficult to watch TV; 39 (97%) no difficult to recognize street signs. We found the following about quality of vision: 11 (28%) no complain glare/flare; 28 (69%) presented glare/flare easily tolerated; 39 (97%) no problems with night vision or problem easily tolerated; 20 (50%) no observed halos; 19 (48%) complaim halos easily tolerated; 37 (91%) no observed or easily tolerated blurred near vision; 40 (100%) no observed or easily tolerated blurred far vision; 26 (65%) were completely/mostly satisfied satisfied with the bilateral near vision; 12 (30%) moderately satisfied with bilateral near vision; 34 (84%) were completely/mostly satisfied with the bilateral far vision and 5 (13%) moderately satisfied. After surgery only 2 (5%) patients wear reading glasses.
Conclusion: Combined multifocal IOLs implantion achieved good results regarding quality of vision as well as improve significantly the quality of life of patients.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Sarraff	Eduardo	Pantaleão
Last Name	First Name	Middle

Cataract
Service (sector)

01724/07
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Randomized comparison of the efficacy of cataract surgery using Ozil technology with miniflared vs tapered phaco microtips

Eduardo Pantaleão Sarraff, Fábio Henrique Casanova

Purpose: To compare the outcomes after phacoemulsification performed with Ozil technology using two different Kelman phacotips: miniflared vs tapered microtip.

Methods: Forty eyes underwent phacoemulsification using Ozil technology were divided in two groups: miniflared group (MF) and tapered microtip (TM). A control group (21 eyes) used Legacy system. All the surgeries were performed by the same surgeon and using the same technique (phaco chop). Best corrected visual acuity, surgery time, intraoperative phaco parameters, endothelial cell loss, pachymetry were evaluated at months 1, 3 and 6 after surgery.

Results: Patients have been followed by 3 months. Final results are still pending.

Conclusion: Preliminary results have shown that MF group presents higher intraop parameters, longer surgical time and induces greater cell loss in harder nucleus. Ozil technology is a safe, effective and predictable method for phacoemulsification. Kelman microtip seems to be the best option, especially in dense cataracts.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(CA) CATARACT

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 **(X) R2** ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

PEREIRA	**CAROLINA**	**ISOLANI**
Last Name	First Name	Middle

CATARACT
Service (sector)

0714/07
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

WAVEFRONT ANALYSIS OF ACRYSOF® TORIC IOL

PEREIRA, C. I.; BARROS, M.; VANDERLEI, S.; SORIANO, E.; NOSÉ, W.

PURPOSE: To compare visual performance, total and high order wavefront aberrations (coma, spherical aberration, and other terms) and contrast sensitivity in eyes implanted with monofocal spherical intraocular lens (IOL) or toric spherical IOL.
METHODS: Randomized prospective study.Ninety patients will be randomized to receive two IOL types: Alcon AcrySof® Natural (45 eyes) or AcrySof® Toric (45 eyes). Complete ophthalmologic examination including uncorrected visual acuity (UCVA), best-spectacle corrected visual acuity (BSCVA), corneal topography, and wavefront analysis were performed preoperatively, 30 days, and 90 days postoperatively. Pelli-Robson chart test and functional acuity contrast testing were performed approximately 60 days after surgery.
RESULTS: So far 36 eyes were included with 30 days of follow up. The preliminary results showed that total and high order wavefront aberrations (1.29 ± 0.4 and 0.38 ± 0.2 in the AcrySof® Toric and 1.11 ± 0.38 and 0.48 ± 0.18 in the AcrySof® Natural, respectively) analyzed 30 days after the surgeries were similar in both IOLs. Full results will be presented.
CONCLUSION: The Acrysof® toric IOL seems to promote astigmatism correction without inducing more wavefront aberration than a regular spherical IOL.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(CA)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Cristina Carossa
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 (X) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Carossa Cristina Ferreira
Last Name First Middle

_____Cataract_____ ___17663/07_____
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Title:
Evaluation of Clinical Security and visual acuity outcome of the foldable acrylic miniflex intraocular lens

Authors:
Luis Felipe Brenner, Wanessa Carneiro, Bruno Kuono, Fabio Casanova, Lincoln Freitas

Purpose:
To evaluate the efficacy, predictability and safety of implanting a new foldable acrylic posterior chamber intraocular (PCIOL) lens (Miniflex®, Mediphacos, Brazil) under 2.0-mm corneal incision.

Methods:
This prospective noncomparative study included 50 patients who underwent phacoemulsification with a PCIOL implanted in the capsular bag. All surgeries were performed by the same surgeon. Intraoperative data were colected.
Uncorrected visual acuity (UCVA), best corrected visual acuity (BCVA), slitlamp biomicroscopy, tonometry, fundus exam, topography and endothelial specular microscopy were performed preoperatively and 1, 3, and 6 months after surgery.
The achieved refractive error one month after surgery was compared to the predicted postoperative refractive error by SRK/T formula. Surgically induced astigmatism (SIA) was evaluated using vector analysis based on corneal topography. Mean preoperative corneal central power was 43.63 diopter (D) +/- 1.34 (SD).

Results: The results are still in progress. So far the mean UCVA and BCVA is -0.020 +/- 0.036 logMAR and -0.016 +/- 0.037 logMAR, respectively. There were no statistically significant differences between UCVA and BCVA after the IOL implantation. The mean predicted refraction is – 0.431 ± 0.181 D and the mean achieved postoperative spherical equivalent was – 0.220 ± 0.732 D.

Conclusions: Our topographic analysis clearly demonstrated that a smaller wound in phacoemulsification surgery produced almost no surgically induced alteration of the cornea and stabilized rapidly.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
TU

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Camila Cassiano Simões
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 **(X) Estagiário** ( ) Tecnólogo ( ) PIBIC

Simões.	Camila	Cassiano
Last Name	First Name	Middle

Tumores
Service (sector)

Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Choroidal Melanoma – Epidemiological review in the latest three years on the Ocular Oncology Unit at São Paulo Federal University.

Simões, C.C.[1]
Sobrinho, J.R.N.[1]; Dourado, L.[1]; Ballalai, P.[1, 2]

PURPOSE: To evaluate the epidemiological characteristics in patients referred for treating choroidal melanoma on the Ocular Oncology service at São Paulo Federal University.
DESIGN: Retrospective noncomperative case series.
METHODS: Review of charts of all patients with choroidal melanoma on the ocular service at São Paulo Federal University between January 2004 and December 2006. The epidemiological outcomes evaluated were sex, age, race and the correlation about tumor size (A-B scan ultrasonography) and treatment.
Patients were excluded from the study if any epidemiological reference or ultrasound records not were in the charts.
RESULTS: Data could be found for 66 patients. There were more female, 38 (57.58%) than males, 28 (42.42%). Mean diagnosis age was 54.9 years (range 25-82) and the white race was predominate (50 patients, 75.76%). Twenty-three patients were excluded.
In the others 43 patients, the choroidal melanoma was classified by A-Bscan ultrasound height, as small (?4.0 mm) in 12 (27.91%), medium (4.1-6.0 mm) in 7 (16.28%) and large (?6.1 mm) in 24 (55.81%).
The primary treatment for small choroidal melanoma (SCM) was transpupilary thermotherapy (TTT) for 9 patients, I-125 brachytherapy for 2 and 1 patient underwent TTT out of our service. In medium choroidal melanoma (MCM) was brachytherapy for 3 patients, TTT for 2 patients and enucleation for 2 patients. For large choroidal melanoma (LCM) was enucleation for 19 and brachytherapy for 5 patients.
Recurrence after first treatment occurred in 5 patients with SCM, 3 patients with MCM and 1 patient with LCM.
The recurrence was treated by brachytherapy in 3 patients with SCM and by enucleation in 2 patients with SCM and in 2 with MCM. TTT was adjuvant treatment for recurrence in 1 patient with MCM and 1 with LCM.
In the enucleated eyes our pathological analysis found a predominance of mixed cell melanoma (71.43%)
CONCLUSION: The Ocular Oncology service at São Paulo Federal University is one of the few references, in Brazil, when it comes to public treatment in this kind of pathology which justify our outcomes in which the major parts of patients shows large size tumors at the moment of diagnosis, giving cause for enucleation to be the only treatment possible aiming to decrease possibilities of systemic metastasis.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(TU)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Letícia Dourado Alves
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

ALVES	LETÍCIA	DOURADO
Last Name	First Name	Middle

Ocular Oncology
Service (sector)

Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

TITLE: New retinoblastoma cases in a referral service.

AUTHORS: Letícia Dourado Alves; Virgínia Torres, Priscila Ballalai, Juliana Rifas N. Sobrinho, Camila Simões, Clélia M. Erwenne

PURPOSE: To analyze epidemiological data and staging at admission of retinoblastoma cases in a tertiary referral center (Pediatric Oncology Institute / Oncology Ocular Sector from Federal University of São Paulo).

METHODS: Retrospective review of charts of retinoblastoma patients attended between January 2006 and September 2007. The cases were classified according to International Retinoblastoma Classification. Data regarding, age, gender, race, laterality, symptoms and the first healthy professional sought were analyzed.

RESULTS: In this period of time a total of 26 cases (35 eyes) were referred to our service, being 17 unilateral and 9 bilateral. The mean age at admission was 27, 73 months (ranged from 7 months to 84 months). The occurrence in women and men is the same, 13 cases in each gender from 65% are caucasians. In 65, 3% of the cases the first healthy professional sought were the ophthalmologist after initial symptom. The first signal noticed by the parents were leukocoria (57,6 %), followed by strabismus (19,2%), both (15,4%) and others symptoms (7,7 %). According to International Retinoblastoma Classification the eyes were distributed as : A 3 eyes (9, 6%), B: 1 eye (3,2%); C: 4 eyes(12,9%); D: 9 eyes (29,03%) and E: 14 eyes (45,16%). Four patients were not classified because they were submitted to previous treatment in anther service.

CONCLUSION: Our results are similar to others from underdeveloped and developing countries. In our service, most of the patients with retinoblastoma had advanced tumors at the moment of the diagnosis.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(TU)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Romina Barreto Sampaio
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BIE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

Sampaio	Romina	Barreto
Last Name	First Name	Middle

Oncologia (TU)
Service (sector)

Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

TITLE: Choroidal metastasis: epidemiologycal study at the Ocular Oncology Unit of the Federal University of São Paulo-Brazil.

AUTHORS: Romina Barreto Sampaio; Priscila Ballalai; Virgínia Torres; Clélia M. Erwenne

PURPOSE: To do an epidemiologycal analysis of patients with choroidal metastatasis and compare data to the literature.

METHODS: A retrospective review of charts of 20 patients with choroidal metastatis referred to the Ocular Oncology Unit of the Federal University of São Paulo-Brazil from 2002 to august 2007 was performed. Age, gender, race, type of primary tumor, visual acuity at the diagnosis, location of the tumor and presence of retinal detachment were analyzed.

RESULTS: The mean age was 40 years old). 80% of the patients were females and 45% white. At the diagnosis, the majority of the patients had severe visual impairment (< 20/80). An elevated solid mass was observed at the posterior pole in all 20 patients, and in 6 of them there was associated retinal detachment. The primary tumor was breast carcinoma in 13 female patients (65%), lung carcinoma in 3 male patients (15%), gynecologic neoplasia in 2 cases (10%), skin melanoma in 1 case (5%) and no primary tumor diagnosed in 1 case (5%).

CONCLUSION: In our study, the most common primary tumor was breast carcinoma, in female patients, as reported in the literature. Decrease of visual acuity was the main complain of the patients with choroidal metastasis, but not related only with retinal detachment.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):
TU

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(x) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name	First Name	Middle
Odashiro	Danilo	Nakao

Service (sector)
Ocular Pathology

Nº CEP
Trabalho realizado na Universidade McGill, Montreal, Canadá.

5. ABSTRACT (REQUIRED)

Histopathological study of benign ocular adnexa tumors.

Odashiro DN, Odashiro AN, Pereira PR, Martins MC, Burnier Jr MN.
Henry C Witelson Ocular Pathology Laboratory, McGill University, Montreal, Canada.

Basal Cell Carcinoma (BCC) is the most common malignant tumor of the eyelid and it's histopathological features are well documented. Differential diagnosis include others adnexa ocular tumors. The incidence and the clinical-pathological characteristics of these adnexa tumors are not well described.
Purpose: This study evaluate the incidence and the clinical-histopathological features of the benign ocular adnexa tumors with pilous, eccrine and apocrine differentiation.
Methods: This study includes 3898 patients with eyelid lesions registered at the Henry C Witelson Ocular Pathology Laboratory, McGill University, Montreal, Canada. Clinical data and histopathological diagnosis were obtained from 148 eyelid adnexa tumors.
Results: Mean age of the patients was 57.5 year-old. From the 148 adnexa tumors (3.82%), 110 were appocrine or eccrine cysts (73.82%), 11 were pylomatrixoma (7.43%), 10 were trichilemmomas (6.71%), 6 syringomas (4.05%), 5 syringocystoadenoma (3.37%), 3 trichoepithelioma (2.03%), and 3 trichofolliculoma (2.03%).
Conclusions: Benign ocular adenxa tumors are rare, and most of them have eccrine differentiation. Tumors with origin at the pylous unit are the most common solid tumors and should be included as a differential diagnosis from the Basal Cell Carcinoma.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

TU

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

SANTOS	LETICIA	RIELO DE MOURA
Last Name	First Name	Middle

ONCOLOGIA OCULAR
Service (sector)

0916/06
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Expression of C-kit in retinoblastoma: a potential therapeutic target

Letícia R. de Moura, Robert J. Barry, Jean-Claude Marshall, Bruno F. Fernandes, Claudia Martins, Miguel N. Burnier Jr.

