15th RESEARCH DAYS

ORGANIZATION



SUPPORT





December 5 to 7, 2013

The "Research Days" meeting was created in 1999 aiming to stimulate and improve the scientific production at the Vision Institute - Department of Ophthalmology of the Federal University of Sao Paulo (UNIFESP). The 3-days meeting includes presentation of papers, fast papers and posters by residents, fellows and postgraduate students. All the papers/posters are presented in English and are discussed by the Department staff. The best scientific work in each category receives an award.

After the second edition of the Research Days in 2000, two improvements were made. The first one was the participation of international well-known investigators in the program. The second was the presence of students from other post-graduation programs from Brazil and other latin-american countries. Approximately 50% of the papers presented at Research Days are prepared to be submitted to the Annual Meeting of the Association for Research in Vision and Ophthalmology (ARVO) in Fort Lauderdale, USA

The fifteenth edition will be held in São Paulo from December 5 to 7, 2013. The complete program is available on this site.



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Organization

Post-Graduation Program Coordination

Mauro Silveira de Queiroz Campos

Program Director

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Scientific Committee

Adriana Berezovsky Ana Luisa Hofling de Lima Farah Augusto Paranhos Jr. Cristina Muccioli Denise de Freitas Eduardo Büchele Rodrigues Élcio Hideo Sato Flávio Eduardo Hirai Ivan Maynart Tavares José Alvaro Pereira Gomes Juliana Maria Ferraz Sallum Luciene Barbosa de Souza Maurício Maia

Mauro Nishi Mauro Silveira de Queiroz Campos Michel Eid Farah Miguel Noel Nascentes Burnier Norma Allemann Paulo Augusto de Arruda Mello Paulo Schor Renato Ambrosio Rubens Belfort Jr. Solange Rios Salomão Tiago dos Santos Prata Wallace Chamon Walton Nosé

Awards Committee

Eduardo Büchele Rodrigues

Flávio Eduardo Hirai Luiz Alberto Soares de Melo Júnior

Paula Yuri Sacai Munhoz

Special Guests

Prof. Dr. Walter Araújo Zin, MD

Prof. Dr. Luiz Vicente Rizzo, MD

Prof. Dr. Mauricio Maia, MD

Prof. Dr. Eduardo Buchelle Rodrigues, MD

Prof. Dr. Peter Sol Reinach, PhD

Prof. Dr. Rubens Belfort Jr., MD

Prof. Dr. Ivan Maynart Tavares, MD

Prof. Dr. Aydano Pamponet Machado

Prof. Dr. João Eduardo de Morais Pinto Furtado, MD



PROGRAM

December 5th - Thursday

- **13:30-13:40 OPENING REMARKS –** Denise de Freitas, Ana Luisa Hofling-Lima and Rubens Belfort Jr.
- 13:40-13:50 PROGRAM HEADLINES AND POST-GRADUATION PROGRAM Mauro Campos

PAPER PRESENTATION – SESSION 1

Retina and Vitreous *Moderators: Michel E. Farah and Maurício Maia*

- 13:50-13:57 Early neural retinal changes detected by spectral-domain optical coherence tomography in type 2 diabetes mellitus Eduardo Büchele Rodrigues, Post-DOC
- 14:00-14:07 Preoperative and intraoperative prognostic factors of epiretinal membranes using chromovitrectomy and internal limiting membrane peeling Bruno de Albuquerque Furlani, *PG1*
- 14:10-14:17 Change in drusen volume as a clinical trial endpoint for the study of complement inhibition in age-related macular degeneration Carlos Alexandre de Amorim Garcia Filho, PG1
- 14:20-14:27 Investigation of retinal biocomatibility and research on new dyes chromovitrectomy Emmerson C. Badaró, PG1
- 14:30-14:37 New concepts in classification of vitreomacular traction syndrome Juliana Mantovani Bottós, PG1
- 14:40-14:47 Histologic evaluation of rabbit retina submitted to air infusion exposure from 20-, 23-, 25- and 27-gauge cannulas during vitrectomy: Implications for vitreoretinal surgery in humans Leonardo Martins Machado, PG1
- 14:50-14:57 Micropulse diode laser treatment for chronic central serous chorioretinopathy: a randomized pilot trial – Luis Roisman, PG1
- 15:00-15:07 A randomized cilinical trial do compare efficacy and safety of isolated or combined intravitreal injection of triamcinolone acetonide and bevacizumab for diabetic macular edema ATEMD protocol – A Brazilian Clinical Trial – Hermelino Oliveira Neto, PG1
- 15:10-15:17 3,4 dihydroxyphenyl ethanol (DPE) reduces secretion of angiogenin in human retinal pigment epithelial cells Cristina Miyamoto, PG1



- 15:20-15:50 LECTURE: Authorship of Scientific Papers: from Dr. Jekyll to Mr. Hyde Prof. Dr. Walter Araújo Zin, MD
- 15:50-16:10 COFFEE BREAK

16:10-17:45 SYMPOSIUM PHARMACOLOGY AND TECHNOLOGY

Coordinators: Eduardo Buchelle Rodrigues, José Cardillo and Rubens Belfort Jr.

- 16:10-16:25 Therapeutic monoclonal antibodies in Ophthalmology Prof. Dr. Luiz Vicente Rizzo, MD
- 16:25-16:40 Natural pharmacology agents in Ophthalmology Prof. Dr. Mauricio Maia, MD
- 16:40-16:55 Novel Pharmacology Agents in Retina Prof. Dr. Eduardo Buchelle Rodrigues, MD
- 16:55-17:10 Importance of Ocular Transient Receptor Potential Channel Expression in Health and Disease Prof. Dr. Peter Sol Reinach, PhD
- 17:10-17:25 New Paradigms for the Management of uveitis Prof. Dr. Rubens Belfort Jr., MD
- 17:25-17:40 Novel Pharmacology Agents in Glaucoma Prof. Dr. Ivan Maynart Tavares, MD
- 17:40-18:00 Discussion
- 18:00 END OF SESSION



PROGRAM

December 6th - Friday

PAPER PRESENTATION – SESSION 2

Retina, Vitreous

Moderators: Juliana Sallum and Eduardo Buchele Rodrigues

8:00-8:07	Correlation between phenotype and genotype in patients with Stargardt Disease
	– Mariana Vallim Salles, PG1

- 8:10-8:17 Efficacy of anti-VEGF treatments for age-related macular degeneration (AMD) Renata Portella Nunes, PG1
- 8:20-8:27 Posterior hyaloid detachment and internal limiting membrane peeling using 10 natural vital dyes: experimental study in post-mortem eyes – Magno Antonio Ferreira, PG1
- 8:30-8:33 Choroidal thickness and Doppler flowmetry of the retrobulbar circulation in normal subjects Eduardo Amorim Novais, PG0
- 8:35-8:38 Safety and efficacy of various concentrations of lidocaine gel for intravitreal injections Helio Francisco Shiroma, PG0
- 8:40-8:43 Electroretinographic findings after intravitreal injection of Ziv-Aflibercept and Aflibercept in rabbits João Rafael Dias, PG0
- 8:45-8:48 Outcomes of macular hole surgery with internal limiting membrane peeling assisted by a novel dye based on lutein crystals and brilliant blue Oswaldo Ferreira Moura Brasil, PG0
- 8:50-8:53 To evaluate the applicability of the dye composed of anthocyanins extracted from the fruit of the Acai (Euterpe Orelacea) in chromovitrectomy Rafael Ramos Caiado, PG0
- 8:55-8:58 Retinal ganglion cell function after repeated intravitreal injections of ranibizumab in patients with diabetic macular edema Ricardo Miguel Japiassu, PG0
- 9:00-9:03 VEGF dosage curve in the aqueous humor after bevacizumab intravitreal injection in patients with neovascular AMD Thiago George Cabral Silva, PGO



PAPER PRESENTATION – SESSION 3

Uveitis, Tumors, Pathology, Electrophysiology and Epidemiology

Moderators: Cristina Muccioli, Rubens Belfort Jr, Adriana Berezovsky and Solange Rios Salomão

- 9:10-9:17 Impact of visual impairment in the health-related quality of life and psychosocial aspects in patients with uveitis Luci Meire Silva, PG1
- 9:20-9:27 Real-time PCR as a complementary diagnosis in infectious uveitis Fábio Felipe Santos, PG1
- 9:30-9:37 Physiological dysfunction in the fellow eye of strabismic and anisometropic amblyopic children Eric Pinheiro Andrade, PG1
- 9:40-9:47 Electroretinography using a fiber electrode prototype in patients with retinal dystrophy Josenilson Martins Pereira, PG1
- 9:50-9:57 Ophthalmological service quality offered to outpatients of the Public Healthcare System – Benigno Santos Hercos, Post-doc
- 10:00-10:07 Brazilian Amazon Region Eye Study (BARES): Pilot data on Frequency and Causes of Visual Impairment and Blindness in a Urban Census Sector of Parintins city – João Marcello Furtado, Post-Doc
- 10:10-10:13 *Cytology* impression findings in normal conjunctiva submitted to interferon a2b and normal conjunctiva submitted to mitomycin C 0,02% in rabbit eyes. Comparative experimental study Simone Ribeiro de Araújo Almeida, PG0
- 10:15-10:18 Serological survey of toxoplasmosis associated with ophthalmologic examination in schizophrenia patients Fabio Barreto Morais, PGO

10:20-10:40 COFFEE BREAK

PAPER PRESENTATION – SESSION 4

Cornea and External Diseases, Laboratory, Pharmacology *Moderators: Ana Luísa Hofling-Lima, José Alvaro P. Gomes, Denise de Freitas*

- 10:40-10:47 Aqueous humor concentration of two fourth-generation fluoroquinolones after topical instillation for ocular surgery prophylaxis Rachel Lopes Rodrigues Gomes, PG1
- 10:50-10:57 Creation of Anti-angiogenic Cultivated Corneal Epithelial Sheets using Lentiviral Vectors Lauro Augusto Oliveira, Post-DOC



- 11:00-11:07 Evaluation of Lipid Oxidative Stress Status in Dry Eye Disease Tais Hitomi Wakamatsu, Post-doc
- 11:10-11:17 Ultrasound biomicroscopy after amniotic membrane transplantation and anterior stromal puncture in bullous keratopathy Fabiana dos Santos Paris, PG1
- 11:20-11:27 Severe chemical burn and the use of infliximab therapy Fabiano Cade, PG1