Purpose: C-kit is a transmembrane tyrosine kinase protein thought to play an important role in tumourigenesis. With the development of the compound Imatinib Mesylate that specifically inhibits tyrosine kinase receptors, C-kit has emerged as a potential therapeutic target. This study aims to determine the immunoexpression of C-kit in retinoblastoma and correlate this expression with histopathological prognostic features.

Methods: Eighty-four paraffin-embedded retinoblastomas were collected from the Henry C. Witelson Ocular Pathology Registry. The C-kit immunostaining was used according to the protocol provided by Ventana Medical System Inc. Arizona. Immunoreactivity was correlated with the presence or absence of invasion into the choroid and optic nerve; and the degree of tumour differentiation. Odds ratios were calculated to quantify differences in C-kit expression between tumours with different patterns of invasion and differentiation.

Results: Twenty-one (25%) slides were excluded from analysis due to the presence of extensive tissue necrosis or absence of sufficient optic nerve tissue for analysis. Overall, C-kit expression was identified in 33/63 (52.38%) specimens analysed. Two out of the 13 tumours (15.4%) without choroidal and/or optic nerve invasion were positive for C-kit. On the other, C-kit was seen in 31 (62%) of the 50 tumours with extra-retinal invasion ($p<0.01$). Twenty-six of 44 specimens with choroidal involvement (59.9%, $p<0.2$), and 20/29 with optic nerve involvement (68.96%) expressed immunoreactivity for C-kit ($p<0.02$). Fourteen of 25 specimens (56%) moderate or well differentiated and 19 of 38 (50%) undifferentiated specimens displayed positivity for C-kit ($p>0.5$).

Conclusions: More than half of retinoblastomas in this study expressed C-kit. The expression of C-kit strongly correlated with histopathological features of worse prognosis including optic nerve and choroidal invasion.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):
TU

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(x) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Pereira	Patricia	Rusa
Last Name	First Name	Middle

Ocular Pathology
Service (sector)

This paper was conducted at the Henry C Witelson Ocular Pathology Laboratory, McGill University, Montreal, Canada

Nº CEP

5. ABSTRACT (REQUIRED)

MIA LEVELS OF UVEAL AND CUTANEOUS MELANOMA IN A RABBIT MODEL

Pereira PR, Odashiro AN, Marshall JC, Burnier Jr MN.
Henry C Witelson Ocular Pathology Laboratory.

Purpose: Melanoma inhibitory activity (MIA) is a protein that has been shown to be secreted by malignant melanoma cells and to elicit growth inhibition of melanoma cells *in vitro*. Bosserhoff *et al*. found using Northern blot analysis that MIA gene was expressed in all melanoma cell lines tested. MIA levels were elevated in stage III and stage IV metastatic malignant melanoma but levels decreased significantly after surgery. Also, MIA levels subsequently increased in 29 of 34 patients with rapid disease progression and decreased in 5 patients who responded to immunochemotherapy. The Henry C. Witelson Ocular Pathology Laboratory has previously described an animal model of uveal melanoma. Group 1:Uveal Melanoma (UM) 15 rabbits. 1 million human UM cells (cell line 92.1) were inoculated into the supra-choroidal space of the right eye of each albino rabbit of this group. Group 2: Cutaneous Melanoma (CM), 15 rabbits. Following the afore mentioned protocol, 1 million CM cells (cell line WM-266-4, metastatic to the lymph node) were inoculated into the eyes of each rabbit in this group. All rabbits had metastasis to the lung by the end of the model. The purpose of this study is to measure MIA levels in an animal model of CM and UM.
Material and Methods: Blood sample of each rabbits were collected once a week. Samples from 5 rabbits with CM intraocular tumors and 5 rabbits with UM intraocular tumors were analysed. These samples from the 7th, 8th, 10th, 11th, 12th weeks. All animals already had lung metastases by the 7th week. MIA serum levels were measured by a one-step ELISA (Roche formerly Boehringer Mannheim). Blood from one animal that had not been inoculated with melanoma was used as a control.
Results: The mean MIA serum levels in the UM rabbits were 1.17, 1.70, 1.60, 1.48, 1.37 ng in the 7th, 8th, 10th, 11th, 12th weeks respectively. The mean MIA serum levels in the CM rabbits were 4.08, 4.36, 5.09, 4.49, 5.50 ng in the 7th, 8th, 10th, 11th, 12th weeks respectively. There was no statistically significant increase between the weekly serum levels in both CM and UM groups, likely because all animals already had metastatic disease at time of blood collection. Although the CM group showed progressive increases in MIA levels throughout the disease progression, this was not observed in the UM group.
Conclusions: The average CM serum levels of MIA measured three times higher than those of UM. CM showed a progressive increase in MIA levels throughout the evolution of the disease, a result that was not observed in the UM group.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(TU)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(x) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Almeida	Simone	Ribeiro de Araújo
Last Name	First	Middle

Tumor and pathology (TU) 20071029155724
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Eye pathologies simulating a retinoblastoma in an ocular oncology center

Simone R. A. de Almeida, Priscilla Ballallai Bordon, Raquel Barreto, Virginia L. L. Torres, Maria Cristina Martins

BACKGROUND: Retinoblastoma is the most common eye malignancy in childhood and its incidence is one to every 20.000 children given birth. Early diagnosis and therapeutic are important to preserve eye and life, but, sometimes is very difficult to differ retinoblastoma from other diseases. **METHODS:** Retrospective research was performed reviewing the patients' record for clinical data of the Eye Oncology Center in UNIFESP – Brazil, from February 2001 to September 2007. **RESULTS:** Two hundred and eight children were referred to the Eye Oncology Center in UNIFESP - Brazil with presumed retinoblastoma, but, 25 (12%) had other final diagnosis. Seven (28%) had Coats's disease, 5 (20%) had presumed toxocariasis, 5 (20%) had astrocitoma, 4 (16%) had persistence of the hyperplasic primary vitreous (PHPV), 3 (12%) had choroidal hemangioma and 1 (4%) had coloboma. **CONCLUSION:** Coats' disease, presumed toxocariasis, astrocitoma, PHPV, choroidal hemangioma and coloboma were the most common diseases simulating retinoblastoma. The present study shows the importance of the referral of children with suspected retinoblastoma to an Eye Oncology Center to confirm the diagnosis and to establish the correct treatment.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
EP

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Nakanami_____Célia_____Regina_____
Last Name First Middle

Estrabismo-Oftalmologia Pediátrica _____95-04_____
Service (sector) Nº CEP

Title: Prevalence and Causes of Visual Impairment in Low-Income Urban School-Age Children of Sao Paulo, Brazil.
Name of Authors: Célia R.Nakanami;
Name of other authors (maximum 6): Solange R. Salomão; Adriana Berezovsky; Rafael W. Cinoto; Cesar Lipener; Rubens Belfort Jr.

Purpose: To assess the prevalence and causes of visual impairment in low-income school-age children in Sao Paulo City by using an adapted protocol for refractive error study in children (RESC) developed by the World Health Organization/National Eye Institute.
Methods: The study population consisted of children from 5th to 8th grades from public schools from the districts of Ermelino Matarazzo, Vila Jacui and Sao Miguel. Random selection of schools from the four school grade levels was used to identify the study sample. Children from 9 schools were examined from April to November 2005. The examination included visual acuity (VA) testing; ocular motility for near and distance; examination of the external eye, anterior segment and media. Cycloplegic auto-refraction, cycloplegic subjective refraction and fundus examination were performed in children with uncorrected visual acuity 20/40 or less in either eye. An ophthalmologist assigned a principal cause of visual impairment for eyes with uncorrected visual acuity 20/40 or worse. Refractive error was assigned routinely if acuity improved to at least 20/32 with refractive correction or with pinhole testing.
Results: A total of 2,757 children were enumerated and 2,376 (86.2%) were examined. Prevalence of uncorrected, presenting, and best-corrected VA ? 20/40 in the better eye was 4.7%, 2.8%, and 0.4%, respectively. Cycloplegic auto-refraction and subjective refraction was performed in 213 (9.0%) children. Fifty-two percent of those who could achieve acuity ?20/32 in at least one eye with best correction were without the necessary spectacles. Refractive error was the cause in 79.8% of eyes with reduced vision; amblyopia, 6.9%; retinal disorders, 4.8%; other causes, 2.4%; and unexplained causes, 5.4%.
Conclusions: The prevalence of reduced vision is low in this sample of low-income urban school-age Brazilian children, most of it because of uncorrected refractive error. Cost-effective strategies are needed to eliminate this easily treated cause of vision impairment.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

EPIDEMIOLOGY (EP)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

FLAVIO HIRAI
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

HIRAI	**FLAVIO**	**E.**
Last Name	First	Middle

CORNEA/INCAT — Service (sector)
N/A — Nº CEP

Clinically Significant Macular Edema and Survival in Type 1 and Type 2 Diabetes: Wisconsin Epidemiologic Study of Diabetic Retinopathy

Flavio E. Hira[1, 2], Michael D. Knudtson[1], Barbara E. K. Klein[1], Ronald Klein[1]

[1] Department of Ophthalmology and Visual Sciences, University of Wisconsin, Madison
[2] Department of Ophthalmology, Federal University of São Paulo, Brazil

Purpose: to investigate the association of clinically significant macular edema and long-term survival in individuals with type 1 and type 2 diabetes.

Methods: the Wisconsin Epidemiologic Study of Diabetic Retinopathy (WESDR) is an ongoing prospective population-based cohort study initiated in 1980-82 of individuals with diabetes diagnosed at either < 30 years of age (younger-onset, n=996) or ? 30 years of age (older-onset, n=1,370). Stereoscopic color retinal photos were graded for retinopathy using the modified Airlie House Classification scheme and CSME was defined by ETDRS criteria.

Results: prevalence of CSME was 5.9% and 7.5% for the younger- and older -onset groups, respectively. After 20 years of follow-up, 276 younger-onset and 1,123 older-onset persons died. When adjusting for age and gender CSME was not significantly associated with all-cause (hazard ratio and 95% confidence interval 1.41 (0.96-2.07), p=0.08) or ischemic heart disease mortality (1.14 (0.61-2.12), p=0.68) in the younger-onset group. In the older onset group, there was increased all-cause and ischemic heart disease mortality when CSME was present: 1.55 (1.25-1.92), p<0.01 and 1.56 (1.15-2.13), p<0.01, respectively, when adjusting for age and gender. After controlling for other risk factors, the association remained significant for ischemic heart disease (1.58 (1.07-2.35), p=0.02) among those taking exogenous insulin. CSME was not significantly associated with stroke mortality by in either group.

Conclusions: CSME appears to be a risk indicator for decreased survival in persons with older-onset diabetes mellitus. The presence of CSME may identify individuals who should be under care for cardiovascular disease.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE
EPIDEMIOLOGY

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

__Gonçalves_____Samuel_____Ribeiro_____
Last Name First Middle

Epidemiology
_____ _ _01722/07_____
Service (sector) Nº CEP

Ocular Findings in Renal Transplanted Patients

SMHR Gonçalves, AJ Cariello, TS Prata, M Hosoume, AL Hofling-Lima.

Purpose: To describe the ocular findings in renal transplanted patients.

Methods: A retrospective chart review was conducted in the General Ambulatory of Ophthalmology of the Federal University of São Paulo including patients that underwent renal transplantation. It was accessed for descriptive analysis patient's age, gender, race, best corrected visual acuity (BCVA), biomicroscopy findings, intraocular pressure (IOP), fundus examination, time from renal transplantation, immunosuppressive drugs and systemic comorbidities.

Results: A total of 53 patients were included in the study from May 2006 to October 2007. The mean time from renal transplantation was about 60 months. The mean age was 49 years old. Twenty-five patients were males (47.2%) and 28 females (52.8%) with a male:female ratio of 0.89. The majority of patients were auto-classified as brown skinned 28 (52.8%), followed by 15 whites (28.3%) and 10 blacks (19.8%). The BCVA was 20/50 or better in 43 patients (81.1%). Twenty patients (37.7%) had cataract and the most common types were posterior sub capsular (23.3%) and nuclear cataract (23.3%). The IOP was 14.66 (mean SD +/- 4.20). The diagnosis of glaucoma was confirmed in eight patients (15.1%). Forty-six patients (86.8%) presented systemic hypertension and fourteen (26.4%) had diabetes. All of them have used prednisone as an immunosuppressive agent. Thirty patients (56.6%) had abnormal fundus findings, generally associated with diabetis and hypertension. We also found one case of acute retinal necrosis.

Conclusions: Immunosuppressive treatment can be considered the cause of ocular complications like cataract and glaucoma. Transplanted patients with others systemic comorbidities like diabetes and hypertension may have a worst visual prognosis. Routines ophthalmology exams are important to detect ocular alterations in this population.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

EF

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name	First Name	Middle
Kanadani	Fábio	N

INSTITUIÇÃO
Universidade Federal de São Paulo - UNIFESP
Santa Casa de Belo Horizonte

5. ABSTRACT (REQUIRED)

Functional Assessment in Glaucoma Suspect and Glaucomatous Eyes: A Comparison of mfVEP, FDT and SWAP

Purpose: To compare subjective and objective tests of visual function at different stages of glaucoma.**Methods:** Seventy-two subjects enrolled in a prospective study were evaluated with frequency doubling technology perimetry (FDT), short-wavelength automated perimetry (SWAP), and the multifocal visual evoked potential (mfVEP) technique. The subjects were placed in the following groups based upon the results of standard achromatic perimetry (SAP): 22 eyes were classified as glaucoma suspect (GS) (normal glaucoma hemifield test (GHT) and mean deviation (MD)), 21 eyes as early glaucoma (MD < -6 dB), and 13 as moderate glaucoma (MD > -6 dB). Eyes with early or moderate glaucoma had glaucomatous optic neuropathy and abnormal GHTs and MDs on SAP. FDT was performed with the Humphrey Matrix (24-2 program), SAP with the Humphrey Field Analyzer II (24-2 program), and mfVEPs with the VERIS system using a 60 sector pattern-reversal dartboard array. SWAP and FDT fields were classified as abnormal when the GHT was outside normal limits and there were 3 or more contiguous points in an hemifield of the pattern deviation plot with $p<0.05$. The mfVEP was considered abnormal when the interocular or monocular probability plot had 3 or more contiguous points in a hemifield with $p<0.05$ and at least one of these points had $p<0.01$. **Results:** In the GS group, SWAP, FDT and mfVEP tests revealed visual field abnormalities in 18%, 36% and 59% of eyes, respectively. In early glaucoma, abnormalities were noted in 70% (SWAP), 81% (FDT) and 67% (mfVEP). In moderate glaucoma, abnormalities were noted in 100% (SWAP), 100% (FDT) and 92% (mfVEP). The specificity was greater in SWAP (89%) than in FDT (75%) and mfVEP (80%). **Conclusions:** In view of the differences in detection of functional deficits between the subjective and objective tests, we suggest that a combination of one subjective (FDT or SWAP) and one objective (mfVEP) test be used for follow-up and early detection of glaucoma.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
EF

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

____Sacai,_____Paula_____Yuri_____
Last Name First Middle

__Electrophysiology____ _1654/04__
Service (sector) Nº CEP

Color vision discrimination in Retinitis Pigmentosa

Sacai P.Y., Pereira J.M., Salomão S.R., Berezovsky A., Clinical Electrophysiology of Vision Lab, Dept. of Ophthalmology, Federal Univ of São Paulo, São Paulo, Brazil.

Purpose. Retinitis pigmentosa (RP) is a group of inherited retinal dystrophies affecting many visual functions. The objective of this study is to evaluate the chromatic discrimination in patients with RP through the Farnsworth-Munsell 100 Hue test (FM-100).
Methods. Color discrimination was monocularly assessed with the FM-100 in a group of 47 patients with RP (80 eyes; 31 males) aging from 10 to 58 (33.8±14.6) years. Inclusion criteria were visual acuity ?20/100; informed consent; absence of previous ocular surgery. Thirty normal volunteers (19 women and 11 men) aging from 18 to 54 years (24.26 ± 12.3 years) were tested as a control group. For the control group the inclusion criteria were: BCVA ?20/20, normal fundus, absence of history for hereditary eye disease and/or ocular surgery and informed consent. Error scores and color defect axis were investigated.
Results: Out of 80 examined eyes, 64 (80%) eyes presented low color discrimination (error score > 100), with 52 eyes non specific loss and 12 eyes tritan defect. The remaining 16 eyes presented average color discrimination (error score 17-100), with 11 non specific loss, 4 normal and 1 tritan defect. In the control group, 3 (10%) presented superior discrimination (total error of 0 to 16) and 27 (90%) presented average discrimination. Error scores were statistically higher in RP eyes compared to controls (T = 323.000; P = <0.001). A significant positive correlation was found between color discrimination and the visual acuity (r=0.621, P = <0.05).
Conclusions: Diffuse color vision loss was prominent in this cohort of RP patients. These results reflect the cone degeneration associated with the disease and the importance of visual acuity preservation associated with color vision performance.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

UV

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)

Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Arantes	**Tiago**	**Eugênio Faria e**
Last Name	First	Middle

Uveitis and AIDS — Service (sector)
0713/06 — Nº CEP

5. ABSTRACT (REQUIRED)

ANATOMIC AND VISUAL FUNCTION ASSESSMENT ON ASYMPTOMATIC HIV-POSITIVE PATIENTS USING OPTICAL COHERENCE TOMOGRAPHY AND FREQUENCY DOUBLING TECHNOLOGY PERIMETRY

Tiago Eugênio Faria e Arantes, João Lins de Andrade Neto, Claudio Renato Garcia, Cristina Muccioli

Purpose : To assess retinal nerve fiber layer (RNFL) thickness and macular thickness on patients infected by HIV virus without ocular manifestations and to correlate these results with perimetric findings assessed by frequency doubling technology perimetry (FDT).

Methods: Fifty-eight eyes (29 patients) with visual acuity of 20/20 and without ocular changes detected on physical exam were evaluated using third-generation optical coherence tomography (Stratus OCT) and FDT perimetry using the Humphrey Matrix. Patients were divided in three groups: group A (22 eyes of 11 patients): HIV-positive patients with CD4 count < 100 cells/ml at some point lasting for at least 6 months; group B (20 eyes of 10 patients): HIV-positive patients with CD4 count > 100 over the whole time of the disease and group C (16 eyes of 8 patients): HIV-negative control patients.

Results: The average RNFL thicknesses in group A, B and C were 102.24 ±11.19µm, 111.35 ±11.19µm and 111.42 ±9.04µm, respectively. Group A had a significant RNFL decrease in thickness, specially in the inferior quadrant, when compared with groups A and B ($p<0.05$). The minimum foveal thicknesses in groups A, B and C were respectively 156.32 ±18.76µm, 155.79 ±14.56µm and 158.31 ±13.95µm and the total macular volumes in groups A, B and C were 6.71 ±0.34mm^3, 6.81 ±0.30 mm^3 and 6.85 ±0.43 mm^3, with no significant differences in the macular parameters between the groups. The mean deviations (MD) in the FDT in groups A, B and C were -0.33 ±3.01, +1.1 ±2.02 and +1.6 ±1.22 and the pattern standard deviation were respectively 2.98 ±0.80, 2.55 ±0.28 and 2.55 ±0.20. The differences in the perimetric performance between the groups did not reach statistical significance ($p>0.05$).

Conclusions: There is a significant RNFL thinning on HIV-positive patients with low CD4 counts compared with HIV-positive patients with CD4 count above 100 and HIV-negative controls. The group with low CD4 count had also a lower MD in the FDT, but without statistical significance ($p=0.09$).

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(UV)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Frederico Augusto Costa Reis

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Reis	Frederico	Augusto
Last Name	First Name	Middle

Úvea
Service (sector)

0358/04
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Intravitreal injection of clindamycin and dexamethasone for toxoplasmic retinochoroiditis: a pilot study

Frederico AC Reis, Luciana P Finamor, Cristina Muccioli, Rubens Belfort Jr.

Purpose:
To evaluate the therapeutic effectiveness and the recurrence of infection in patients with active toxoplasmic retinochoroiditis treated with intravitreal injection of clindamycin and dexamethasone
Methods:
Fourteen patients with unilateral active toxoplasmic retinochoroiditis, and visual acuity worse or equal to 20/60, received intravitreal injection of 1mg of clindamycin and 1.0 mg of dexamethasone, in a total volume of 0.1 ml, with local anesthesia.
The diagnosis was based on the clinical appearance of retinal lesion and a positive IgG or IgM antibory for toxoplasma gondii.
Results:
Eigth patients were females. Mean age was 31.4 years (18 to 45). Mean follow-up time was 23 months (1 to 30).
Visual acuity improved in 9 cases (64,3%), the mean gain of lines was 6,3 lines (1 to 12).
The mean time for visual improvement was 15 days in patients submitted to just one injection and 45 days in those cases submitted to a second injection.
From 14 patients submitted to the treatment, 11 (78.5%) received only 01 injection and 3 (21.4%) patients were submitted to a second.
Comments:
The use of local treatment alone can represent an important option in some cases, especially in those with contraindication to systemic treatment, like allergy or intolerance to the drugs.
In this study the intravitreal injection of clindamycin and dexamethasone for the treatment of toxoplasmic retinochoroiditis was effective and safe. Randomized clinical studies will be necessary to compare its efficiency with others treatments.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
TU

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

BARROS JEISON DE NADAI

Last Name First Middle

TUMORS AND PATHOLOGY 0162/05

Service (sector) Nº CEP

Prediction of Malignancy in Ocular Surface Epithelial Lesions: Prognostic Parameters Based on the 2001 Bethesda System.

Jeison de Nadai Barros, Marcia Lowen, Priscilla Luppi Ballalai, Vera Lucia Mascaro, Maria Cristina Martins.

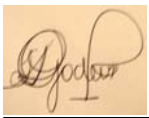
Purpose: to develop the first scoring system for clinical use in predicting malignancy by impression cytology (IC) and to assess its validity. **Methods**: a transversal prospective observational study was conducted: IC was performed on epithelial lesions surface with premalignant or malignant clinical signs and without previous topical chemotherapy. Specimens that exhibited atypical cells on optical microscopy analysis were included and evaluated in a manner similar to that used in the 2001 Bethesda system for cervical citopathology. For each sample, 11 prognostic parameters were assessed to verify cytological features that are the most predictive of malignancy. Lesions were excised and submitted to histopathogical study in which consensus existed regarding the diagnosis between two experienced ocular pathologists. Histopathology was considered gold-standard. Logistic regression was used for modeling results and receiver operating characteristic curve (ROC) analysis assessed the validity of the scoring system. **Results**: 39 lesions were studied and histopathological diagnosis was pterygium in 1 case, actinic keratosis in 9 cases, intraepithelial neoplasia in 9 cases and invasive squamous cell carcinoma in 20 cases. On the basis of the statistical probability to predict malignancy 7 prognostic parameters were included: nuclear size, chromatin, nucleoli, sincicial-like group, nucleus cytoplasmic ratio, cytoplasmic stain and cytoplasmic borders. Each parameter was assigned a numerical value based on the strength of logistic regression and the summation was the total predictive score tabulated for each lesion. ROC curve analyses demonstrated an area under the curve of 0,927 and a score of 4,25 as the cutoff that best discriminates invasive malignant lesion (sensitivity of 95%, specificity of 93%, positive predictive value of 95% and negative predictive value of 93%). A score of 4,25 or more represents invasive squamous cell carcinoma, scoring 3,40 suggests malignant intraepithelial neoplasia and scoring 0,40 points to premalignant actinic keratosis. **Conclusions**: the study statistically validated the utility of this new IC-based score developed for the pretreatment prediction of malignancy in ocular surface epithelial lesions. Its predictive performance can be enhanced by prospective use and integration with clinical evaluation.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(TU)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"


Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Godeiro	Katyanne	Dantas
Last Name	First Name	Middle

Tumor and Pathology	0792/05
Service (sector)	Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

THE ROLE OF NF-κB AND BORTEZOMIB IN UVEAL MELANOMA

Katyanne D. Godeiro, MD, Emilia Antecka, MD, PhD, Jean-Claude Marshal, MSc, Alexandre N. Odashiro, MD, PhD, Vinicius S. Saraiva, MD, PhD, Miguel N. Burnier Jr., MD, PhD.