PAPER PRESENTATION – SESSION 5

Cornea and External Diseases

Moderators: Elcio Hideo Sato and Flávio Eduardo Hirai

- 11:40-11:47 Corneal Endothelial Cell Adhesion by gravity after a 3-hour prone position cell injection on rabbits Gustavo Teixeira Grottone, PG1
- 11:50-11:57 Molecular characterization and antimicrobial susceptibility profile of viridans group Streptococcus isolates from endophthalmitis Katiane Santin, PG1
- 12:00-12:03 Detection of Herpes Simplex Types 1 and 2 and Varicella Zoster Virus in Corneal Scrapings from Patients with Infectious Keratitis by Real-Time Polymerase Chain Reaction – Heloisa M Nascimento, PG0
- 12:05-12:08 Evaluation of conjunctival bacterial flora in patients with Stevens-Johnson syndrome Luciana Frizon, PG0
- 12:10-12:13 Comparison between deep anterior lamellar keratoplasty with endothelium and without endothelium in donor corneas Tatiana Moura Bastos Prazeres, PG0
- 12:15-12:17 Human-Centered Design approach to deal with low vision Senior Citizens Fernanda Jordani Barbosa Harada, PG1

12:20-13:30 LUNCH BREAK

PAPER PRESENTATION – SESSION 6

Glaucoma

Moderators: Augusto Paranhos Jr., Paulo Augusto Arruda Mello

13:30-13:37 Brazilian Refractory Pediatric Glaucoma Project: One year of outpatient care – Christiane Rolim de Moura, Post-doc



- 13:40-13:47 The Retinal Nerve Fiber Layer of Patients With Neuromyelitis Optica and Chronic Relapsing Optic Neuritis is More Severely Damaged than Patients With Multiple Sclerosis.- Ivan Maynart Tavares, Post-Doc
- 13:50-13:57 In vivo assessment of laminar and pre-laminar tissues in glaucoma usgin enhanced depth imaging spectral-domain optical coherence tomography – Tiago dos Santos Prata, Post-doc
- 14:00-14:07 Correlation Between Disc Damage Likelihood Scale and Cup-To-Disc Ratio, Visual Field and Retinal Nerve Fiber Layer Thickness in Normal and Glaucomatous Eyes – Andrea Cotait Kara-José, PG1
- 14:10-14:17 Correlation between pupillary and structural changes in glaucomatous neuropathy Carolina Pelegrini Barbosa Gracitelli, PG1
- 14:20-14:23 Glaucoma detection ability of 3 Spectral-domain OCT devices and Stratus OCT Dinorah Piacentini Engel Castro, PG0

PAPER PRESENTATION – SESSION 7

Glaucoma

Moderators: Ivan Maynart Tavares, Tiago dos Santos Prata

- 14:30-14:37 Intraorbital optic nerve and lateral geniculate body in glaucoma and their association with functional and structural ocular alterations Rafael Lacerda Furlanetto, PG1
- 14:40-14:47 Evaluation of glaucomatous damage through functional magnetic resonance imaging (fMRI) and correlation with anatomical and psychophysical ocular findings Vanessa Miroski Gerente, PG1
- 14:50-14:57 Comparison of Different Spectral Domain OCT Scanning Protocols for Diagnosing Preperimetric Glaucoma – Renato Dichetti dos Reis Lisboa, PG1
- 15:00-15:03 Comparison of silicone and polypropylene Ahmed Glaucoma Valve implants Maria Vitoria Oliveira Moura Brasil, PG0
- 15:05-15:08 Effects on scaring process and intraocular pressure of intraoperative bevacizumab and mitomycin C alone and combine on glaucoma filtration surgery in the rabbit Christiana Rebello Hilgert, PG0

15:15-15:35 COFFEE BREAK

15:35-17:30 **POSTER - SESSION 1**

Retina (08), Uveitis (02), Tumors and Pathology (01), Ocular Ultrasound (02), Cornea and External Diseases (09), Glaucoma (14)



PROGRAM

December 7th - Saturday

PAPER PRESENTATION – SESSION 8

Refractive Surgery and Bioengineering *Moderators: Paulo Schor, Mauro Campos, Wallace Chamon*

- 8:00-8:07 Botulinum Toxin Type A for Keratoconus Adimara da Candelaria Renesto, Post-Doc
- 8:10-8:17 Corneal biomechanical using dynamic ultra high-speed photography and tomography Scheimpflug camera to distinguish normal to keratoconus Allan Cezar da Luz, PG1
- 8:20-8:27 VEGF Trap suppresses experimental corneal angiogenesis Hailton Barreiros Oliveira, PG1
- 8:30-8:37 Eye Movements of tennis players in return to service in a video-projection setting Olival Cardoso Lago, PG1
- 8:40-8:47 Reading acuity in low vision patients using a low-cost portable reading system prototype and conventional optical aids Vagner Rogério dos Santos, PG1
- 8:50-8:53 Model for Teaching Direct Ophthalmoscopy Thiago Gonçalves dos Santos Martins, PG0

PAPER PRESENTATION – SESSION 9

Cataract, Oculoplastic Surgery, Lacrimal System, Strabismus Moderators: Mauro Nishi, Norma Allemann

- 9:00-9:07 Developing and implementing a teaching method of phacoemulsification surgery Gustavo Ricci Malavazzi, PG1
- 9:10-9:17 Correlation Between Measured ELP and Crystalline Lens Position As a Tool for Customized IOL Calculation João Crispim Ribeiro, PG1
- 9:20-9:27 Analysis of refractive errors from UNIFESP ambulatory care clinic for premature children Rafael Lourenço Magdaleno PG1
- 9:30-9:37 Estimation of the scleral contact lens size using a rotating Scheimpflug câmera Sarah La Porta Weber, PG1



- 9:40-9:47 Morphometric and corneal alterations after botulinum toxin-A injection in patients with hemifacial spasm Teissy Hentona Osaki, PG1
- 9:50-9:53 Strabismus surgical results in patients with myelomeningocele Daiane Cristine Issaho, PG0
- 9:55-9:58 Histopathological findings after Bupivacaine injection in extraocular muscle of rabbits Luisa Moreira Hopker, PG0
- 10:00-10:07 Lacrimal Recanalizer Recanalization of the naso lachrymal duct with high frequency (RNLD) Eduardo Alonso Garcia, PG0
- 10:10-10:30 COFFEE BREAK
- 10:30-11:20 SESSION HEALTH TECHNOLOGIES FOR ALL
- 10:30-10:55 Quantitative models, Knowledge discovery and Decision support Prof. Aydano Pamponet Machado
- 11:00-11:20 International Competitiveness and Technology Prof. Dr. João Eduardo de Morais Pinto Furtado, MD (To be confirmed)
- 11:20-11:25 Discussion
- 11:25-12:15 **POSTER SESSION 2**

Refractive Surgery (04), Bioengineering (06), Cataract (06), Refraction-Contact Lens (01), Strabismus (02), Ocular Plastic Surgery (01), Low vision (01), Orbit (02)

- 12:15-13:05 DRAWINGS
- 13:05-13:25 FINAL REMARKS AND AWARDS ANNOUNCEMENT

José Alvaro P. Gomes and Mauro Campos

13:30 ADJOURN

Organizing Committee



POSTERS

December 6th - Friday

15:35-17:30 POSTER - SESSION 1

Retina (08), Uveitis (02), Tumors and Pathology (01), Ocular Ultrasound (02), Cornea and External Diseases (09), Glaucoma (14)

- 1. Evaluation of Macular Sensitivity to Bevacizumab Treatment of macular edema secondary to Branch Retinal Vein Occlusion and correlation with Optical Coherence Tomography (OCT) Adriano de Morais Ferreira, R2
- 2. Endophthalmitis following intravitreal injection: spectrum of causative organisms and antimicrobial susceptibility Grace Peng, R2
- 3. Primary Pars Plana Vitrectomy for Management of Rhegmatogenous Retinal Detachment Roberta Andrade Nascimento, R2
- 4. Prevalence of anterior segment neovascularization and neovascular glaucoma during treatment of macular edema secondary to central retinal vein occlusion Ramon Antunes de Oliveira, R3
- 5. Optical density of xanthophylls in patients with age-related macular degeneration using MPD software of Visucam Isabella Stamato Pimenta, PIBIC
- 6. Histological evaluation of experimental model for development of proliferative retinopathy after injection of intravitreal VEGF-A165 in pigmented rabbits Felipe Abdo Jorge, R1
- 7. Histological evaluation after intra-vitreous injection of aflibercept (ZALTRAP®) in an animal model Danilo Andriatti Paulo, R1
- 8. Serum VEGF, Intraocular Fluids, pH and Osmolarity After Intravitreal Zaltrap in Rabbits – Daniel Colicchio, F
- 9. Characteristics of uveitis: Analysis of a tertiary service in Sao Paulo Delia Diana Paola Gonzalez Fernandez, F
- 10. Effect of PTK for band keratopathy in uveitis patients Mariana Kaori Yasuta, F
- 11. Review of anatomopathologial risk factors in enucleated eyes with retinoblastoma diagnostic at Hospital Sao Paulo/GRAAC from 2007 to 2013 Alexandre Gomes Bortoloti Azevedo, R1
- 12. Ultrasonographic findings in ocular congenital toxoplasmosis Patrícia Sena Vieira, F
- 13. Axial length measurement in silicone oil-filled eyes: optical and B-mode guided immersion ultrasound biometry Paulo Henrique de Souza, MP
- 14. Correlation between keratoconus and Posterior corneal dystrophy Ana Claudia Medeiros de Amorim Garcia, F
- 15. Topical Tacrolimus in Thygeson Superficial Punctate Keratitis Maria Carolina Marquezanda Silva, F
- 16. Resistance of Pseudomonas aeruginosa isolates from the fourth generation fluoroquinolones Nayana Andrade Rios, F
- 17. Seasonality of Microbial Keratitis Based on The UNIFESP Ocular Microbiology Laboratory – Fábio Iglesias Marujo, R1
- 18. Reverse translational research and precision medicine in ophthalmology and visual Science Marina Roizenblatt, R1



- 19. Bitot's spot related to hypovitaminosis A and underlying pinquecula: a case report Nathalia Mayumi Thomaz Aquino, R1
- 20. Evaluation of the results of the surgical limbus transplantation using the technique Slet (Simple limbal epithelial transplantation) in patients with unilateral total limbal insufficiency – Ana Gabriela Coelho de Magalhaes Queiroz, R4
- 21. Descriptive Analysis of the Types And Parameters of Contact Lenses Fitted in Each Evolutive Degree and Morphology of Keratoconus – Danielle Arroyo, R4
- 22. Repeatability of measures of a corneal and anterior segment Scheimpflug-based tomography on normals and Keratoconus eyes in an University referral center Marcio Wajngarten, R4
- 23. Comparison of the Icare rebound tonometer with the Goldmann tonometer in children: exam duration and epithelial defects - Bruno L. B. Esporcatte, F
- 24. Surgical Results of Trabeculotomy and Goniotomy for Primary Congenital Glaucoma Cristiana Soares Ronconi, F
- 25. Identification of the Most Accurate Spectral-Domain Optical Coherence Tomography Parameters to Use in Eyes with Early High and Low-Tension Glaucoma – Cristine Stahlschmidt, F
- 26. Analysis of Neuroretinal Rim Distribution and Vascular Pattern of Eyes with Presumed Large Physiological Optic Disc Cupping: a Comparative Study – Flavio Siqueira Santos Lopes, F
- Influence of corneal thickness on tonometrical values of intraocular pressure, using the Goldmann tonometer, Tonopen and transpalpebral tonometer – Felipe Taveira Daher, R1
- 28. Role of the fourth drug in the intraocular pressure control in patients with glaucoma Verena Ribeiro Juncal, R1
- 29. Is there a correlation between corneal and optic nerve head paramaters in keratoconus patients? Adriano Bogar, R2
- 30. Correlation between pupillary and functional changes in glaucomatous neuropathy Geraldine Ragot Melo, R2
- 31. Correlation Between Peripapillary Choroidal Thickness Measurements and Visual Field Status in Glaucomatous Patients – Paula Delegrego Borba, R2
- 32. Use of Spectral Domain Optical Coherence Tomography in Clinical Practice: Does it Influence the Diagnostic Decision of Glaucoma Specialists and Non-specialists? – Carlos Eduardo Barbosa Filho, R3
- 33. Assessment of progress in the evaluation of the optic disc during the Ophthalmology Residency Program Julia Dutra Rossetto, R3
- 34. Qualitative analysis of retinal vessels diameters in Glaucoma and their relationship with optic nerve head damage Paula Campos Prudente Silva, R3
- 35. Conjunctival thickness OCT-measurements in glaucoma patients Thays Moreira Albhy, R3
- 36. Correlation between in vivo laminar and pre-laminar tissue measurements and visual field status in glaucomatous patients Vitor Gomes Prado, R3



POSTERS

December 7th - Saturday

11:30-12:15 **POSTER - SESSION 2**

Refractive Surgery (04), Bioengineering (06), Cataract (06), Refraction-Contact Lens (01), Strabismus (02), Ocular Plastic Surgey (01), Low vision (01), Orbit (02)

SESSION 2

- 1. Osmoprotective lubricant application for the management of post-refractive surgery induced dry eye symptoms Rossen Mihaylov Hazarbassanov, F
- 2. Corneal Thickness Among Individuals with Myopia Rafael Freire Kobayashi, R1
- 3. Comparison of keratometry among 5 topographers in patients with keratoconus Huber Martins Vasconcelos Junior, R3
- 4. Effectiveness of EX500 in the correction of compound myopic astigmatism greater than 2.00D Ibraim Viana Vieira, R3
- 5. Real-Life Low-Tech Analysis of Visual Behaviour Based in Scene and Eye Image for Refractive Surgery Planning Vinicius Silbiger de Stefano, R3
- 6. Visual neuroadaptation in blurring conditions Cristiane Okasaki, R1
- 7. Effect of ophthalmic cream used as a lubricant in the resistance of silicone tubes Jacqueline Martins Sousa, R2
- 8. A Teleophthalmology System to Improve Emergencies Screening in Resource-poor Settings – Renan Albert Mendonça Rodrigues – R2
- 9. Evaporimeter- measurement of tear evaporation rates in patients with Dry eye Desease – Thiago Henrique de Toledo França, PIBIC
- 10. Phaco-catch technique: extremely low vacuum phacoemulsification, Milton Seiyu Yogi
- 11. Prevalence of cataract and glaucoma in children with Nephrotic Syndrome under systemic corticotherapy Bruno Rebello Godoy, R1
- 12. Comparison between torsional and longitudinal waves in cataract surgery Eduardo Bicalho Mariottoni, R1
- 13. Comparison of conventional longitudinal and torsional phacoemultification: intra and postoperative outcomes Diego Monteiro Verginassi, R2
- 14. Evaluation of visual quality with Duet technique: multifocal Sulcoflex IOL implantation plus spherical IOL in the capsular bag in cataract surgery Fabio Ribeiro Colombo, R2
- 15. Evaluation of the Corneal Edema Pattern After Phacoemulsification Among Residents and Fellowships in Institute of Cataract (Incat) Luis Henrique Lopes Lira, R2
- 16. Analysing premium intraocular lens implantation in public service Renan Braido Dias, R2
- 17. The use of plusoptix S04 in a campaign for child ophthalmologic examination Priscila Teixeira Antas Bezerra, F
- 18. The use of a graded arc to evaluate ocular deviations in strabismus Isabel Silveira Dias Garcia, F
- 19. New method of measuring diplopia: Fusion Screen Marcela de Cassia Barreira, F



- 20. Eyelid tumors: Frequency of occurrence in a tertiary care service Mariana de Andrade Coelho, R3
- 21. Description of the behavior of sound localization in visually impaired children aged 0 to 24 months Milene Zanini Rodrigues, F
- 22. Epidemiological aspects of orbital lymphomas treated in the Orbital Service of the Federal University of São Paulo in the last 6 years Mário Pincelli Netto, R1
- 23. Orbital pseudotumors: epidemiologic analysis of 13 patients Lucas Valadão Soares, R2

2013 Research Days Abstract Form

(REQUIRED):	1. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Post-doc Last Name: Eduardo
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Büchele First Name: Rodrigues
Paper	Service: RETINA AND VITREOUS and PHARMACOLOGY
	CEP Number: 1539/11
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
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"	Title: Early neural retinal changes detected by spectral-domain optical coherence tomography in type 2 diabetes mellitus
	Author and Co-authors: Eduardo Büchele Rodrigues; Müller Urias; Fernando Marcondes Penha; Mauricio Maia; Rodrigo Meirelles; Michel Eid Farah
Scientific Section Descriptions (two-letter code):	diabetes mellitus (DM) patients with no diabetic retinopathy (DR) and in type 2 DM patients with mild DR only.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY	Methods: A cross-sectional study was performed in three groups: patients without DM, patients with type 2 DM without DR, and patients with type 2 DM with mild DR. Analysis of retinal layers was performed objectively with the Cirrus HD-OCT Review Software 6.0 (Carl Zeiss Meditec, Dublin, CA, USA). Macular cube and HD raster scans were analyzed with regard to: the ganglion cell layer (GCL) analysis, retinal nerve fiber layer (RNFL) thickness, central subfoveal (CS) retinal thickness, average macular thickness and total retinal (RT) thickness. Results: In total, 102 patients were included in this study, of which 28 (27.4%) presented with mild DR and 46 (45.0%) were classified as DM patients with no DR. Quantitative analysis with the Cirrus software showed that the mean GCL + inner plexiform layer (CGL + IPL) and mean RNFL were thinner in the group with DM with no DR when compared to controls. Mean GCL + IPL and mean RNFL were thinner in patients with DR. ANOVA with Bonferroni correction indicated a statistically significant reduction in RT in mild RD ($p = 0.032$), in GCL + IPL in DM
(UV) UVEITIS (US) OCULAR ULTRASOUND	with no DR ($p = 0.039$) and mild DR ($p = 0.003$), and in RNFL in DM without DR or eyes with mild RD ($p < 0.001$), compared to controls.
Deadline: 10/2013	Conclusion: Our study found reduced thickness of GCL + IPL as well as RFNL in patients with diabetes without DR, which suggests neuroretinal changes before angiopathy.
[]	Keywords: diabetes, retina, diabetic retinopathy, oct
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	2. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Bruno	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Furlani	
Paper	Service: RETINA AND VITREOUS	
	CEP Number: 0128/08	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: PREOPERATIVE AND INTRAOPERATIVE PROGNOSTIC FACTORS OF EPIRETINAL MEMBRANES USING CHROMOVITRECTOMY AND INTERNAL LIMITING MEMBRANE PEELING	
	Author and Co-authors: BRUNO FURLANI, RODRIGO MILANI, MICHEL EID FARAH, OCTAVIANO MAGALHAES JR, EDUARDO RODRIGUES, MAURICIO MAIA	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Purpose: To evaluate the preoperative and intraoperative findings as prognostic indicators of functional and anatomic results of idiopathic epiretinal membrane (ERM) surgery using the double staining and double peeling surgical technique.	
DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION	Methods: This retrospective study included vitrectomies using double staining (triamcinolone and brilliant blue) and double-peeling (ERM and ILM) surgical technique. Preoperative (visual acuity, optical coherence tomography, fluorescein angiography and autofluorescence) and intraoperative (ILM status post ERM peel) factors were compared to visual and anatomic outcomes.	
(NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results : Thirty-one pseudophakic eyes were followed for a mean of 16.78 months and the logMAR BCVA improved significantly from 0.77 ± 0.38 at baseline to 0.23 ± 0.15 at 3 months and 0.22 ± 0.14 at 12 months (P<0.001). The central foveal thickness (CFT) improved from 451.90 ± 90.36 ?m at baseline to 232.00 ± 47 ?m at 3 months and 221.94 ± 35.04 ?m at 12 months (P<0.001). During the ERM peeling, three distinct intraoperative ILM patterns were observed at the respectives percentages: 1-ILM peeled within the ERM (n=10, 32.3%), 2- Intact ILM (n=8, 25.8%), and 3-Varying sizes of ILM tears (n=13, 41.9%). Eyes with lower BCVAs improved more significantly postoperatively (P<0.05).	
	Preoperative low BCVA, larger size of the ERM and CMT were related to higher values of vision improvement ($p<0.05$). Hyperautofluorescence was associated	
Deadline: 10/2013	with greater CFT reduction ($P<0.005$). The intraoperative finding of ILM peeled within the ERM (type 1 classification) was related to significant high values of CFTs	
	postoperatively ($p < 0.05$). An intact ILW (type 2 classification) after ERM peeling was associated with lower BCVA improvements ($p < 0.05$).	
FORMAT:	Conclusion: The double-peeling (ERM and ILM) and double-staining (TA and	
Abstract should contain:	BBG) approach is a safe and effective surgical procedure for management of ERMs and no recurrences were observed at 16.78 months follow-up. Preoperative low	
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	BCVA, hyperautofluorescence, size of the ERM and CMT were positive prognostic factors and intact ILM after ERM peeling was a negative prognostic factor. Larger clinical trials are necessary to confirm such findings.	