PURPOSE: Uveal melanoma (UM) is the most common primary intra-ocular malignancy in adults. Despite the high accuracy of clinical diagnosis and advances in local treatment, more than 40% of UM patients will develop metastases that ultimately lead to death. The nuclear factor-kappa B (NF-*k*B) is a dimeric transcription factor related to carcinogenesis by regulating genes involved in apoptosis, cell cycle, differentiation and migration. Bortezomib is a NF-*k*B inhibitor, which received accelerated FDA approval to treat multiple myeloma patients refractory to previous therapies. Although the roles of NF-*k*B in protecting skin melanoma cells from apoptosis and the effects of bortezomib in skin melanoma have received considerable interest recently, the role of NF-*k*B in UM has not yet been studied.**METHODS:** Patient medical charts were reviewed to provide the following information: age at date of diagnosis, gender, previous ocular radiation therapy, development of metastasis and date of last medical consultation with clinical status. Histopathological analysis of the specimens with regards to prognostic factors such as cell type, largest tumor dimension, tumor-infiltrating lymphocytes and closed vascular loops was performed. Thirty-one UM specimens were subjected to immunohistochemical analysis with an anti-NF-*k*B monoclonal antibody. Samples were classified as low (+1), moderate (+2) or high (+3) positivity with respect to extent and intensity of staining. The final microscopic classification was defined as low (group 1) if the combination of both extend and intensity of staining was < +5 and high (group 2) if this combination was ≥ +5. Four human UM cell lines and one human transformed uveal melanocyte cell line were assayed for proliferative ability under conditions of increasing concentrations of bortezomib.**RESULTS:** All cases subjected to immunohistochemistry were found to be NF-κB positive. Seventy-one percent (n = 22) presented with high cytoplasmic and nuclear immunoreactivity. Meanwhile, among lesions with low general immunoreactivity (n = 9), 100% presented with cytoplasmic reactivity while nuclear staining was absent. Although statistical analysis demonstrated no correlation between NF-κB expression and clinicopathological prognostic factors, interestingly, patients that presented with high expression of NF-κB had a higher cumulative metastasis rate than those with low expression. With regards to proliferation assays, all UM cell lines exposed to bortezomib disclosed a decreased proliferation rate when compared to the control group.**CONCLUSIONS:** The results of this study demonstrated that NF-κB is highly expressed in UM and that bortezomib treatment effectively decreases the proliferation rate of human UM cell lines. Recent advances in the development of drugs that down-regulate NF-κB signalling may therefore provide potential adjuvant modalities to conventional therapies in UM.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(TU)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Virgínia Laura Lucas Torres
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Torres	Virgínia	Laura Lucas
Last Name	First Name	Middle

Ocular Oncology
Service (sector)

0922/06
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

A NEW DEVICE FOR OCULAR GLOBE ENUCLEATION

Virgínia Torres; Paulo Schor; Clélia Erwenne

Introduction: The necessity of perfecting the enucleation technique, specially in case of intraocular malignancy, in order to obtain an adequate amount of tissue for histological analysis and a minimum trauma on remain orbital structures is a consensus. By conventional procedures the excising of enough length of the optic nerve (ON) presents a distinct problem, even for experienced surgeons.
Purpose: The general purpose of this study was to develop and describe the use of a new device for enucleation. The specific objective was to achieve a systematic excision of lengthy ON stump (at least 10 mm) during the enucleation.
Methods: The instrument patent process was sponsored by NUPI (Núcleo de Propriedade Intelectual) – UNIFESP/ SDPM. The legal and technical aspects of the instrument creation were accessorized by a patent office. Patent registry was deposited in 12/19/2005 and published in 10/02/2007 (PI 0506204-7).
The instrument prototype was produced by the inventor in conjunction with an engineer. The prototype consisted in a steel device made in two sizes in order to attended adults and children. The instrument was constituted by a couple of connectable arms (similar to gynecological forceps) that are introduced in orbital cavity after the globe is freed from extraocular muscles and Tenon's. Each arm has a plaque in its final edge, measuring 10mm that obligates the surgeon to cut the nerve in adequate length
Results: At the present, 21 cases were performed by a unique surgeon (VLLT) e 4 cases were performed by others. In all cases the instrument has allowed the globe luxation from the orbital cavity and severed the optic nerve stump with more than 10 mm in length, with a mean of 14,8mm.
Conclusion: In this sample the instrument was capable to allow good exposition of optic nerve and protection of nearby orbital structures. In all cases a long optic nerve stump was obtained.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Anderson Teixeira
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(x) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Teixeira	Anderson	Gustavo
Last Name	First	Middle

Retina and Vitreous	1388/05
Service (sector)	Nº CEP

Association of the Y402H Polymorphism in Complement Factor H Gene and Age-Related Macular Degeneration

Teixeira A, Silva AS, Lin FLH, Issac L, Belfort Jr R

PURPOSE: Age-related macular degeneration (AMD), with its complex traits and multiple risk factors, is the leading cause of irreversible blindness in old people. A strong association between a coding variant, Y402H, in the complement factor H gene (*CFH*) and AMD has been identified in caucasin population. This study was conducted to investigate whether the same association between the Y402H polymorphism in *CFH* and AMD could be expected in Brazilian individuals, known constituted by a large mixed-race population.
METHODS: Blood samples were collected from AMD patients (111) and controls counterparts (111) from the Ophthalmology Department/São Paulo Federal University. After plasma separation, genomic DNA was extracted, amplified by PCR technique and analyzed for the Y402H polymorphism, located in exon 9 of CFH and PCR-directed sequencing. The samples were analized by the department fo Immunology/São Paulo University. Criteria for inclusion were age (more than 50 years) and the diagnosis of AMD without others ocular causes of neovascularization.
RESULTS: 37.7% of the AMD patients were CC (H402) homozygous (14.3% control group); 38% of the AMD patients were CT heterozygous (43.9% control group) ans 27.3 % TT (T402) homozygous (41.8% control group).
CONCLUSION: The association of the Y402H polymorphism of the CFH gene to AMD susceptibility is more present in pacients with AMD compare to the control group.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Eduardo B Rodrigues
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Rodrigues	Eduardo	Büchele
Last Name	First Name	Middle

Retina and Vitreous	1038/06
Service (sector)	Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Retina biocompatibility of novel vital dyes for chromovitrectomy
Eduardo Rodrigues; Fernando Penha; Elaine Costa; Mauricio Maia; Eduardo Dib; Verônica Lima; Juliana Bottós; Edna Freymuller; Acácio Lima; Angélica Safatle; Michel Farah -
Supported by FAPESP

Purpose: To investigate the retina biocompatibility of six novel vital dyes for chromovitrectomy in rabbits. **Methods:** A total of 60 rabbits were used to perform the experiments, and the study was conducted in compliance with the Declaration of Heisinki and the UNIFESP Ethical Committee. A total of 0.05 ml of 0.5 % and 0.05 % Light green (LG), Fast green (FG), Evans blue (EB), Brilliant blue (BriB), Bromophenol blue (BroB) or Indigo carmine (IC) were injected intravitreally into the right eye, while in the left eye 0.05ml of balanced salt solution (BSS) was applied for control. Fundus photograph, fluorescein angiography (FA), histology with light microscopy (LM) and transmission electron microscopy (TEM) were performed after one day and seven days. The retinal cellular layers were evaluated according to morphologic alterations and number of cell counting in three histology sections within an area of 1.500 microns by TEM and LM. The number of cells within the ganglion cells, bipolar cells, and photoreceptors were compared to the control eyes, statistic significance was considered for $p<0.05$ (Student's t-test). The electroretinographic changes were assessed at baseline, 24 hours and 7 days after intravitreal injection of 0.05% or 0.5% for each dye. Both latency and amplitude of maximum response, rod response, and oscillatory potentials were used for detection of functional signs of retinal toxicity. **Results:** Histology examination with LM and TEM disclosed only mild focal morphologic changes without loss of cellular elements in eyes exposed to 0.05% LG, IC, FG, BriB, and BroB, similar to the control group. Intravitreal injection of 0.05% EB induced statistically significant loss of cells in comparison to control by LM and TEM ($p<0.05$). At the higher dose of 0.5% BroB, LG and EB promoted diffuse cellular changes manifested as cellular edema and vacuolization within the ganglion and bipolar cells, whereas 0.5% FG and IC caused only mild retinal alterations similar to BSS injection. BriB at 0.5% induced overall no major retinal toxicity, however, focal changes in the photoreceptors have been observed. Intravitreal injection of 0.5% EB, LG, and BroB caused significant loss of neuroretinal cells in comparison to BSS-injected eyes ($p<0.05$). ERG examination revealed prolonged latency and increased amplitude in eyes submitted to injection of 0.5% EB, LG and BroB. FA examination disclosed no clinical signs of outer retina toxicity such as hyperfluorescence due to RPE window defects.
Conclusions: The vital dyes FG, LG, IC, BroB, and BriB at low dose 0.05% demonstrated no toxicity to the retina. However, at higher dose of 0.5% FG, IC, or BriB may be applied safely in chromovitrectomy.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

_____
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Aggio, Fabio Bom
_____
Last Name First Middle

Retina 1703/05
_____ _____
Service (sector) Nº CEP

Optical Coherence Tomography in Central Serous Chorioretinopathy

Authors: Aggio FB, Roisman L, Farah ME

Purpose: To describe tomographic features of central serous chorioretinopathy (CSC) at the acute phase as well as during the follow-up.
Methods: Prospective uncontrolled case series. Patients with CSC who presented to the Ophthalmology Department of UNIFESP between 07/03 and 04/07 underwent complete ophthalmological examination as well as optical coherence tomography (OCT), being followed for at least 3 months.
Results: Thirty four eyes of 31 patients (24 male; 7 female) were included. Mean follow-up was 13 months. At the baseline, OCT revealed neurosensory retinal detachment in 32 (94%) eyes, pigment epithelium detachments in 24 (75%) eyes, focal pigment epithelium thickening in 12 (35%) eyes and distortion of the foveal pit in 20 (60%) eyes. Mean baseline visual acuity was 20/80. Six (17%) eyes were treated with argon laser photocoagulation. OCT showed progressive fluid resolution in 27 (80%) eyes. Focal pigment epithelium clumps or detachments persisted in 18 (54%) eyes. Mean final visual acuity was 20/40. At the last evaluation, focal hyperreflectivity of the inner retinal layers with posterior shadowing was seen at the site of the laser treatment in all eyes that underwent such procedure.
Conclusions: OCT was capable to demonstrate valuable pathological retinal changes in the acute phase as well as during the follow-up in patients with CSC. Residual tomographic changes in the retinal pigment epithelium may persist after the active phase in approximately 50% of the eyes.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

RETINA / VITREOUS

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)

(a) Paper

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

FORTES FILHO_____JOÃO_____BORGES
Last Name First Middle

RETINA 0949/04
Service (sector) Nº CEP

Low weight gain at 6th week of life as a risk factor for retinopathy of prematurity (ROP)

João Borges Fortes Filho, Pedro Paulo Bonomo, Renato S Procianoy

Purpose: To analyze the low weight gain by the sixth week of life as an independent risk factor for the development of ROP.

Methods: An institutional, prospective, observational cohort study to compare the incidence of ROP and the postnatal weight gain included preterm newborns with birth weight ?1,500 g or gestational age at birth ?32 weeks admitted to *Hospital de Clínicas de Porto Alegre*, Brazil from October 2002 to December 2006. All babies were included, except those that died before completing the sixth week of life. The clinical outcome was the development of ROP at any stage. Patients were divided in three groups according to the weight gain by the sixth week: ?33th percentile (low weight gain), 34th-66th percentile (intermediate weight gain) and ?67th percentile (high weight gain). The incidence of ROP was determined. Chi-Square test was used to compare the patients with and without ROP. Relative risk with 95% confidence interval was calculated. Logistic regression was performed to determine if the weight gain was related to the development of ROP independent of other factors.

Results: Of 348 newborns, 91 (26.1%) had ROP. The relative risks for the low weight gain and for the intermediate weight gain groups were 7.40 (95%CI 2.97-18.44; P<0.001) and 3.8 (95%CI 1.55-9.31; P<0.003) respectively, meaning a higher risk for development of ROP in these groups.

Conclusions: The low weight gain by the sixth week of life was an important risk factor for ROP at any stage in our study.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

Yamada	Ana Carolina	Noriko
Last Name	First Name	Middle

Retina
Service (sector)

Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Ultrasound biomicroscopy (UBM) in recently postoperative 23 gauge vitrectomy sutureless incision

Purpose: To evaluate images of recent postoperative 23-gauge vitrectomy incision within and without previous sclerectomy.
Design: Single-center, retrospective, noncomparative, consecutive case of series.
Methods: 11 eyes of consecutive patients, who underwent 23-gauge transconjunctival vitrectomy surgery divide in two groups: without esclerotomy (WOE) and previous escletomy (PVE). All patients underwent 3-port 23-gauge vitrectomy with an angled incision of 30-45 degree using Alcon® 23G Vitrectomy kit and the previous sclerectomy was realized with a sapphire knife (Rumex®). The UBM was carried out utilizing a 50 MHz commercially avaliable device (Zeiss Humphrey®), using an "eye" cup with methylcellulose . The exam was made after 8 to 10 days of the surgery. The UBM examination was performed by one ophthalmologist with extensive UBM experience.
Results:
In a retrospective study, transconjunctival sutureless 23-gauge vitrectomy was performed on 11 consecutive eyes. There were 6 women and 5 men. The mean of age was 50 years. The mean size of the sclerectomy in both groups was 341µm. In the group of previos vitrectomy (PVE), the mean size was 332µm. And in the other group (WOE), the mean size was 377µm.
Conclusions: There was no statistic significant diference between the two groups but the image of UBM shows less opening incision in patients with previous sclerotomy. These results should be confirmed in larger and long-term exams.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)

Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Bruno de Abuquerque Furlani

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

_Furlani_____Bruno_____Albuquerque_____
Last Name First Middle

___Retina and Vitreous__ _____
Service (sector) Nº CEP

Tunneled scleral incision to prevent vitreal reflux after intravitreal injection

Authors: Bruno de A. Furlani; Eduardo B. Rodrigues; Carsten H. Meyer; Astor Grumann Jr.; Helio Shiroma; Jonathan S. Aguni; Michel E. Farah.

Purpose: To investigate the efficacy of tunneled scleral incision compared with standard straight scleral incision to prevent vitreal reflux after intravitreal (IVT) injection.

Design: Prospective comparative controlled non-randomized clinical study

Methods: Eighty-eight eyes undergoing IVT-injection were allocated into four groups to compare the the vitreal reflux after injection of 0.1 ml of triancinolone acetonide (TA) and Avastin using a tunneled versus straight injection technique. The amount of intra-operative drug reflux was estimated by measuring the width of the subconjunctival bleb.