Keywords: Epiretinal Membrane, Chromovitrectomy, Internal Limiting Membrane

Poster guidelines: 90cm x 120cm

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	3. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Carlos Alexandre Middle: de Amorim
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Garcia Filho
Paper	Service: RETINA AND VITREOUS
	CEP Number: NCT00935883
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Change in drusen volume as a clinical trial endpoint for the study of complement inhibition in age-related macular degeneration
Scientific Section Descriptions (two letter	Author and Co-authors: Carlos Alexandre de A Garcia Filho; Zohar Yehoshua; Giovanni Gregori; Fernando M. Penha; William Feuer; Philip J. Rosenfeld Purpose: To evaluate a decrease in drusen volume following treatment with eculizumab, a systemic inhibitor of complement component 5.
code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LADORATORY	Methods: Single center, prospective, randomized, double-masked clinical trial. Patients with drusen volumes of at least 0.03 mm3 in the central macula were randomized 2:1 to receive intravenous eculizumab or placebo over 26 weeks. Patients were observed for an additional 26 weeks. The main outcome measure was a decrease in drusen volume of at least 50% at 26 weeks.
(LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Thirty eyes were enrolled. The mean drusen cube root volumes at baseline were 0.49 mm (0.14) and 0.47 mm (0.10) in the eculizumab and placebo groups, respectively (p=0.64). At 26 weeks, mean drusen cube root volumes were 0.51 mm (0.01) and 0.42 mm (0.15) in the eculizumab and placebo groups, respectively (p = 0.17). Only one eye in the placebo group had a decrease in drusen volume of at least 50% at 26 weeks. Through 26 weeks, a total of 2 eyes developed neovascularization, both in the placebo group. At 26 and 52 weeks, the growth of drusen volumes was dependent on the number of complement factor H at-risk alleles carried by the patients.
	reduce drusen volume. Future trials should consider the use a composite clinical trial endpoint in which efficacy is defined by the treatment?s ability to prevent drusen growth, prevent neovascularization, and prevent the formation of
	geographic atrophy over 1 year.
FORMAT:	dry AMD, spectral domain optical coherence tomography (SDOCT), complement inhibition, couling mathematic complement 5, clinical trial endpoint
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	4. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Emmerson Middle: C
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Badaro
Paper	Service: RETINA AND VITREOUS
	CEP Number: 1388/10
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors berefy	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Investigation of retinal biocomatibility and research on new dyes chromovitrectomy
	Author and Co-authors: Emmerson Badaro, Rodrigo Souza-Lima, Eduardo Novais, Mauricio Maia, Michel Eid Farah, Eduardo B Rodrigues
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: To investigate the retinal biocompatibility of Acid Violet (AV) isolated and the combination of Brilliant Blue with deuterated water (BB+D2O) as vital dyes for chromovitrectomy.
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LD) LACRIMAL SYSTEM	Methods: An amount of 0.05ml of 0.25g/l (animals V1-V3) and 0.5g/l (animals V4-V6) of AV or 0.25g/L Brilliant Blue associated with 0.13ml/ml of Deuteruim oxide (6 animals) was injected intravitreally in the OD of rabbits eyes, while balanced salt solution (BSS) was applied in the OS for control. Clinical examination and histology with light microscopy (LM) were performed after 7 days. The electroretinographic (ERG) changes were assessed at baseline and 7 days.
(NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: A total of 12 rabbits were included in the study. The histopathologic appearance of the retina, choroids, sclera, and optic nerve was within normal limits and without any signs of severe retinal necrosis or cystic degeneration. The nerve fiber layer, retinal pigment epithelium (RPE) and choriocapillaris appeared normal after 7 days in every group analyzed, and both the control and the study group showed vacuolization and edema only in sparse regions in the retina. At a dose of 0.25 g/l or 0.50 g/l, AV caused no statistical alterations in ERG during the follow-up period. Median B-wave amplitude maximal response in OD baseline were in V1/V3 of 133 μ V (58.5/199) and in V4?V6 of 175 μ V (140-219) and follow-
Deadline: 10/2013	up in V1/V3 of 225.5 μ V (122/264) (p=0.1088) and V4-V6 of 210.5 μ V (194.6?220) (p=0.1088). In OS, baseline values were in V1-V3 of 139.5 μ V (72.5?202) and in V4?V6 of 183 μ V (141.5?213.5); while in follow-up they were in V1/V3 of 165.5 μ V
Deduine: 10/2013	 (152.5/189) (p = 0.2850) and in V4/V6 of 175.0μV (172- 188.5) (p=1.000). BB+D2O caused no considerable alterations in ERG during the follow-up period. Median B-wave amplitude maximal response in OD baseline were 184.25μV (162-
FORMAT:	192.5) and in follow up 168.5μV (144.5-263) (p=0.9165). In OS, baseline values were 164.25μV (145-195.5) and in follow-up 140.25μV (71-176.5) (p=0.1730)
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Conclusion: AV and BB+D2O may be safe for the retina after intravitreous injection at concentrations used.Keywords: acid violet, brillant blue, crhomovitrectomy, deuterated water
Poster guidelines: 90cm x 120cm	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	5. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Juliana
	Middle: Mantovani
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Bottós
Paper	Service: RETINA AND VITREOUS
	CEP Number: 0181/11
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors berehv	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: NEW CONCEPTS IN CLASSIFICATION OF VITREOMACULAR TRACTION SYNDROME
	Author and Co-authors: JULIANA BOTTÓS, JAVIER ELIZALDE, EDUARDO RODRIGUES, MICHEL FARAH AND MAURÍCIO MAIA
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Purpose: Vitreomacular traction (VMT) syndrome is implicated in the pathophysiology of a variety of macular disorders. Each configuration has distinct implications regarding the anatomic and functional outcomes, which has led to proposals for classifications. Although the morphological classification has been worldwide used, it is not universally accepted. The aim of this study is to analyze the agreement between the different classifications in order to establish a major classification system as well as to correlate the morphologic findings of VMT syndrome with specific maculopathies. Methods: Fifty-three eyes with VMT syndrome were categorized into two classifications based on optical coherence tomography (OCT) images: the VMT morphology (V- or J-shaped) and the diameter of adhesion (focal ?1,500 μ m or broad >1,500 μ m). Results: High correlation was seen between V-shaped and focal VMT and between J-shaped and broad VMT (kappa=0.850; p<0.001), except in 4 cases with broad adhesion despite the presence of a V-shaped pattern. These 4 cases had common characteristics to those with broad VMT regarding associated maculopathies and visual function. V-shaped (n=29) and focal VMT (n=25) led to tractional cystoid macular edema (CME)(79.31% and 84% respectively) and macular hole (MH) (37.93% and 44%); J-shaped (n=24) and broad VMT(n=28) were associated with epiretinal membranes (ERM) (91.66% and 92.85% respectively) and diffuse
Deadline: 10/2013	retinal thickening (62.50% and 64.28%). The BCVA was not significantly different between the groups (BCVA logMar: V-shaped, 0.45; J-shaped, 0.46; P= 0.816 and focal, 0.50; broad, 0.42; P=0.198).
FORMAT	Conclusion : The classification based on the diameter of the adhesion showed a
Abstract should contain	high correlation with the classical classification of adhesion morphology, but seemed to better reflect the specific macular changes. V-shaped and focal VMT
	led to tractional CME and MH while J-shaped and broad VMT were associated with
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	ERM and diffuse retinal thickening. Future studies are necessary to define if classification based on the diameter of the adhesion may better reflect the prognostic of VMT and understand the specific associated maculopathies.

Keywords: vitreomacular traction syndrome; vitreoretinal interface; optical coherence tomography; macular hole; epiretinal membrane

Poster guidelines:

90cm x 120cm

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	6. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Paper	PG1 Last Name: Leonardo Middle: Martins First Name: Machado Service: RETINA AND VITREOUS and EXPERIMENTAL SURGERY CEP Number: 197/10	
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"	5. ABSTRACT (REQUIRED): Title: Histologic evaluation of rabbit retina submitted to air infusion exposure from 20-, 23-, 25- and 27-gauge cannulas during vitrectomy: Implications for vitreoretinal surgery in humans.	
Scientific Section Descriptions (two-letter	Author and Co-authors: Leonardo Martins Machado, Octaviano Magalhães Jr, Eduardo Novais, Emerson Badaro, Juliana Prazeres, Gilles Landmann, Mauricio Maia	
code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (IX) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Purpose: To investigate possible retinal and choroidal damage in rabbits submitted to pars plana vitrectomy (PPV) following fluid-air exchange (FAX) using four different commercially available instrument sizes. Methods: Forty-eight dutched-belted female rabbits weighing 1.5-2 kilograms will be submitted to vitreoretinal surgery following the ARVO guidelines for use of Animals for Experimental Research and also the Rules of the Ethics Committee from Federal University of Sao Paulo. The surgeries will be performed after intramuscular anesthesia of Ketamine 35 mg/kg (Phoenix Scientific Inc., USA) and Xylazine 5 mg/kg (Phoenix Scientific Inc., USA). The surgical procedures will be performed by a 3 port pars-plana vitrectomy using the Constellation Vision System MachineTM (Alcon, USA) and a Machemer lensTM (Volk, USA). Vitreous will be removed by a core vitrectomy procedure by setting the vitreous cutter to 5000 cuts/minute and the balanced salt solution (BSS) infusion at 20mmHg; the vitrectomy will be performed by different sizes of instruments according to the distinct groups during 7 minutes. The vitreous removal will be performed over the optic disc and medullar rays of nerve fiber. At the end of t 	
Deadline: 10/2013	Results: No results are available yet. The current study is ongoing.	
	neurosensory, fotoreceptor and/or choriocapillar damage and this may be an useful information for vitreoretinal surgery in humans.	
FORMAT:	Keywords: : vitrectomy, 20-gauge, 23-gauge, 25-gauge, 27-gauge, fluid?air	
Abstract should contain:	exchange, sutureless vitrectomy	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		
Dostor quidelinee:		