Results: The mean measured reflux of volume was statistically less with the tunneled scleral incision (1.13 mm SD± 1.16 for TA; 1.13 mm SD± 1.39 for Avastin) than in eyes undergoing the straight scleral injection (3.00 mm SD± 1.77 for TA; 3.18 mm SD± 1.68 for Avastin) for both Avastin and TA IVT-injections groups ($P < 0.001$).

Conclusions: The tunneled scleral incision promotes statistically significant less vitreal reflux for IVT drug injection.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 **(X) Estagiário** ( ) Tecnólogo ( ) PIBIC

_Penha_____Fernando_____Marcondes_____
Last Name First Middle

___Retina and Vitreous _____0153/05_____
Service (sector) Nº CEP

Meta-analysis of chromovitrectomy with indocyanine green and trypan blue in macular hole surgery

Fernando M Penha, Eduardo B Rodrigues, Michel E Farah, Maurício Maia, Elaine P F Costa, Rodrigo Brandt Fernandes, Bruno A Furlani, Eduardo Dib, Juliana Bottós, Verônica Castro Lima and Carsten H Meyer

Purpose: To report meta-analysis comparing ILM-peeeling with and without indocyanine green (ICG) and trypan blue (TB) staining in macular hole treatment.

Methods: A Pubmed search was conducted from January 1999 through June 2007. Manuscripts describing the anatomical and functional outcomes of vitrectomy plus ILM-peeling with or without ICG or TB-application in macular hole surgery were reviewed. A statistical meta-analysis was performed including studies which defined anatomical outcomes as closure of the macular hole and disappearance of the fluid cuff and functional outcomes as improvement of two or more snellen lines. The secondary outcome was to investigate the incidence of retinal pigment epithelial (RPE)-alterations with vs. without ICG or TB-staining in macular hole surgery.

Results: Results including all types of macular holes in 1318 eyes indicated same anatomical success but worse functional outcomes in the group without ICG-application (P = 0.0008; odds ratio = 0.587, 95% confidence interval = 0.427-0.808). A higher incidence of RPE-alterations in the ICG-injection group was observed. The incidence of RPE-alterations was found to be 1.98 %, whereas RPE-changes were noted in 13.83% of 201 patients with ICG-application (odds ration= 7.998).

Conclusion: This meta-analysis of previous reports comparing ILM-peeling with and without intravitreal ICG or TB-application in the treatment of macular holes demonstrated statistically worse functional outcomes when ICG was applied (P = 0.0008). A higher number of RPE-alterations were observed in the ICG-stained group.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Juliana Freire
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

Freire	Juliana	Chizzotti
Last Name	First	Middle

Retina and Vitreous	1209/07
Service (sector)	Nº CEP

Interpretation o fthe OCT in Pacients with choroidal neovascularization due to age-related macular degeneration treated with PDT combined with intravitreal bevacizumab versus intravitreal bevacizumab alone in.

Freire, Juliana, Teixeira A, Velletri RB, Lago A, Mattos T, Bonomo PP

OBJECTIVE: To evaluate the area of hiperreflectivity on the OCT measuring it longitudinal diameter and thickness to compare the changes of the choroidal neovascularization (CNV) during the therapy with PDT combined with intravitreal bevacizumab versus intravitreal bevacizumab alone in.

DESIGN: Randomized controlled, double mask and pilot clinical trial.

METHODS: A prospective study of nine consectuve eyes presenting CNV secondary of AMD in at least 1 eye that had never been treated previously.They were randomly assigned to receive either a single PDT session with verteporfin combine with IVB and two consecutive monthly IVB injection (group G1), or three consecultive monthly administration of IVB 1.25 mg (group G2). Was performed OCT measuring the areas of hiperreflective with longitudinal sections (90° and 180°) and their thickness in microns, then compared the areas at the baseline, 1st ,7 st ,15 st,30, 60 and 90 days after the start of the therapy. The lesion was measured also using de ICG on the baseline and 90 days after the start of the therapy.

RESULTS: The study showed in the measures made with the OCT a reductions of The thickness of the hiperreflective area maintaining it extension during both group during treatment period. The ICG measureswas higher then the measures found with the OCT, with reduction during the treatment period.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):
RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Paulo Roberto P. Hilarião Filho

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

Last Name: Filho First Name: Paulo Middle: Hilarião

Service (sector): Retina/Vitreous

Nº CEP: 1777/07
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Autofluorescence images analysis after macular grid in diabetic maculopathy oedema

P. Hilarião[1], A.G. Teixeira[1], M.E. Farah[1], J.A. Cardillo[1], P.P. Bonnomo[1].
[1]Ophthalmology, Federal University of São Paulo, São Paulo, Brazil.

Purpose: To compare autofluorescence images in patients treated with argon laser (532 nm) in all kind of diabetic macular edema using modified Early Treatment Diabetic Retinopathy Study grid laser technique (ETDRS) in contrast to subthreshold grid photocoagulation technique (MMG).
Design: Single-center, prospective, comparative, randomized, consecutive case series.
Methods: Six patients with diabetic macular oedema with visual acuity worse than 20/200 were randomized. Ophthalmic examinations were performed: best correct visual acuity, anterior biomicroscopy, intraocular pressure, ophthalmoscopy using 20D and 78 D lens, autofluorescence using HRA II and retina thickness volume using optical coherence tomography (OCT). All the exams were performed at baseline, 1, 2, 3, 4 and 6 months. The eyes were divided in two groups ETDRS group normal grid laser technique (spot 50 micras, expose time 0.1s, 0.100 microjaules power) and MMG group subthreshold grid photocoagulation (spot 50 micras, expose time 0.02 to 0.05s, 0.080 microjaules power) in the retinal macula oedema area. The photocoagulation techniques were performed using Ophthalas 532 Eyelite photocoagulator by Alcon Laboratories and Mainster focal/grid laser lens by Ocular Instruments. Patients with previous treatment should be waiting at least 3 months to be included in this study.
Results: Four patients received subthreshold MMG argon laser spots and modified ETDRS was done in two patients. The mean age was 67 years; there was only focal macular oedema. Hiperfluorescence was still found after 3 months in the two groups. Retinal OCT thickness increased in two patients underwent MMG and one of two patients of the ETDRS group. One patient of the MMG group remained retinal thickness after 01 month. In two patients retinal thickness was not available due short-term follow-up.
Conclusions: Hiperfluorescence images were still found in the two techniques after 3 months and OCT showed the efficacy of the treatment. These results should be confirmed in larger and long-term exams.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Roberta Velletri
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 **(x) Estagiário** ( ) Tecnólogo ( ) PIBIC

Velletri	Roberta	Bocci
Last Name	First	Middle

Retina and Vitreous — 1209/07
Service (sector) — Nº CEP

PDT therapy combined with intravitreal bevacizumab versus intravitreal bevacizumab alone in choroidal neovascularization due to age-related macular degeneration.

Velletri RB, Teixeira A, Mattos T, Freire J, Lago A, Bonomo PP

OBJECTIVE: To evaluate the efficacy and safety of photodynamic therapy (PDT) with verteporfin combined with intravitreal bevacizumab (IVB) in choroidal neovascularization (CNV) secondary to age-related macular degeneration (AMD) in comparison with IVB alone used as controls.
DESIGN: Randomized controlled, double mask and pilot clinical trial.
METHODS: Males or females, aged > or =50 years, with all types of CNV owing to AMD in at least 1 eye that had never been treated previously.They were randomly assigned to receive either a single PDT session with verteporfin combine with IVB and two consecutive monthly IVB injection (group G1), or three consecultive monthly administration of IVB 1.25 mg (group G2). For all the groups were made three injections of IVB 3 months consecutively. At G1 the bevacizumab was administered just after PDT. Subjects were followed up at baseline and 3 months after treatment. Ophthalmic evaluations including optical coherence tomography, fluorescein angiography, ETDRS visual acuity (VA) and central foveal thickness (CFT) measurements were performed at each visit.
RESULTS: 7 eyes (3 males, 4 females) aged between 63 and 82 years completed the study. At the 3-month follow-up, significant improvements in best-corrected VA were observed at G1 and G2 groups. Significant reductions of CFT were observed in the 2 groups.
CONCLUSIONS: Significant improvements in best-corrected VA after 3-month period were observed in two groups. These results should be confirmed in larger and long-term prospective randomized trials.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Aline do Lago Coutinho
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Coutinho	Aline	do Lago
Last Name	First	Middle

Retina	12242540
Service (sector)	Nº CEP

5. ABSTRACT (REQUIRED)

CORRELATION BETWEEN ANATOMICAL AND PSYCHOPHYSICS FINDINGS IN MACULOPATHIES: DIABETIC MACULAR EDEMA

Lago, A; Yamada, ACN; Niyamoto, C; Moraes NSB, Paranhos Jr, A.

Introduction: The high resolution of the anatomical findings of the diabetic macular edema (DME) is getting better with the OCT and HRA and it have been used as parameter to evaluate different treatment strategies. On the other side, the functional evaluation is performed simply with the ETDRS charts of visual acuity most of the times. With the advance of the psychophysics tests, there is a chance for better functional evaluation on these diseases and in the future would allow us to better characterize the outcome of treatments.
Objective: Evaluation of the topographic association between anatomical findings of DME seen by OCT and HRA and psychophysics tests of magno and coniocell cells subpopulations performed by SAP, SWAP, FDT Matrix and Hyperacuity preferential perimetry.
Methodology: Prospective, transversal, no controlled study in patients of the Retina section - Federal University of Sao Paulo with the previous diagnosis of DME confirmed by OCT and HRA. The patients will be submitted to a psychophysical evaluation with SAP 10-2, SWAP 10-2, FDT Matrix 10-2 and Hyperacuity Preferential Perimeter. The anatomic-functional topographical correlation will be performed.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

____Yanai_____Douglas_____
Last Name First Middle

____Retina_____ ___1474/05_____
Service (sector) Nº CEP

Optical Coherence Tomography in Retinitis Pigmentosa Patients and Microchip Epiretinal Prosthesis

Douglas Yanai [1,2], Eduardo Dib [1], Adriana Berezovsky [1], Juliana M. F. Sallum [1], Maurício Maia [1], Michel E. Farah [1]
1 - Department of Ophthalmology – UNIFESP/EPM
2 - Doheny Eye Institute – University of Southern California

Purpose: To correlate retinal nervous fiber layer (RNFL), retinal thickness and visual acuity in retinitis pigmentosa (RP) patients with visual acuity better than 20/800. To compare RNFL and retinal thickness in a group of RP patients with visual acuity worse than 20/400 to a patient submitted to a microchip retinal prosthesis insertion.
Methods: This study was approved by the UNIFESP medical research ethical committee. The microchip study was granted an FDA and USC-IRB approval. Twenty RP eyes with visual acuity better than 20/800 were included in the first part of the study (OCT exams thickness and visual acuity correlation). The visual acuity was converted to LogMar in the analysis. Also eight RP eyes with visual acuity equal or worse than counting fingers and age between 40 and 60 years old were examined and compared to one retinal prosthesis patient (descriptive study). The prosthesis patient had light perception vision and 55 years old. OCT (Fast RNFL Thickness Scan 3.4mm protocol) scans, complete eye exam and electrophysiological tests (full-field electroretinogram and dark adaptation threshold test) were performed. The OCT scans were analyzed manually using the caliper under the RNFL thickness single eye protocol. Statistical analysis was performed with the SPSS version 12.0 software.
Results: The electroretinogram confirmed RP diagnosis in the studied patients. In the first group the age ranged from 14 to 75 years old (mean 46.45 +/- 20.68) and the mean visual acuity was 0.61 (+/- 0.34); the mean retinal thickness was 205.23um (+/- 30.87) and the mean RNFL thickness was 87.65um (+/-21.07). When considering the data by quadrant, there was a reverse correlation between visual acuity and retinal thickness (in the temporal quadrant $r=0.755$, $p<0.001$) but no correlation between visual acuity and RNFL thickness. The retinal prosthesis patient presented RNFL and retinal thickness in the non implanted eye closer to the UNIFESP RP group than in the implanted (and electrically stimulated) eye (thicker).
Conclusions: RP eyes showed thicker retina proportional to the worsening of the visual acuity (in LogMar). This may reflect apoptosis changes causing cell edema as the degeneration progress. This is also a new parameter that might be used to determine disease progression in RP patients with good visual acuity. The comparison between RP patients and retinal prosthesis patient showed a possible electrical neurotrophic effect in the stimulated eye.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
( ) PG0 (X) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Lima	Luiz Henrique	Soares Gonçalves
Last Name	First Name	Middle

Doheny Eye Institute
University of Southern California (USC)
Service (sector)

Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Title: Transretinal Fixation of Polyimide Strips

Author: L.H. Lima

Other authors: J. Wang, W. Liu, J. Weiland, R. Agrawal, M. Humayun

Purpose: To study long term effects of transretinal fixation of polyimide strips

Methods: Polyimide strips of 2 different lengths were inserted into subretinal space in pigmented rabbits, after a routine 2-port vitrectomy. In group A (7 rabbits), the strip was 6 x 0.5 mm, while in group B (10 rabbits), it was 4 x 0.5 mm. Group B rabbits received laser photocoagulation around the retinotomy site. The rabbits were followed up for 6 months, with routine evaluations like indirect ophthalmoscopy, intraocular pressure measurements, fundus photography, fluorescein angiography (FA) and optical coherence tomography (OCT). Rabbits were euthanized in the event of failed surgery or retinal detachment.