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	FIRST (PRESENTING) AUTHOR (REQUIRED):
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	ust be the author listed first in abstract body.
3. PRESENTATION PREFERENCE (REQUIRED) Check one: Paper	iddle: rst Name: Roisman ervice: RETINA AND VITREOUS
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"	ABSTRACT (REQUIRED): tle: Micropulse diode laser treatment for chronic central serous norioretinopathy: a randomized pilot trial.
Au	uthor and Co-authors: Roisman L, Magalhães FP, Lavinsky D, Moraes N, Hirai E, Cardillo JA, Farah ME.
Scientific Section Descriptions (two-letter code): PL (BE) OCULAR BIOENGINEERING pe (CO) CORNEA AND EXTERNAL	urpose: To investigate the relationship between retinal sensitivity and ersistence of subretinal fluid and then to analyze microperimetry as a prognostic redictor of acute central serous chorioretinopathy.
LISEASE Ma (CA) CATARACT Ma (EF) ELECTROPHYSIOLOGY Pa (EF) EPIDEMIOLOGY Pa (EX) EXPERIMENTAL SURGERY (g (GL) GLAUCOMA (B (LA) LABORATORY (B (LV) LOW VISION pa (NO) NEURO-OPHTHALMOLOGY Pa	ethods: Prospective, randomized, double-blind, sham-controlled pilot trial. atients were randomized to SDM laser treatment (group 1) or sham procedure proup 2). Primary outcome measure was change in best corrected visual acuity BCVA); secondary outcome was central macular thickness after 3 months. Laser eatment was performed along the detached area. At the 3-month visit, all atients were evaluated for re-treatment if they met re-treatment criteria.
(OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVETIS	esults: Fifteen patients were included in this study: five patients in the sham oup and 10 in the treatment group. At 3 months, BCVA was significantly shanced in the treatment group ($P = .006$) compared with the sham group ($P =$ 98). All patients from the sham group needed treatment after 3 months. An approvement in central macular thickness and leakage on fluorescein angiography as noted in all treated patients (in both groups).
(US) OCULAR ULTRASOUND CC	Discription: In this limited-size, short-term exploratory study, SDM laser was fective in treating chronic CSC. There was no evidence of retinal damage induced <i>r</i> treatment.
Deadline: 10/2013	eywords: central serous chorioretinopathy, micropulse laser
FORMAT:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Dostor quidolinoo:	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	8. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Hermelino Middle: Lones de	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Oliveira	
Paper	Service: RETINA AND VITREOUS	
	CEP Number: 108/2008	
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"	5. ABSTRACT (REQUIRED): Title: A Randomized Clinical Trial to Compare the Efficacy and Safety of Isolated or Combined Intravitreal injection of Triamcinolone Acetonide and Bevacizumab for Diabetic Macular Edema	
	Author and Co-authors: H. Oliveira Neto, R.E. Andrade, C. Muccioli, M.J. Nobrega, A. Casella, M. Ferreira, AC Branco, M Maia, M.E. Farah, C. Regatieri, R. Belfort,Jr	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Purpose: To evaluate the efficacy and safety of intravitreal triamcinolone or bevacizumab alone and associated injections for the treatment of macular edema due to diabetic retinopathy (DR).	
LISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT	Methods: Randomized multicenter clinical study with injection of 0.05ml (1.25 mg) of bevacizumab (AVA group); 0.1 ml (4mg) of triamcinolone acetonide (TAAC group); and the combination of the two drugs at the same dosage (AVA+TAAC group), during 6 months, monthly evaluated. Inclusion criteria: diabetic macular edema, BCVA between or equal 20/400 and 20/40 and central macular thickness = 275 μ m by OCT. The primary endpoints were: BCVA, IOP and central macular thickness by OCT.	
(PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: One hundred and twenty eyes of 120 patients were injected. Twenty (34.5%) patients in the AVA group and 19 patients each group TAAC (32.8%) and AVA + TAAC (32.8%).BCVA revealed similar among AVA and TAAC groups and short difference in the AVA+TAAC group: There was no difference among groups and was not statistically significant ($p = 0.795$). The intraocular pressure (IOP) increased in TAAC and AVA groups and also in the TAAC group. The analysis of retinal macular thickness measured by OCT showed reduction in all 3 groups. However, the difference among these results was not	
Deadline: 10/2013	statistically significant ($p = 0.368$). Among the excluded cases, the most frequent causes were lack of improvement after 3 consecutive injections and loss of follow-up(15 cases) followed by increase of IOP (3 cases). There were one case of acute myocardial infarction and death that were considered completely independent of the study. No systemic side effects were observed.	
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion	Conclusion: All groups showed short-term improvement in visual acuity and decreased diabetic macular edema after separated or combined injections of triamcinolone and bevacizumab; however, at this time of the study, there was no difference among the 3 groups. This finding suggests that these different types of treatments showed similar results and provides evidence against the use of steroids because of their complications.	
Dostor quidelines:	in a set a set of the	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	9. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Cristina
3. PRESENTATION PREFERENCE	First Name: Miyamoto
(REQUIRED) Check one:	Service: RETINA AND VITREOUS
	CEP Number: 0665/10
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	5. ABSTRACT (REQUIRED): Title: 3,4 dihydroxyphenyl ethanol (DPE) reduces secretion of angiogenin in human retinal pigment epithelial cells
Ethical Committee"	Author and Co-authors: Miyamoto C, Granner T, Maloney S, Antecka E, Burnier MN, Ir
Scientific Section Descriptions (two-letter code):	Purpose: To evaluate the effects of 3,4 dihydroxyphenyl ethanol (DPE) on a human retinal pigment epithelial cell line (ARPE-19), and to study the results of the combination of DPE with bevacizumab.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY	Methods: ARPE-19 cells were incubated under normoxic and hypoxic conditions. The cells were treated as follows: control, 100 ?M DPE, 0.25 mg/mL bevacizumab, the combination of DPE and bevacizumab. Media was harvested after 24h for sandwich ELISA-based angiogenesis assays. The secretion of 10 pro-angiogenic cytokines was measured: angiogenin, ANG2, EGF, bFGF, HB-EGF, PDGF-BB, leptin, PIGF, HGF and VEGF-A.
(LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	Results: Treatment of ARPE-19 cells with bevacizumab significantly increased the secretion of angiogenin. Secretion of angiogenin and VEGF-A were significantly reduced following treatment with the combination of DPE and bevacizumab compared to bevacizumab alone.
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: Compensatory angiogenic signalling may occur in neovascular AMD following treatment with bevacizumab. We show that DPE, both alone and in combination with bevacizumab, can reduce the secretion of angiogenin, a cytokine that has been upregulated following treatment with bevacizumab in RPE cells. Therefore, DPE may represent a possible therapeutic agent to be used in combination with bevacizumab for the treatment of neovascular AMD.
Deadline: 10/2013	Keywords: angiogenin, bevacizumab, 3,4 dihydroxyphenyl ethanol, age-related macular degeneration
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidalinas:	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	10. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Mariana Middle: Vallim
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Salles
Paper	Service: RETINA AND VITREOUS CEP Number: 6159
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors becaute	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Correlation between phenotype and genotype in patients with Stargardt Disease
	Author and Co-authors: Mariana Vallim Salles, Karita Antunes Costa, Juliana Maria Ferraz Sallum.
Scientific Section Descriptions (two-letter code):	Purpose: Identify genetic mutations in patients with clinical diagnosis of Stargardt disease and correlate with the phenotypic manifestation.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (DL) OCULAR BLASTIC SURCERY	Methods: Select patients with clinical diagnosis of Stargardt disease. The age of onset and visual acuity was registered. To characterize their phenotype characteristics, the Fundus photography, OCT and fundus autofluorescence of the retina were recorded. 4ml peripheral blood was collected for DNA extraction. The ABCA4 gene is been sequenced with next generation technique (Ion Torrent sequencing). The sequence will be analyzed using the software Geneius Pro 5.5.7. The genetic variations will be compared with databases like ?National Center for Biotechnology Information? (NCBI) to search for the pathogenic mutation potentially related to the phenotype.
(PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RE) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: 24 patients from 21 families (3 pair of siblings) were included, all of them between 10 and 66 years old. In this population the initial symptoms appeared near 11 years old. The pattern of inheritance was autosomal recessive in all families. The patients visual acuity ranged from 20/40 to count fingers at 50 centimeters. The retina exam showed Stargardt macular dystrophy and hypoautofluorescence at the atrophy areas and hyperautofluorescent at active flecks areas on autofluorescence exam. The OCT showed disruption and focal loss of the ISOS line at the atrophic macular area. The sequencing tests had been started and soon the results will be analyzed.
Deadline: 10/2013	Conclusion: The phenotype characteristics of all 24 patients are related with Stargardt disease.
	Keywords: retinitis pigmentosa, retina, Stargardt disease, genetic disease, DNA mutational analysis.
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	11. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Renata Middle: Portella
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Nunes
Paper	Service: RETINA AND VITREOUS
	CEP Number: 0345/10
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
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"	Title: Efficacy of anti-VEGF treatments for age-related macular degeneration (AMD).
	Author and Co-authors: Renata Portella Nunes, Eduardo B Rodrigues, Flavio E Hirai, Letícia F Barroso, Emmerson Badaro, Eduardo Novais, Octaviano Magalhães Jr., Mauricio Maia, Michel E Farah
Scientific Section Descriptions (two-letter code):	Purpose: To study the efficacy of therapy with intravitreal ranibizumab (IVR) and
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE	Mothods: A prospective randomized clinical trial (PCT) comparing the officacy of
(CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (SL) LAPCIMAL SYSTEM	IVR and IVB as therapy for wet-AMD. Forty-five patients with exudative-AMD were randomized (1:1:1) in 3 groups: monthly 0.5mg IVR, monthly 1.25mg IVB, and every-two-weeks 1.25mg IVB. All patients received 3 months loading dose, followed with as-needed regimen. Patients were followed for 1 year.
(LS) LAURIWAL STSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT	Results: From the 45 patients included in the RCT, 44 have concluded the first year of follow-up. One patient died due to pneumonia during the second month of follow up. At baseline, the prepage are of the patients was 74.4 years old (75, 75)
(PH) PHARMACOLOGY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS	and 74 in groups 1, 2 and 3 respectively). The average initial BCVA was 52.69 ETDRS letters (52.2, 51 and 54.86 in groups 1, 2 and 3 respectively). At month 12, the average BCVA increased to 63.79 ETDRS letters (mean gain of 11.1 letters). Patients under monthly bevacizumab treatment gained 7.23 letters, the every-two-weeks group improved 13.47 letters, and the monthly ranibizumab group increased 12.53 letters at month 12. A total of 95.56% of patients lost less
	then 15 letters of vision, 93.33% in groups 1 and 2, and 100% in group 3. At baseline 13.33% of patients had BCVA of 20/40 or better; at month 12, 35.55% of patients presented BCVA of 20/40 or better (33.33%, 33.33% and 40% for
Deadline: 10/2013	groups 1, 2 and 3 respectively). There was a low rate of ocular and/or systemic adverse events.
	Conclusion: The RCT has shown similar efficacy and safety among the groups.
	Keywords: Age-related Macular Degeneration, Bevacizumab, Ranibizumab, Choroidal Neovascularization
Abstract should contain	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	12. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Magno	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Antonio First Name: Ferreira	
FAST Paper	Service: RETINA AND VITREOUS	
	CEP Number: 37910 /2010	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: POSTERIOR HYALOID DETACHMENT AND INTERNAL LIMITING MEMBRANE PEELING USING 10 NATURAL VITAL DYES: EXPERIMENTAL STUDY IN POST-MORTEM EYES	
Scientific Section Descriptions (two-letter code):	Author and Co-authors: MAGNO ANTÔNIO FERREIRA, MD, 1,3 RAQUEL EUSTÁQUIO ALVES FERREIRA, MD, 3 MICHEL EID FARAH, MD, PHD, 1 ACÁCIO ALVES SOUZA LIMA-FILHO, PHD, 1,2 EDUARDO BUCHELE RODRIGUES, MD,1 ÉBER LOPES FERREIRA,4 CRISTIANE SIQUEIRA PERIS,1 MAURÍCIO MAIA, MD, PHD1	
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY	Purpose: To determine whether natural dyes facilitate posterior hyaloid detachment and retinal internal limiting membrane (ILM) peeling in human eyes.	
(EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TU) TUMORS (UV) UVEITIS	Methods: Open sky-vitrectomy with posterior hyaloid and ILM removal was performed in 80 cadaveric eyes. The study was performed after sign consent of the family of the donors confirming the purposes of the donation of eyes for this specific research project. The study followed the ARVO guidelines for research in humans and the tenets of the Delaration of Helsink as well as the rules of the Ethics Committee of Federal University of Sao Paulo. Pomegranate, Haematoxylon campechianum, chlorophyll, cochineal, hibiscus, indigo, paprika, curcuma, old fustic, and grape were injected into the vitreous for hyaloid detachment and ILM removal. The dyes settled on the macula for 5 minutes and were removed by mechanical aspiration. Intraocular forceps were used for ILM peeling, confirmed by light microscopy.	
USÍ OCULAR ULTRASOUND	Results: The dyes facilitated posterior vitreous detachment (PVD) and ILM peeling. Haematoxylon campechianum, cochineal, and old fustic facilitated creation of a PVD in all cases. Dye-assisted posterior hyaloid detachment was	
Deadline: 10/2013	previously in a comparative model. Cochineal (intense staining, 50% of eyes; moderate staining, 37.5%; poor staining, 12.5%) and chlorophyll (intense staining, 25%; moderate staining, 75%) shows the best capacity of ILM staining. Light microscopy confirmed ILM removal in all eyes.	
FORMAT: Abstract should contain: Title	Conclusion: Natural vital dyes stain the vitreous and ILM in human cadaveric eyes and may be useful during vitreoretinal surgery. Cochineal stained the vitreous and ILM best, following by chlorophyll for ILM and extract of Haematoxylon campechianum and old fustic for vitreous.	
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: Chromovitrectomy, natural dyes, posterior vitreous detachment, internal limiting membrane peeling	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	13. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Eduardo
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Novais
FAST Paper	Service: RETINA AND VITREOUS
	CEP Number: 51440
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was	5. ABSTRACT (REQUIRED):
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	circulation in normal subjects
	Author and Co-authors: Emmerson Badaró, MD; Eduardo B. Rodrigues, MD; Norma Allemann, MD; Rodrigo S. Lima, MD; Caio V. Regatieri, MD; Rubens Belfort, Jr., MD
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: To correlate choroidal thickness and ultrasound color Doppler flowmetry of the retrobulbar circulation.
 (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY 	Methods: 54 eyes of twenty-seven healthy patients, from 27 to 68 year-old, where submitted to enhanced depth imaging Spectral Domain Optical Coherence Tomography (SD-OCT) and color Doppler flowmetry. The resistance index (RI) and maximum peak systolic velocity (VSM) were calculated for the retrobulbar arteries: ophthalmic artery (OA), short posterior ciliary arteries (SPCA), and central retinal artery (CRA); and correlated to SD-OCT measurements of the subfoveal choroidal thickness.
(OR) ORBII (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA	Results: Choroidal thickness measurements obtained were consistent to previous studies in healthy subjects. There was no significant difference between these values in both eyes ($p=0.5476$). An inversely proportional relationship was present between the SPCA systolic velocity and subfoveal choroidal thickness ($p=0.0496$), which was not found for the OA or the CRA.
(UV) UVEITIS (UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: Our results suggest that there is an inversely proportional relationship between the blood flow of the short posterior ciliary arteries and the subfoveal choroidal thickness. The decrease of choroidal thickness can be possibly explained by the increased resistance index in the retrobulbar arteries, thus
Deadline: 10/2013	preventing blood to fill the choriocapillaris circulation.
	Keywords: Choroidal Thickness, Enhanced Depth Image, OCT, Doppler Flowmetry
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidolinos:	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	14. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: helio	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: shiroma	
FAST Paper	Service: RETINA AND VITREOUS	
	CEP Number : 705/10	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Safety and efficacy of various concentrations of lidocaine gel for intravitreal injections	
	Author and Co-authors: Helio Francisco Shiroma, Jose Carlos Pereira Lorenzo, Fernando Penha, Muller Urias, Michel Eid Farah, Eduardo Buchelle Rodrigues.	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: To investigate the safety to the cornea; and efficacy of five concentrations (2%, 3.5%, 5%, 8% and 12%) of anesthetic gel for intravitreal administration of pharmacologic agents.	
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (PS) DEEPACTIVE SURGEPY	Methods: After approval of the Ethics Committee, a prospective, randomized and double-blinded clinical trial using lidocaine gel in five preparations, 2%, 3.5%, 5%, 8% and 12%, was conducted. Patients scheduled for intravireal treatment received topical anaesthesia with lidocaine gel five and ten minutes before the procedure. After intravitreal injection, patients answered the Visual Analogue Pain scale (VAS) about pain during the procedure. Corneal and conjunctival staining with lissamine green and fluorescein was measured in the first post-operative day using Oxford Scale. Statistics analysis were performed with SPSS for Windows (SPSS for Windows Version 17, Chicago, IL) and the level for significance was $p<0,05$.	
(RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Two hundred sixty patients were allocated into five groups with a mean age of $70.07(\pm 13.3)$. The groups were similar in gender, drug administrated, pathology and eye treated (p >0.05). We treated patients with AMD, diabetic macular edema, central or branch vein occlusion and edema secondary to other diseases. There was an inverse correlation between age and pain (?=0.239, p<0.001). The mean pain score in 2% lidocaine was highest 2.63 (±1.68), comparing with other groups, in 3.5% was 2.08 (±1.35), in 5% was 2.00 (±1.65),	
Deadline: 10/2013	in 8% was 1.93 (±1.40) and in 12% was 1.83 (±1.35). Confronting each group, there was a significant difference between mean pain score in 2% lidocaine group	
	compared to all other groups, 5% ($p=0.041$), with 8% ($p=0.02$) and with 12% ($p=0.012$). There was no significant difference between groups in regard to keratitis mean score ($p=0.897$) and for the lissamine green ($p=0.397$).	
FORMAT:	Conclusion: Lidocaine gel 3.5%, 5%, 8% and 12% induced less pain than 2 % topical ocular anestesia for intravitreal injection. In this study, we didin?t observe	
Abstract should contain:	relationship between concentration of lidocaine and corneal toxicity . No systemic effects were observed.	
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: lidocaine gel ophthalmic, ocular, anesthetic	