Results: Fifteen of 17 rabbits underwent successful subretinal implantation of the strip. The polyimide strip created sufficient retinotomy in all cases. There were no immediate complications noticed on follow-up, including dislocation, vitreous hemorrhage or retinal detachment. Subretinal fluid was noticed around the retinotomy site in fewer cases in group B compared to group A. Four of 7 cases in group A had strip dislocation (average time: 4.5 months), while one of 8 cases in group B showed dislocation (average time: 3 months). FA or OCT did not reveal any significant findings. Gross ocular examination after euthanasia did not reveal any significant changes like retinal detachment or proliferative vitreoretinopathy.

Conclusions: Polyimide strips of specific lengths can be surgically inserted into the subretinal space and show stable localization, without significant side-effects. Further work is in progress to study other methods of fixation and electrical stimulation.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

(RE) RETINA / VITREOUS

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

BRASIL	OSWALDO	FERREIRA MOURA
Last Name	First	Middle

RETINA
Service (sector)

Nº CEP

5. ABSTRACT (REQUIRED)

Predictive factors for short-term visual outcome after intravitreal triamcinolone acetonide injection for diabetic macular edema: an optical coherence tomography study

Oswaldo F M Brasil, Scott D Smith, Jonathan E Sears, Peter K Kaiser

Purpose: To evaluate the predictive factors for visual outcome after intravitreal triamcinolone acetonide injection to treat refractory diabetic macular edema.
Methods: We performed a retrospective chart review of patients with diabetic macular edema who met the following inclusion criteria: clinically significant diabetic macular edema, receipt of a 4mg/0.1ml intravitreal triamcinolone acetonide injection, and optical coherence tomography (OCT) of the macula performed up to ten days prior to injection. All patients received a full ophthalmic examination including best-corrected Snellen visual acuity (VA). The main outcome measure was the mean change in vision 3 months after injection.
Results: Data from 73 eyes of 59 patients were analyzed. After a mean follow-up of 324 days, the mean change in vision was -0.075 logMAR units with 27.3% improving ? 3 lines, 6.8% declining ? 3 lines and 60.2% remaining stable within 1 line of baseline vision. Statistical analysis was performed using multivariate generalized estimating equations based on data from 52 eyes of 42 patients. Factors associated with an improvement in vision 3 months after injection were worse baseline visual acuity (-0.27 logMAR units/unit increase in baseline VA, *P*=0.002) and presence of subretinal fluid (-0.17 logMAR units, *P*=0.06). The presence of cystoid macular edema negatively affected the visual outcome (0.15 logMAR units, *P*=0.03). In addition, the presence of an epiretinal membrane (ERM) was associated with less visual improvement. ERM modified the effect of baseline VA as demonstrated by a significant interaction between these two variables (0.34 logMAR units/unit increase in baseline VA, *P*=0.04).
Conclusions: OCT factors and baseline visual acuity can be useful in predicting visual acuity outcomes 3 months after intravitreal triamcinolone acetonide injection in patients with refractory diabetic macular edema.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Torres	Rogil	José de Almeida
Last Name	First Name	Middle

Retina and Vitreous — Service (sector)
0806/07 — Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Evaluation of Early Chorioretinal Abnormalities in Hypercholesterolemic Rabbits Submitted to the PPAR-gamma Agonist Treatment (Rosiglitazone): Histological and Histomorphometric Study

Rogil José de Almeida Torres, Maurício Maia, Dalton Bertolim Précoma, Michel E. Farah, Lucia Noronha, Luca Rodrigo Pasqualotto, Cristina Muciolli

1.Purpose: To evaluate, in a rabbit model, the degenerative histological abnormalities in the choroids and sclera following the daily administration of high cholesterol dosages as well as the possible prevention of these degenerative abnormalities following systemic administration of oral rosiglitazone, an activator of agonist PPAR ocular gamma receptors. **2.Methods:** 55 New Zealand rabbits were studied and they were divided in four groups based on the diet that animals were submitted (normal diet or diet containing high levels of cholesterol): Control Group (CG) (06 rabbis): normal diet for six weeks; Second group (G1) (13 rabbits): 1% cholesterol diet for two weeks and then a 0.5% cholesterol diet for 4 weeks. Third group (G2) (18 rabbits):1%cholesterol diet for two weeks and then a 0.5% cholesterol diet for 4 weeks. Additionally, this group also received 3 mg of rosiglitazone daily after the third week since the beginning of the experiment. Fourth group (G3) (18 rabbits):1%cholesterol diet for two weeks and then a 0.5% cholesterol diet for 4 weeks. Additionally, this group also received 3 mg rosiglitazone since the beginning of the experiments.Data was analysed by Shapiro-Wilks-Test and P values lower than 0.05 were considered statistically significant. **3.Results:** No abnormalities were observed in CG. However, G1 group showed a significant increase in sclerochoroidal thickness (301,48 +/-50,12)compared with CG(239,09 +/-24,33)(p=0,005).The G2 group showed a sclerochoroidal thickness thinner(282,08 micrometers/DP36,44) than G1(301,48 +/-50,12); however, this value was not statistically significant (p=0,222). The G3 group showed a sclerochoroidal thickness thinner(266,11 +/-47,94) than G1(301,48 +/-50,12); this value was statistically significant (p=0,02) A high number of histiocytes was observed in the scleral wall of rabbits submitted to a diet containing high levels of cholesterol (G1), followed by G2, G3 and CG, in a decreasing manner. **4.Conclusions:** This study revealed that hypercholesterolemia may lead to early degenerative abnormalities of the choroids and sclera of raabits and that the activation of agonist PPAR ocular gamma receptors, by means of oral administration of rosiglitazone, proved to be effective for the preservation of choroids and sclera anatomy. These findings may have clinical relevance as the rosiglitazones may offer a new treatment modality for dry and/or exsudative AMD in human eyes.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 ( ) R3
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Mitne	Somaia	
Last Name	First Name	Middle

RETINA AND VITREOUS — Service (sector)
644/06 — Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

EFFECTS OF COPAXONE IN THE NERVE FIBER LAYER THICKNESS AND RETINAL FUNCTION IN DIABETIC PATIENTS AFTER PAN-RETINAL PHOTOCOAGULATION, A DOUBLE-MASKED RANDOMIZED CLINICAL TRIAL.

S. Mitne, S.H. Teixeira, L. Nóia, N.S. Moraes, M.E. Farah, A. Paranhos Jr.

Purpose: To evaluate the neuroprotective effect of Copaxone (Glatiramer acetate, COP, Copolymer-1) injections in the nerve fiber layer thickness and retinal function in diabetic patients who underwent panretinal photocoagulation (PRP).
Methods: Twenty seven patients (49 eyes) with severe nonproliferative or early proliferative diabetic retinopathy and no previous laser treatment were enrolled. They were divided into two groups: A which received Copaxone or B which received mannitol (placebo) using a block randomization. Both drugs were offered by subcutaneous administration one week prior and in the three sections of PRP, one per week. All patients received a full ophthalmic examination (best-corrected Log-Mar visual acuity, slit lamp examination, applanation tonometry, fundus biomicroscopy and indirect fundus examination); functional examination (Humphrey 24-2 SITA STANDARD visual field, Eletroretinograms and FDT C-20 strategy visual field) and anatomic examination (Color fundus photography and fluorescein angiography, GDX- VCC, Optical Coherence Tomography (OCT) and Heidelberg Retinal Tomography (HRT) according to the chronogram table above:

Exams		Pre PRP	1st month	3rd m.	6th m.	1 yr.
Functional Exams	VA (log- Mar)	+	+	+	+	+
	SAP	+	+	+	+	+
	FDT	+	+	+	+	+
	ERG	+			+	
Anatomic Exams	OCT	+	+	+	+	+
	HRT	+	+	+	+	+
	GDx-VCC	+	+	+	+	+
	Color fundus photography	+				+

On the baseline evaluation, qui-squared test will be used for categorical variables evaluation (sex, race, retinopathy grade). Student bi-tailed t test for independent variables, will be used when analyzing continuous variables (age, visual acuity, MD of SAP and FDT). To compare two groups, a two-way variance analysis test for repeated measurements will be used. All the probabilities (p-values) will be considered statistically significant as they reach values lower than 0.05.
Results: Since the study is on going, and it is a double masked randomized controlled clinical trial, we are presenting the baseline results comparing groups A and B. The inclusion phase was successfully achieved. The epidemiological analyses before treatment showed no differences between groups concerning sex (Chi-Square = 0.33; p = 0.57), age (Group A: 51.7 ± 8.9; Group B: 56.7 ± 10.9; p=0.21), time of diabetes (Group A: 14.4 ± 6.8; Group B: 13.1 ± 4.3; p=0.56), and initial serum glucose level (Group A: 197.7 ± 92.2; Group B: 212.6 ± 47.1; p=0.67).
Conclusion: There are no significant differences regarding baseline data between groups A and B.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

_____
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(x) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Roisman, Luiz
_____
Last Name First Middle

Retina
_____ ___1703/05_____
Service (sector) Nº CEP

Angiographic Features in Central Serous Chorioretinopathy

Authors: Roisman L, Aggio FB, Farah ME

Purpose: To describe initial angiographic features as well as to correlate them with the visual prognosis in patients with central serous chorioretinopathy (CSC).
Methods: Prospective uncontrolled case series. Patients with CSC who presented to the Ophthalmology Department of UNIFESP between 05/2003 and 04/2007 underwent complete ophthalmological examination as well as fluorescein angiography, being followed for at least 6 months.
Results: Twenty eyes of 17 patients (13 male; 4 female) were included. Mean follow-up was 34,9 months. Fluorescein angiography (FA) revealed focal leakage (FL) in 13 (65%), multifocal leakage (ML) in 3 (15%) and multiple window defects (MWD) in 4 (20%) eyes. Mean baseline visual acuity was 20/125 for the whole group, and 20/80, 20/400 and 20/25, respectively, for patients with FL, ML and MWD on FA. Three eyes were treated with argon laser photocoagulation (1 with FL, 1 with ML and 1 with MWD on FA). Mean final visual acuity was 20/40 for the whole group, and 20/40, 20/80 and 20/25, respectively, for patients with FL, ML and MWD on FA.
Conclusions: Although the sample size is relatively small, our findings suggest that initial angiographic findings of CSC may predict the visual prognosis, whereby the FL pattern appears to be related with a benign course of the disease.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

(X) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Hosoume	Marcelo	
Last Name	First Name	Middle

Oftalmo – UNIFESP
Service (sector)

Case Series
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Systemic and ocular hemorrhage after intraocular injection of Bevacizumab

Hosoume M., Rodrigues E.B., Magalhães-Jr O., Shiroma H., Maia M., Penha F.M., Farah M.E.

Purpose: To report systemic and ocular hemorrhage cases following intraocular bevacizumab injection.
Methods: A noncomparative case series of six eyes from six patients who had hemorrhage after undergone intraocular bevacizumab injection out of 1,011 intravitreal injections were included. Four eyes received intravitreal injection (2.5mg (2 eyes), 1.25mg (2 eyes)). Other two intraocular injections (2.5mg) were performed into anterior chamber. All patients underwent a complete eye examination. Systemic work-up was performed in order to investigate hematologic underlying abnormalities.
Results: Four patients had ocular hemorrhages: vitreous hemorrhage (2), subretinal hemorrhage (1) and subconjunctival/ periocular hemorrhage (2). Vitreous hemorrhage was observed on the second day after injection as intra-operative adjuvant treatment for iris melanoma. Subconjunctival hemorrhage was associated to periocular hemorrhage seven days after intracamerular injection for neovascular glaucoma. Another subconjunctival hemorrhage related to periocular hemorrhage occurred one day after therapy for choroidal neovascularization (CNV). Severe subretinal hemorrhage was correlated to vitreous hemorrhage following CNV therapy. Systemic bleedings (2) were metrorrhagia and severe epistaxis. Metrorrhagia was seen fourteen days following therapy for retinal vein occlusion. Severe epistaxis was found thirty hours after treatment of CNV. No systemic abnormalities in coagulation were found in any patient, except for the use of aspirin in one patient. Two patients had diabetes mellitus and one systemic hypertension.
Conclusions Six patients of 1,011 (0,6%) had hemorrhagic episodes after administration of intraocular bevacizumab. Systemic and intraocular anti-VEGF therapy may be associated with systemic or intraocular hemorrhage, as reported by clinical trials after systemic injection for colorectal metastatic cancer. Further investigation is necessary to evaluate this correlation.
.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 **(x) R2** ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Lavinsky	Daniel	
Last Name	First Name	Middle

RETINA	0855/07
Service (sector)	Nº CEP (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

Comparison of the single and double density macular grid laser photocoagulation for diabetic macular edema using micropulse 810nm diode laser

Lavinsky D, Cardillo JA, Hilarião P, Castro L, Salomão SR, Berezovsky A, Farah ME