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	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	15. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: João Middle: Rafael
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Dias
FAST Paper	Service: RETINA AND VITREOUS
	CEP Number : 1388/10
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Electroretinographic findings after intravitreal injection of Ziv- Aflibercept and Aflibercept in rabbits
	Author and Co-authors: João Rafael Dias; Emmerson Badaró; Eduardo Novais; Daniel Colicchio; Eduardo Rodrigues; Michel Farah
Scientific Section Descriptions (two-letter code):	Purpose: To investigate the retinal toxicity by electroretinography (ERG) and fundoscopy after intravitreal injection of Ziv-Aflibercept and Aflibercept in rabbits.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (LG) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	Methods: Methods: A total of 12 pigmented rabbits (Chinchilla breed) were assigned in two groups (n = 6 in each group). The animals in group 1 received 0.05 ml of Ziv-Aflibercept (Zaltrap®) (2 mg / 1 ml) and group 2 received 0.05 ml of Aflibercept (Eylia®) (2 mg / 0.05 ml), intravitreally into the right eye, whereas the left eyes received the same volume of balanced salt solution (BSS) as control. ERG recordings were performed at baseline, 24 hours and 7 days after intravitreal injection. Ephiós handheld system (Ephiós AB, Rejmyre, Sweden), ERG-jet and skin electrodes were used. Scotopic and fotopic curves were measured. Amplitude of waves were obtained by transferred data to software Mjolner v1.3:0.5. The responses at 24 hours and 1 week after injection were compared with baseline levels. A decrease in the post-injection amplitude of more than 66% was considered remarkable.
(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: At clinical examination by indirect ophthalmoscopy 24 hours and 7 days after Ziv-Aflibercept and Aflibercept injection, all eyes were negative for cataract, hemorrhage, retinal detachment, and intraocular opacities. Amplitude analysis of minimal scotopic b-wave (ROD), maximum (MAX) scotopic a- and b-wave showed no significant reduction in either Ziv-Aflibercept or Aflibercept injected or control eyes.
Deadline: 10/2013	Conclusion: Ziv-Aflibercept seemed to cause no electroretinographic and/or
	fundoscopic alterations to the rabbit retinas 24 hours and / days after its intravitreal injections, when compared with already-approved intraocular drug Aflibercept. These results encourage future perspectives for the treatment of retinal diseases in humans with Ziv-Aflibercept.
FORMAT:	Keywords: Ziv-Aflibercent Aflibercent Electroretinggraphy fundoscopy
Abstract should contain:	Regionas. Ziv-Anibercept, Anibercept, Lieutroretinography, fundoscopy
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidalinas:	

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2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	16. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract	PGO	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: FERREIRA MOURA First Name: BRASIL	
FAST Paper	Service: RETINA AND VITREOUS	
	CEP Number: 98104	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Outcomes of macular hole surgery with internal limiting membrane peeling assisted by a novel dye based on lutein crystals and brilliant blue	
	Author and Co-authors: Oswaldo Ferreira Moura Brasil, Eduardo Novais, Emerson Badaro, Andre Maia, Michel Eid Farah, Mauricio Maia	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) EPIDEMIOLOGY (EF) EPIDEMIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Purpose: To evaluate the outcomes of macular hole surgery using a novel dye based on lutein crystals 0.3% + brilliant blue 0.025% in order to improve the identification and removal of the internal limiting membrane (ILM) in human eyes and to predict the cleavage plan between the ILM and neurosensory retina using 3 distincts surgical techniques for its removal. Methods: A prospective study will evaluate the surgical treatment of 40 macular holes through 23-gauge pars plana vitrectomy. Surgery will be aided by the staining of the vitreous using 0.3% lutein crystals + 0.025% brilliant blue which will be respectively useful for posterior hyaloid detachment and also for ILM peeling. The standardized surgical procedures will be performed by one experienced surgeon in chromovitrectomy and phakic eyes will be submitted to phacoemulsification and IOL implantation. The surgeon will complete a postoperative questionnaire that compares the capability of this new dye to stain the ILM with the current available dyes based on the previous experience of the surgeon in chromovitrectomy. Patients will be evaluate at baseline and postoperative days 1, 7, 30 and 90 and 180. The data from the different timelines will be compared to baseline using the student t-Test. In order to try to defined the cleavage plan of the ILM and neurosensory retina, histological evaluation Results: Study in progress. 	
Deadline: 10/2013	Conclusion: Study in progress.	
	Keywords: Macular hole, Chromovitrectomy, Brilliant blue, Lutein	
FORMAT:		
Abstract should contain:		
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		
Doctor quidalinas:		

	zoro Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	17. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Rafael Middle: Ramos
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Caiado
FAST Paper	Service: RETINA AND VITREOUS
	CEP Number: 1388/10
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: To evaluate the applicability of the dye composed of anthocyanins extracted from the fruit of the Acai (Euterpe Orelacea) in chromovitrectomy
	Author and Co-authors: Rafael Caiado, Emmerson Badaró, Michel Eid Farah, Mauricio Maia
Scientific Section Descriptions (two-letter code):	Purpose: Apply the anthocyanins extracted from the fruit of the acai (euterepe oleracea) as a dye in chromovitrectomy low retinal toxicity.
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY	Methods: Will be evaluated in vivo retinal toxicity of the dye in its functional and morphological in rabbits.
(EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY	Results: Preliminary results showed absence of toxicity or other adverse effects related to the use of the dye.
(LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY	Conclusion : This study will be to generate a basis for the development of a dye originated from a national fruit that have not yet been described in the literature for use during chromovitrectomy human eyes.
(PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	Keywords: anthocyanins ,chromovitrectomy, Acai, Euterpe Orelacea
(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY	
(US) OCULAR ULTRASOUND	
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postar quidalinas:	

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	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	18. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG0 Last Name: RICARDO
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: MIGUEL First Name: JAPIASSU
FAST Paper	Service: RETINA AND VITREOUS and ELECTROPHYSIOLOGY
	CEP Number: 14728313.6.0000.5505
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Retinal ganglion cell function after repeated intravitreal injections of ranibizumab in patients with diabetic macular edema
	Author and Co-authors: Japiassu RM, Novais EA, Badaró E, Maia M Purpose: To evaluate the safety of intravitreal repeated injections of ranibizumab in patients with diabetic macular edema regarding the maintenance of retinal
Scientific Section Descriptions (two-letter code):	ganglion cell function.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Methods: The study was approved by the Ethics Committee of Federal University of São Paulo and will be sponsored by Novartis (Basel, Switzerland). A written informed consent will be obtained from study participants. Twenty seven eyes of 27 diabetic macular edema subjects will be treated with monthly ranibizumab injections (0,5 mg injected intravitreally) until maximum best-corrected visual acuity (BCVA) be achieved and remains stable for three consecutive months (for a minimum of 3 initial injections). If BCVA decreases more than 2 lines or Spectral Domain optical coherence tomography (SD-OCT) shows increasing of Central Macular thickness (CMT) of more than 50 micra a new intravitreal injection will be submitted in baseline to ophthalmic evaluation, including BCVA, fundus ophthalmoscopy, digital color fundus photographs, SD-OCT, and electroreti Results: The study is ongoing and no results are available. Conclusion: We hypothesized that repeated injections of ranibizumab in patients
	with diabetic macular edema will not result in retinal ganglion cell function abnormalities by clinical and electrophysiological evaluation.
Deadline: 10/2013	Keywords: diabetic macular edema, ranibizumab, electroretinogram
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	19. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract	PG0
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: George First Name: Cabral Silva
FAST Paper	Service: RETINA AND VITREOUS
	CEP Number: 215195
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: VEGF dosage curve in the aqueous humor after bevacizumab intravitreal injection in patients with neovascular AMD.
	Author and Co-authors: Thiago Cabral, Júlia Polido, Akiyoshi Oshima, Pedro Serracarbassa, Caio Regatieri, Rubens Belfort Jr.
Scientific Section Descriptions (two-letter code):	(VEGF) in the aqueous humor before and after intravitreal injection of Bevacizumab in eyes with neovascular age-related macular degeneration (AMD).
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NE URO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	Methods: In this prospective study, 24 eyes of 24 patients with choroidal neovascularization secondary to neovascular AMD were treated with a single intravitreal injection of Bevacizumab (0,01mL, 2,5mg of Avastin). Aqueous humor samples were obtained before the intravitreal injection (baseline), at one week, one month and three months after the treatment. The VEGF concentration in the aqueous humor was measured using an enzyme-linked immunometric assay (Assay Designs® and Stressgen®, Enzo Biochem Inc, Farmingdale, NY). Best corrected visual acuity (BCVA), central retinal thickness (CRT) measured by spectral domain optical coherence tomography (SD-OCT), and fundoscopy were analyzed at the baseline, one week, one and three months after the treatment. Additionally, a correlation between improvement in the BCVA, CRT and VEGF concentration was investigated.
(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: A significant increase expression of VEGF was observed in the aqueous humor of eyes with neovascular AMD (mean: 179,71 pg/mL) at the baseline. Furthermore, a significant decrease in the VEGF levels (P<0.001) was observed in all time points after intravitreal injection, comparing with the baseline (1 week - 44.18 pg/mL; 1 month: 56,55 pg/mL; 84,44 pg/mL, P<0.001). One week post treatment, it was observed the highest reduction on the VEGF expression (37, 410()) are superstant intervieweent on CPT (D = 0.05) was observed.
Deadline: 10/2013	after the single bevacizumab treatment (baseline - 420 μ m; 1 week - 280,95 μ m; 1 month - 280,65 μ m and 3 months: 320 μ m; P<0.01). The improvement on the CRT was directed correlated with the reduction on the aqueous humor VEGF levels.
FORMAT	Conclusion: The lowest VEGF concentration in the aqueous humor in eyes with neovascular AMD was observed 1 week after Bevacizumab intravitreal injection.
Abstract should contain:	There was a significant increase in the VEGF concentration 3 months after the injection. A significant direct correlation was observed between the decrease on
Title Author, Co-authors (maximum 6),	the CRT and VEGF levels. Therefore, the VEGF levels might be a potential marker for the neovascular activity.
Purpose, Methods, Results, Conclusion.	Keywords: Vascular Endothelial Growth Factor, Neovascularization,
Postor quidalinos:	Bevacizumab (Avastin), Aqueous humor and Age Macular Degeneration.