Purpose: To compare single versus double density laser photocoagulation techniques for treatment of diabetic macular edema with a micropulse 810nm diode laser. The single density is based on the Early Treatment Diabetic Retinopathy Study (ETDRS) grid photocoagulation technique and the double density increases the number of spots to potentially enhance the area of retinal pigment epithelium activation. The selectivity of the micropulse laser treatment was studied using autofluorescence and mfERG (multifocal electroretinogram).
Methods: Patients with diabetic macular edema were assigned to receive laser photocoagulation by either single or double density technique. Visual acuity, fundus photographs and fluorescein angiography, and optical coherence tomography measurements were obtained at baseline and at 1, 3 and 6 months. Treatment was repeated if diabetic macular edema persisted. Autofluorescence imaging and mfERG were obtain for selected patients. Change in optical coherence tomography measurements at 6-month follow-up and visual acuity were the main outcome.
Results: Sixty patients were divided into single density group (n=30) and double density (n=30). There were no differences in age, gender or systemic diabetes status (measured by HbA1c). There was no difference in best corrected visual acuity for either group at 6 months follow up. OCT central macula thickness was decreased in both groups, although it was thinner in the double density group. Fundus photographs failed to identify most of the laser spots, although fluorescein angiography could identify partially the marks. MfERG and autofluorescence studies are ongoing.
Conclusions: At 6 months after treatment, the double density technique was more effective at reducing optical coherence tomography–measured retinal thickening than the single density approach. However, the visual acuity outcome with both approaches was not different for this population. Selectivity studies appear to confirm the hypothesis that micropulse laser is more selective to the RPE and it may also induce less damage to the retina, although these studies are still being concluded.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"
CEP 1038/06

Elaine Costa
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 **(x) R2** ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Costa	Elaine	Fiod
Last Name	First	Middle

UNIFESP (Retina) 1038/06
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Title: Vital dyes for chromovitrectomy: comparative assessment of osmolarity, pH, and spectrophotometry analysis with regard to vitrectomy light sources

Authors: Elaine de P F Costa, Eduardo B Rodrigues, Eduardo Dib, Fernando M Penha, Bruno A Furlani, Octaviano Magalhães, Maurício Maia, Michel E Farah

Purpose: Investigate in-vitro the pH, osmolarity, spectrophotometry, and photostability proprieties of nine vital dyes for vitreoretinal surgery.
Design: Experimental study
Methods: Detailed evaluation of the pH and osmolarity of nine vital dyes was performed: indocyanine green (ICG), trypan blue (TB), brilliant blue (BriB), bromophenol blue (BroB), congo red (CR), light green (LG), fast green (FG), indigo carmine (IC), evans blue (EB) for chromovitrectomy diluted in four solvents (BSS, glucose 5%, water, and viscoelastic). Spectrophotometry was utilized to examine the absorbance of those nine novel dyes in three different solutions (BSS, glucose 5% and water). The absorbance was matched with irradiance emission of seven endoillumination fiberoptics: Alcon Xenon 20G, Alcon Accurus H3 20g, Grieshaber GLS 20g, B&L Millenium 20G, DORC Metal Halide 20G, Synergetics Photon, and Synergetics Photon 2. Photostability measurements were obtained; thereafter pH, osmolarity, and spectrophotometry measurements were reassessed.
Results: Osmolarity of the dyes in tree solvents (BSS, glucose and viscoelastic) and the pH in four solvents ranged within the following values: FG from 290-344 mOsmo and pH 3.82-7.12; CR from 291-385 mOsmo and pH 6.74 to 9.85; LG from 288-325 mOsmo and pH 3.4-6.92; EB 291 to 345 mOsmo and pH 4.7-9.32; ICG 288-338 mOsmo and pH 3.88-7.48; TB 287-332 mOsmo pH 4.12-8.37; IC 291-333 mOsmo pH 3.3-7.17; BroB 257-329 mOsmo pH 2.6-6.71; BriB 267-350 pH 5.15-7.12. Osmolarity of all nine dyes decreased to very low when diluted in water ranging from 0 to 54 mOsmo while BSS and glucose promoted small but clinically relevant changes in osmolarity and pH. ICG, LG, TB, BroB, CR, and IC demonstrated different absorbance according to the solvent, while BriB or FG showed similar absorbance curves when diluted in glucose, BSS, or water. Spectrophometry revealed that most vital dyes except for ICG have remarkable overlap with currently available vitrectomy light sources.
Conclusion: Vital dyes used in chromovitrectomy possess much variable properties in regard to osmolarity and pH depending on the solvents. Intra-operative light exposure should be minimized since endoillumination fiberoptics overlap with vital dyes.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Caio V. Saito Regatieri
Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 **(X) R3**
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Regatieri	Caio Vinicius	Saito
Last Name	First	Middle

RETINA / VITREOUS — 1388/06
Service (sector) — Nº CEP

New approaches to study experimental choroidal neovascularization: effects of intravitreal injection of anti-TNF alpha

Regatieri, CVS1; Dreyfuss, JL2; Melo, GB1; Hossaka, S1; Lavinsky, D1; Nader, HB2; Maia, M1; Farah, ME1

1-Departament of Ophthalmology; 2-Discipline of Molecular Biology

Purpose: To study a laser-induced choroidal neovascularization (CNV) model in rat eyes by fluorescein angiogram and immunohistochemistry as well as to evaluate the effects of an anti-TNF alpha (infliximab) on CNV inhibition.

Methods: Four photocoagulation marks were performed around the optic disc in 30 heterozygots Zucker rats by argon laser Eyelite Alcon (Dallas, USA) using the following parameters: 1.Power: 300 mW; 2.Spot: 100 micrometers; 3.Exposure time: 100 ms. At the end of laser session, 2 concentrations of anti-TNF alpha infliximab (5 and 10 µg) were injected intravitreously in order to cause CNV inhibition in 10 animals. The remaining animals were used as control eyes. After three weeks, fluorescein angiogram and autofluorescence exams were performed using the Heidelberg Retina Angiograph – 2 (HRA-2) (Heidelberg, Germany) to detect the area of laser-induced CNV both groups. treated X not treated by intravitreal infliximab injection. Data was analyzed by two-tailed Student t Test. After clinical exam the eyes were enucleated and immunofluorescence was tested by a technique using anti-Von Willebrand factor directly on the eye cup – flat mount. Using serial cryosections (10µm), histochemistry for HA and immunofluorescence (IF) antibodies against fibronectin, VEGF receptor (VEGFR), syndecan4 (Syn4) were performed and analyzed by confocal microscopy. mRNA encoding Syn4, perlecam, VEGF and b-actin were analyzed by quantitative real time PCR. The expression of sulfated glycosaminoglycans were evaluated in retina and choroid/sclera from animals metabolically labeled with [35S]-sulfate before and after laser-induced CNV, using agarose gel electrophoresis in PDA buffer. Similar analyses were performed for hyaluronan (HA), which was measured by fluorometric ELISA-like assay.

Results: The CNV complex was easily analysed by HRA-2. Increase of GAG expression was observed (mainly HA, heparan and dermatan sulfate) in the choroids and also high levels of chondroitin sulfate (HS) was detected in the retina after 48 hours from laser-induced CNV. The IF analysis demonstrated Syn4 co-localizing with VEGFR on retinal cellular surface. Real time PCR analysis showed an important increase in expression of perlecan and a slight increase in Syn4 in CNV lesions. However, no differences were observed in the expression of VEGF due to negative feedback at the time of experiment (after 3 weeks of laser-induced CNV). It was also observed a reduction of CNV perimeter from treated groups with infliximab 5 µg (1414 µm ; $p<0.05$) and 10 µg (1085 µm ; $p<0.05$) compared with control eyes (no infliximab injection ; 3613 µm)

Conclusions: The novel imaging technique using the HRA 2 system was easily performed to analyze the laser induced CNV lesions in this rat model. Changes in proteoglycans and glycosaminoglycans expression were observed in laser-induced CNV lesions, which is helpful to understand the molecular mechanisms of angiogenesis and to develop new treatments for the inhibition of CNV. Intravitreal infliximab reduced the area of laser-induced CNV lesions in rats demonstrating that it may be an useful antiangiogenic drug for human eye.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract

RE

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 **(X) R3**
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Dib Eduardo
Last Name First Middle

Retina_____ 009/006_____
Service (sector) Nº CEP

Subretinal Bevacizumab Detection after Intravitreal Injection in Rabbits

Abstract

PURPOSE. To evaluate subretinal detection of bevacizumab 2 hours after intravitreal injection of 1.25 mg in rabbit eyes.

METHODS. Anterior chamber paracentesis using a 30-gauge needle was performed in nine female Dutch-belted rabbits following by removal of 0.05 mL of aqueous humor. Transscleral retinal detachment was performed with a modified 25-gauge infusion cannula connected to a bottle of balanced salt solution (BSS). The animals were divided into experimental group 1, intravitreal injection of 0.05 ml of bevacizumab (1.25 mg) using a 30-gauge needle (n=6) and the control group 2, intravitreal injection of 0.05 mL of BSS using a 30-gauge needle (n=3). Two hours after the intravitreal injection or BSS injection, subretinal fluid was aspirated and immunoassayed to detect bevacizumab. The rabbits were sacrificed by intravenous pentobarbital injection. The eyes were enucleated and fixed in 10% formaldehyde. The pars plana site at which the transscleral cannula was introduced was analyzed by light microscopy to exclude iatrogenic retinal tears. Rabbits with accidental retinal tears were excluded.

RESULTS. Subretinal bevacizumab molecules were detected in the six eyes that received an intravitreal bevacizumab injection. No subretinal bevacizumab was detected in the control eyes. Light microscopy showed no evidence of retinal tears or holes in any rabbits used for the avastin detection and control group.

CONCLUSIONS. Bevacizumab molecules were detected in the subretinal space after intravitreal injection of 1.25 mg of bevacizumab possibly as the result of diffusion through the retina in a rabbit model.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 (X) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Kara José	Flávio	Cotait
Last Name	First Name	Middle

Retina and Vitreous
Service (sector)

1758/07
Nº CEP
(Comitê de Ética em Pesquisa da Universidade Federal de São Paulo – UNIFESP)

5. ABSTRACT (REQUIRED)

Transscleral suture fixation technique of posterior chamber 5.5mm optical diameter intraocular lens

Flavio Cotait Kara José, Anderson Teixeira, João Luis Lobo, André Maia

PURPOSE: To evaluate safety and efficacy analysed in the procedure of transscleral suture fixation technique of posterior chamber, using a 5.5mm optical diameter intraocular lens (IOL). METHODS: This study is comparative and interventional. The transscleral suture fixation technique of posterior chamber was performed in 10 consecutive eyes of 10 patients, divided in 2 groups: 5 aphakic patients and 5 patients who had IOL in the vitreous cavity. All surgeries were done with 10.0 prolene and 1.5 mm from the inferior temporal and superior nasal limbus scleral incisions. The first group implanted a 5,5mm and 6,5mm optical diameter IOL type 7, while the other group implanted only a 5,5mm IOL. All patients underwent pars plana vitrectomy. Uncorrected visual acuity, best corrected visual acuity (BCVA), astigmatism, manifest refraction, UBM lens position and specular corneal microscopy were evaluated for comparison between the groups. Follow-up time was 2 months. RESULTS: Preoperative and postoperative best corrected visual acuity (BCVA) in both groups was similar, with better improvement after surgery. In group two, in which IOL was already inside the eye, showed less corneal endothelial compromise. From complication point of view, only one patient was submitted to another surgery because of tilt and decentration. CONCLUSION: Transscleral suture fixation technique of posterior chamber intraocular lens is a safe procedure and an effective option for eyes with vitreous IOL luxation and aphathic patients. The fact of using the same IOL implanted in the previous phacoemulsification surgery appears to be less aggressive and traumatic to the eye. Suture fixation technique of posterior chamber IOL still needs long-term studies for safety evaluation.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
POSTER

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 (X) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

OLIVEIRA	GUSTAVO	CASTRO
Last Name	First Name	Middle

RETINA — Service (sector)
0976/04 — Nº CEP

Embryonic Stem Cells and Retina: Neurosphere Method

Oliveira G. Navajas E. Farah M. Schwindt T. Hamassaki D. Lawinsky D. Debbio C.

PURPOSE
The purpose of this study is to evaluate the potential for survival, migration, differentiation and neural protection of murine neural progenitor cells (mNPC) in a pharmacological degeneration of the retinal pigmented epithelium and photoreceptor model in rats.
MATERIALS AND METHODS
Harvesting and culturing GFP-mouse NPC were obtained from E14 (embryonic day 14) C57BL/6-GFP mouse embryos. The fetuses were placed in a Petri dish containing PBS/2% glucose, and the dissection was made under magnifying lens. The brains were sectioned and the tissue was incubated with Trypsin-EDTA solution (Gibco, 15400-054) for 15min at 37ºC. Trypsin was inactivated with fetal bovine serum, and, after cell sedimentation, the supernatant was removed and the cells were dissociated in 70% DMEM (Gibco 11965-118), 30% F12 (Gibco 11765-062), 1% PSA (Gibco 15240-062), 2% B27 (Gibco 17504-044), 20ng/mL EGF (Sigma E9644), 20ng/mL FGF-2 (R& D 233-FB), and 5 μg/mL heparin (Sigma H3149 100KU). The cell suspension was counted in a hemocytometer and the cells were seeded in a T25 flask at a density equivalent to 100,000 cells/mL. The spheres were transferred to conical tubes and washed carefully 3 times with 8 mL pre warmed DMEM. The spheres were put in growth factors free medium (DMEM/F12/B27) and kept in those conditions in suspension for 10 days. Eight transgenic C57BL/6-GFP mouse (green fluorescent protein) with 8 weeks y-o was submitted to a pharmacological degeneration of the retinal pigmented epithelium and photoreceptor with systemic application of $NaIO_3$, after 72 hours was applied intra vitreus mNPC (100.000 células/μL). In 7 days, their eyes were dissected and cryoprotected in 30% sucrose in PB for at least 24 hours at 4°C. After they were embedded in OCT compound, retinas were sectioned perpendicularly to the vitreal surface on a cryostat (12-μm sections). The material was analyzed with immunohistochemistry, primary antibodies anti-GFP, anti β – tubulina III and anti-GFAP
RESULTS
Survival and migration of the murine neural progenitor cells (mNPC) was observed after 7 days following a single application with neurosphere method.
CONCLUSION
Current results point to a possible role for mNPC in the treatment of some forms of human retinal degenerative diseases and highlight the versatility and efficacy of these cells as therapeutic tools in a broad range of neurodegenerative disorders.

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two-letter Code for the one (1) Section best sullied to review your abstract
(RE)

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
(a) Paper
(b) Poster

4. The signature of the First (Presenting) Author, (REQUIRED) acting as the authorized agent for all authors, hereby certifies.
That any research reported was conducted in compliance with the Declaration of Heisinki and the 'UNIFESP Ethical Committee"

Signature of First

Scientific Section Descriptions

(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
(RE) RETINA AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(GL) GLAUCOMA
(RS) REFRACTIVE SURGERY
(CA) CATARACT
(US) OCULAR ULTRASOUND
(TR) TRAUMA
(LA) LABORATORY
(BE) OCULAR BIOENGINEERING
(EP) EPIDEMIOLOGY
(EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:
Abstract should contain:
Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.
Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)
Must be author listed first in body of abstract

( ) R1 ( ) R2 **(X) R3**
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Bottós, Juliana Mantovani
Last Name, First Middle

Retina and Vitreous
Service (sector)

1937/06
Nº CEP

EFFECTS OF ANGIOTENSIN-CONVERTING ENZYME INHIBITOR AND ANGIOTENSIN II RECEPTOR ANTAGONIST IN DIABETIC RABBIT RETINA

Juliana Bottós, Tatiana Helfenstein, Silvia Ihara, Francisco Fonseca, Verônica Lima, Thatiana Orsi, Maurício Maia, Eduardo Rodrigues, Michel Farah

Purpose: 1. To verify the effects of the angiotensin converting enzyme inhibitor (ACEI) quinapril and the angiotensin II receptor antagonist (ARA) olmesartan on retina of hypercholesterolemic and diet-induced diabetic rabbits. **2.** To present a new animal model for diabetic retinopathy in rabbit eyes. **Methods:** The study was conducted in compliance with the UNIFESP Ethical Committee. Diabetes and hypercholesterolemia were induced in New Zealand white male rabbits by a diabetogenic and cholesterol-rich diet with high-fat/high-sucrose diet (contained 10% lard and 37% sucrose). Water and chow were given *ad libitum*. The high-fat/high-sucrose diet feeding was maintained for 6 months. After 12 and 24 week period, the efficacy of the diet in inducing diabetes and hypercholesterolemia was examined by plasma glucose levels, plasma total cholesterol, high-density lipoprotein (HDL) cholesterol and triglyceride. The rabbits were divided into four groups. Groups II, III and IV received the high-fat/high-sucrose diet. Animals belonging to group I (n=10) formed the control group, and group II (n=10) formed the untreated group. Animals from group III (n=10) received the quinapril 30/mg/day orally, added to the chow. Animals from group IV (n=10) received the olmesartan 5mg/kg/day orally added to the chow. *Clinical Analyses* – Fundus photographs and fluorescein angiography were performed at the third and sixth month. The prevalence of microaneurysms in each retina was determined based on standard photographs, with radius equivalent to the diameter of the average optic disc (1500 microns), considering the area within 1500microns of the border of the optic disc. The number of microaneurysms was analyzed and the animals were graduated into 4 levels: I – < 10; II – 11-30; III– 31-40; IV - > 40 microaneurysms. All evaluations were performed in a masked fashion. *Biochemical Parameters* - All blood samples were obtained after a 12-hour fast. Serum glucose and lipid profile were determined at baseline, after 3 and 6 months by standard techniques using an enzymatic assay. **Results:** All the animals induced by the diabetogenic and cholesterol-rich diet were diabetics at 6 months after induction (glycemia 316.3 ± 127.21 mg/dl). No differences between groups II, III and IV were observed regarding glucose levels. The control group (I) had a mean glycemia of 104.60 ± 5.3 mg/dl. Clinical study of all diabetic groups (II, III and IV) by 12 weeks revealed the early clinical features of diabetic retinopathy included hyperfluorescent dots consistent with microaneurysms. Group II developed microaneurysms at level IV, while groups III and IV presented microaneurysms at level III. Clinical findings did not change appreciably by 24 weeks and there were no differences among the groups. **Conclusion: 1**. No significant clinical benefit was observed regarding retinal protection with the use of ACEI or ARA for the treatment of diabetic retinopathy. **2.** New Zealand White rabbits fed with high-fat/high-sucrose diet seem to provide a convenient animal model for studying diabetic retinopathy.

FELLOW

NAME	E-MAIL
Ana Carolina Noriko Yamada	anoriko@uol.com.br
Andréa Alejandra Gonzalez Martinez	andreaoftalmo2005@yahoo.com.br
Bruno Albuquerque Furlani	b.furlani@uol.com.br
Camila Cassiano Simões	milasimoes@hotmail.com
David Kirsch	davidkirsch@uol.com.br
Fabiana dos Santos Paris	fabiana.s.p@uol.com.br
Fernando Marcondes Penha	penhaepm@yahoo.com.br
Juliana Chizzotti Freire	julianafreire00@yahoo.com.br
Letícia Dourado Alves	letisdourado@hotmail.com
Paulo Roberto P. Hilarião Filho	paulohilariao@hotmail.com
Roberta Bocci Velletri	anderson.lbo@uol.com.br
Romina Barreto Sampaio	rominaoftalmo@hotmail.com

GRADUATE STUDENT

NAME	E-MAIL
Priscila Cardoso Cristovam	priscila@nefro.epm.br
Renata Tiemi Kato	angelino65@yahoo.com

POST-GRADUATE STUDENT

NAME	E-MAIL
Airton Leite Kronbauer	alkronbauer@hotmail.com
Aline do Lago Coutinho	alinelago@oftalmo.epm.br
Anderson Gustavo Teixeira Pinto	anderson.lbo@uol.com.br
Anelise Dutra Wallau	anewallau@hotmail.com
Beogival Wagner Lucas Santos	cioms@terra.com.br
Bruno Machado Fontes	brunomfontes@hotmail.com
Carla Ferracina	cferracina@uol.com.br
Carolina do Val Ferreira Ramos	carolvalf@yahoo.com
Célia Regina Nakanami	ce.nakanami@uol.com.br
Charles Costa de Farias	charles-costa@uol.com.br
Christiana Velloso Rebello Hilgert	c.hilgert@terra.com.br
Danilo Nakao Odashiro	daniloodashiro@yahoo.com
Douglas Yanai	douglasyanai@yahoo.com.br
Eduardo Büchele Rodrigues	edubrodriguess@yahoo.com.br
Eduardo Marcelo Moron de Andrade	eduardo@ccolhos.com.br
Eliana Domingues Gonçalves	elianadgoncalves@terra.com.br
Ester Sakae Yamazaki	estersy@uol.com.br
Fábio Bom Aggio	aggio@oftalmo.epm.br
Fábio Dante Garcia	fadante@oftalmo.epm.br
Fábio Nishimura Kanadani	fnkanadani@hotmail.com
Filipe de Oliveira	filipe@oftalmo.epm.br
Flávio Eduardo Hirai	fhirai@yahoo.com
Francisco Seixas Soares	tuco_soares@hotmail.com

Frederico Augusto Costa Reis	fredacreis@uol.com.br
Giovanni André Pires Viana	gapvfvv@yahoo.com.br
Hailton Barreiros de Oliveira	hailton51@hotmail.com
Jeison de Nadai Barros	jeisonbarros@hotmail.com
João Borges Fortes Filho	jbfortes@cursohbo.com.br
Jonathan Clive Lake	jlake@uol.com.br
Juliane de Freitas Santos Paranhos	juparanhos@terra.com.br
Katyanne Dantas Godeiro	katyannegodeiro@hotmail.com
Larissa Morimoto Doi	larimdoi@gmail.com
Lauro Augusto de Oliveira	laopadilha@terra.com.br
Leonardo Provetti Cunha (University of São Paulo)	leonardo_provetti@yahoo.com.br
Letícia Rielo de Moura Santos	letrielo@gmail.com
Liliana Maria Alves Bastos Cruz	lilianaoftalmo@yahoo.com.br
Luci Meire Pereira da Silva	luci@oftalmo.epm.br
Luiz Alberto Soares de Melo Jr.	luizalberto@oftalmo.epm.br
Luiz Henrique Soares Gonçalves de Lima	luizlima9@gmail.com
Marcela Colussi Cypel	macypel@terra.com.br
Márcia Caires Bestilleiro Lopes	marciacblopes@gmail.com
Maria Vitória Moura Brasil	llmv@uninet.com.br
Mário Genilhu Bomfim Pereira	m.g.bomfim@gmail.com
Oswaldo Ferreira Moura Brasil	dico@uninet.com.br
Patrícia Rusa Pereira	patriciarusa@yahoo.com.br
Paula Yuri Sacai Munhoz	psacai@oftalmo.epm.br
Paulo Caldas Silber	cacosilber@yahoo.com.br
Paulo Gois Manso	mansopg@uol.com.br
Rafael Werneck Cinoto	rwcinoto@yahoo.com
Rogério Silva do Sacramento	rogeroftalmo@yahoo.com.br
Rogil José de Almeida Torres	rjat@terra.com.br
Samantha Lustoza Marques de Souza	samanthalustoza@uol.com.br
Sérgio Felberg	sergiofelberg@uol.com.br
Simone Ribeiro Araújo de Almeida	sralmeida@flash.tv.br
Somaia Mitne	somaia@oftalmo.epm.br
Telma Regina Maria Pereira	telma.pereira@uol.com.br
Tiago dos Santos Prata	throb@uol.com.br
Tiago Eugênio Faria e Arantes	t_arantes@yahoo.com
Virgínica Laura Lucas Torres	virginia@oftalmo.epm.br

RESIDENT

NAME	E-MAIL
Aline Silveira Moriyama	aline_moriyama@yahoo.com
Bruno Diniz	drbrunodiniz@yahoo.com
Bruno Konno	brunokonno@oftalmo.epm.br
Caio Vinicius Saito Regatieri	caiore@hotmail.com
Carlos Alexandre de Amorim Garcia Filho	caagf@yahoo.com.br
Carolina Isolani Pereira	carolisolani@oftalmo.epm.br
Cristina Maria Ferreira Carossa	criscarossa@gmail.com
Cristina Miyamoto	crismiyamoto@yahoo.com
Daniel Lavinsky	lavinsky@via-rs.net
Daniel Meira Freitas	freitas.daniel@gmail.com
Danielle Lumi Miura	danilumi@oftalmo.epm.br
Eduardo Dib	dibedu@gmail.com

Eduardo Pantaleão Sarraff	epsarraff@ajato.com.br
Elaine de Paula Fiod Costa	elaine68@terra.com.br
Fernanda Castro de Oliveira	fcoliveira@oftalmo.epm.br
Fernanda Pedreira Magalhães	fernandapedreiramagalhaes@yahoo.com.br
Flávio Cotait Kara José	cesarckj@ig.com.br
Gustavo Barreto de Melo	gustavobmelo@oftalmo.epm.br
Gustavo Castro de Oliveira	gustavoepm67@hotmail.com
Juliana Mantovani Bottós	jubottos@gmail.com
Kátia Mantovani Bottós	katia.bottos@gmail.com
Lilian Cristina do Espírito Santo	liliances@hotmail.com
Luis Felipe Brenner	lfbrenner@gmail.com
Luis Gustavo Biteli	luisbiteli@gmail.com
Luiz Roisman	luizroi@yahoo.com.br
Marcelo Hosoume	mhosoume@uol.com.br
Milton Nunes de Moraes Filho	miltonfilhomoraes@oftalmo.epm.br
Nuno Basílio Ferreira Tavares	eyeporto@gmail.com
Patrícia Cabral Zacharias Serapicos	patriciaserapicos@oftalmo.epm.br
Pilar de Andrade Memoria Moreno	pilardeandrade13@yahoo.com.br
Rafael de Almeida Gerade	rgerade@gmail.com
Renato Dichetti dos Reis Lisboa	renatolisboa67@gmail.com
Renato Magalhães Passos	renatompassos@yahoo.com.br
Rodrigo Doyle Libera	rodrigo.doyle@superig.com.br
Samuel de Miranda Henriques Ribeiro Gonçalves	srg74@globo.com
Sidarta Keizo Hossaka	sidarta_rp@hotmail.com
Simone Akiko Nakayama	simone_akiko@yahoo.com.br
Verônica Franco de Castro Lima	vecastrolima@yahoo.com.br
Wanessa Furtado Carneiro	wanessacarneiro@oftalmo.epm.br