2013 Research Days Abstract Form			
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	20. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.		
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Paper	PG1 Last Name: Luci Middle: Meire First Name: Silva Service: UVEITIS		
	CEP Number: 19935713.7.0000.5505		
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"	 5. ABSTRACT (REQUIRED): Title: Impact of visual impairment in the health-related quality of life and psychosocial aspects in patients with uveitis Author and Co-authors: L.M.Silva, M.Piaba, L.Bassani, C.Muccioli Purpose: To determine the demographic profile, levels of health and welfare as well as the symptoms of depression and anxiety in patients with visual impairment. 		
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (LQ) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (US) OCULAR ULTRASOUND	well as the symptoms of depression and anxiety in patients with visual impairment secondary to uveitis Methods: In a descriptive study, 25 patients were enrolled by a database review from the Uveitis Service of the Dept. of Ophthalmology (UNIFESP). All patients had visual impairment secondary to uveitis, visual acuity lower than 20/70 in the better eye, classified as low-vision or blindness according to WHO's guidelines. Patients' charts were reviewed for eligibility criteria and data collection. The eligible patients were contacted by phone and invited to attend the survey. During the visit the patients signed an informed consent form and were interviewed. Three questionnaires were administered, a study questionnaire, the SF-12v Health Survey and HADS - Hospital Anxiety and Depression Scale Results: Twenty five patients were interviewed, 56% female, the mean age was 48 years (age range 26-66), the race distribution was 52% white, 28% mulatto, 16% black and 4% yellow. Thirty two percent had primary education, 56% had secondary education and only 12% had tertiary education. Sixty percent had the familiar income between R\$1.000,00 - R\$ 3.000,00 and, 68% were early retired or fired from their work activities. The visual impairment was classified as 24% bilateral blindness, 32% bilateral low vision and 44% blindness in one eye and low vision in the fellow eye. The HADS questionnaires showed the following scores for anxiety and depression respectively, 44%/48% normal, 20%/36% mild, 24%/16% moderate and 12%/0% severe. All domains of SF-12v were below the		
Deadline: 10/2013	mean of general population, the physical and mental component summary (PCS-MCS) was respectively 42,65 and 43,05. While 20% of general population is at risk of first stage of positive depression, 40% of our sample is at risk. Considering the PCS and MCS scores 72% and 52% of our sample is below the general		
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	 population scores, respectively Conclusion: The results show a young population visual impaired, early retired or fired from their work activities. The most of them showing levels of depression and anxiety, as well as the physical, mental and emotional health scores below the general population values Keywords: Visual impairment, uveitis, quality of life 		
2013 Research	Days	Abstract	Form
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	21. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: FABIO Middle: FELIPE
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: SANTOS
Paper	Service: UVEITIS
	CEP Number: 0094/09
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP	Title: Real-time PCR as a complementary diagnosis in infectious uveitis
Ethical Committee"	Author and Co-authors: Fabio Felipe dos Santos, Luiz Vicente Rizzo, Heloisa Nascimento, Cristina Muccioli, Alessandra Goncalves Commodaro, Rubens Belfort
Scientific Section Descriptions (two-letter	Purpose: To characterize the real-time PCR as a tool for the diagnosis of infectious uveitis
Code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Methods: 74 patients (40 male and 34 female) were recruited from the Department of Ophthalmology of the UNIFESP and the real-time PCR were performed at the Hospital Albert Einstein (HIAE). DNA from blood, aqueous and vitreous humor were analyzed using specific primers designed to amplify, herpes simplex virus 1 (HSV-1), herpes simplex virus 2 (HSV-2), varicella zoster virus (VZV), cytomegalovirus (CMV), T. gondii (TOXO) and T.canis/cati (TOXOCARA). Results: Our results showed that TOXO was positive in 6.7% all blood samples, 38.18% in all aqueous samples and 23.08% in all vitreous samples. CMV was found in 4.05% of blood and 1.82% of aqueous. HSV was positive in 1.82% of aqueous and 7.69% of vitreous. VZV was positive in 1.82% in aqueous humor and 3.85% in vitreous humor. TOXOCARA was positive in 1.35% only in blood. Real-time PCR confirmed 48% of the diagnostic hypothesis of the toxoplasmosis and 50% of toxocariasis Conclusion: Until now our work suggested that the vitreous humor showed greater ability to detect pathogens. However the aqueous humor and blood that easier to obtain, may be appropriate sites for research of infections by real time PCR.
Deadline: 10/2013	Keywords: Real time PCR, diagnosis, infectious uveitis, blood, aqueous humor, vitreous humor.
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	22. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	PG1	
abstract.	Last Name: Eric Middle: Pinheiro	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Andrade	
Paper	Service: ELECTROPHYSIOLOGY	
	CEP Number: 0503-08	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):	
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"	Title: PHYSIOLOGICAL DYSFUNCTION IN THE FELLOW EYE OF STRABISMIC AND ANISOMETROPIC AMBLYOPIC CHILDREN	
	Author and Co-authors: Andrade EP, Berezovsky A, Sacai PY, Pereira JM, Rocha DM, Salomão SR	
	Purpose: Amblyopia is a form of cerebral visual impairment in the absence of an	
Scientific Section Descriptions (two-letter code):	organic cause. Attenuated amplitudes and prolonged latencies are common abnormalities found in pattern reversal visual evoked potentials (PRVEP) in	
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT	amblyopic eyes. However there is scarce data on PRVEP in fellow eyes of amblyopes. The aim of this study is to evaluate visual acuity and PRVEP in the fellow eye of strabismic and/or anisometropic amblyopic children.	
(EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OD) ORBIT	Methods: This study was approved by the Ethics Committee of the Federal University of São Paulo (0503-08). The amblyopic group consists of 40 children (22 girls), aged 5-14 years (mean 8.7±2.2 years), 15 anisometropic, 21 strabismic and 4 with anisometropia and strabismus. A group of 19 healthy children (13 girls) aged 5-15 years (8.2±2.6 years) was used as control. Visual acuity was measured in logMAR from each eve with the best optical correction	
(PL) OCULAR PLASTIC SURGERY (PL) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVETIS	using the ETDRS chart for distance. Grating acuity was measured from each eye using the sweep-VEP system. Transient PRVEP recording was obtained with checkerboard stimuli subtending 1°, 15´ and 7.5´ visual angles from both eyes in monocular stimulation condition according to ISCEV protocol. P100 latency in milliseconds (ms), the amplitude between the peaks of N75 and P100 in microvolts (?V) were determined.	
(US) OCULAR ULTRASOUND	Results: Statistically worse visual acuity for either optotype $(0.04\pm0.1 \text{ logMAR}; p=0.021,)$ or grating acuity $(0.07\pm0.05 \text{ logMAR}; p=0.026,)$ were found when compared with healthy children $(0.0\pm0.0 \text{ logMAR}$ optotype, $0.05\pm0.04 \text{ logMAR}$	
Deadline: 10/2013	grating). Significantly prolonged P100 latency for stimulus 7.5 ^{\circ} in the fellow eye (110.9±11.4) was detected when compared with controls (103.2±6.8; p=0.01,). There were not a statiscally significant difference between the amplitude of the control group and the fellow eye for all stimulus (p=0.496, 0.700 and 0.422 for 1°, 15 ^{\circ} and 7.5 ^{\circ} visual angles, respectively).	
FORMAT:	Conclusion: When compared with eyes of healthy children, fellow eyes of	

Conclusion: When compared with eyes of healthy children, fellow eyes of amblyopic children showed worse optotype and grating acuity, with subtle abnormalities in the PRVEP detected as prolonged latencies for smaller size stimuli. These findings confirm previous studies showing that the fellow eye of amblyope patients is not fully normal.

Keywords: electrophysiology: clinical; visual acuity; amblyopia.

Abstract should contain:

Purpose, Methods, Results,

Conclusion.

Doctor quidalinas:

Title Author, Co-authors (maximum 6),

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	23. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Josenilson Middle: Martins First Name: Pereira
(REQUIRED) Check one:	Service: ELECTROPHYSIOLOGY
Paper	CEP Number: 1087/08
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"	5. ABSTRACT (REQUIRED): Title: Electroretinography using a fiber electrode prototype in patients with retinal dystrophy
	Author and Co-authors: J.M. Pereira 1, S.R. Salomao1, D.M. Rocha 1, PY Sacai 1, SES Watanabe 1, S. Muñoz 2, A.Berezovsky 1
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY	 Departamento de Oftalmologia, Universidade Federal de Sao Paulo, Sao Paulo, Sao Paulo, Brazil. Departamento de Salud Pública, Facultad de Medic Purpose: To compare full-field electroretinogram (ERG) responses recorded in patients with retinal dystrophy with monopolar DTL® electrode to those obtained with a microfiber electrode prototype, using the ERG standards of the International Society for the Clinical Electrophysiology of Vision (ISCEV).
EXÝ EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS	Methods: This study was approved by the Ethics Committee of the Federal University of São Paulo (1087/08). Fifty six patients (mean age 36.8±16.9 years, 29 females) with previously diagnosed retinal dystrophy had full-field ERG recorded (ISCEV standard full-field protocol) using two distinct electrodes randomly selected in two consecutive visits in the same week. VERIS 5.1.9 system by EDI was used for data acquisition and analysis. ERG outcomes were analyzed by Kruskal-Wallis test, multiple comparison procedures by Dunnett?s method and independent linear regression method by StataSE 11 statistical software. Retinal dystrophy type was classified on the basis of standard clinical criteria as: retinitis pigmentosa, cone dystrophy, Stargardt?s disease and others. ERG responses were compared with normative data from our own lab.
(US) OCULAR ULTRASOUND	Results: The magnitude and waveform quality obtained with the two electrodes were similar for all ERG responses. No statistical differences were found for amplitude and implicit time between microfiber electrode prototype and DTL®
Deadline: 10/2013	responses. Linear regression showed a trend line equation for rod amplitude response (DTL=3.14+1.109*prototype) and for cone amplitude (DTL=-1.43+1.188*prototype).
	Conclusion: The results showed that the ERG waveforms obtained with the two
FORMAT:	electrode prototype might be a choice for low-cost alternative instrument for clinical ERG recording for retinal function assessment.
Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: ERG, prototype, electrode, retinal distrophy
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Source diligations:	

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	24. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract	Post-doc	
3. PRESENTATION PREFERENCE	Middle: Santos Hercos First Name: Hercos	
Paper	Service: EPIDEMIOLOGY	
	CEP Number: 256961	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors berehv	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Ophthalmological service quality offered to outpatients of the Public Healthcare System	
	Author and Co-authors: Benigno Vicente Santos Hercos; Adriana Berezovsky Purpose: To identify the perception of the ophthalmic service quality provided for outpatients of the public healthcare system as well as to detect which actions	
Scientific Section Descriptions (two-letter code):	should be considered necessary and priority in order to improve its quality	
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA	Methods: A quantitative descriptive study was carried out on 100 outpatients of the public healthcare system which were submitted to ophthalmic tests at Fundação Hilton Rocha - Belo Horizonte - MG, from July 1st - July 30th 2004. Individual interviews were carried out by giving the interviewees two structured questionnaires adapted from the modified SERVQUAL. This scale is in agreement with the reality of the studied institute.	
(LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (PS) REFRACTIVE SURGERY	Results: The adapted SERVQUAL scale was submitted to statistical validation and it showed a suitable internal consistency index. In general terms, a slight general dissatisfaction was detected regarding ophthalmological service quality. The interviewees cared more about safety and reliability. A higher degree of dissatisfaction was detected mainly concerning fulfillment of procedures at scheduled appointments related to the execution of services within due timelimits.	
(TR) TRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: The institute is supposed to plan as well as carry out actions which lead to a general improvement in the patient's satisfaction regarding service quality and mainly reliability. Service quality monitoring through periodic use of the SERVQUAL scale will not only make it possible to plan highly precise and effective intervention strategies in these and in other healthcare services but it will also allow monitoring the responses to these actions. All these actions will	
Deadline: 10/2013	contribute to the improvement of the service in the system as a whole.	
	Keywords: Marketing of health services; Ophthalmology; Quality of health care; Quality indicators, health care; Ambulatory care, Questionnaires/utilization	
FORMAT:		
Abstract should contain:		
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		
Postor quidolinos:		

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	25. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	Post-doc
abstract. 3. PRESENTATION PREFERENCE	Last Name: Joao Middle: Marcello First Name: Furtado
(REQUIRED) Check one: Paper	Service: EPIDEMIOLOGY
	CEP Number: 11830313.6.1001.5505
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	5. ABSTRACT (REQUIRED): Title: Brazilian Amazon Region Eye Study (BARES): Pilot data on
Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Frequency and Causes of Visual Impairment and Blindness in a Urban Census Sector of Parintins city
Scientific Section Descriptions (two-letter	Author and Co-authors: Furtado, JM; Cohen, J; Muñoz, S; Belfort Jr, R; Berezovsky, A; Salomão, SR. Purpose: To investigate prevalence and causes of vision impairment/blindness in
code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (PS) DECEMACTURE SUBCERY	 Older adults in an urban census sector of Parintins, Brazil. Methods: An urban census sector was conveniently chosen for its proximity to the eye clinic for ophthalmic assessment. Subjects were enumerated through a door-to-door survey and those with ages 45 years and older were invited for measurement of presenting and best-corrected visual acuity and an ocular examination. The principal cause of visual impairment/blindness was identified for eyes with presenting visual acuity less than 20/32. Results: A total of 178 eligible persons in 136 households were enumerated, and 144 (80.9%) examined. The prevalence of presenting visual acuity>20/32 in both eyes was 70.7% (95% confidence interval [CI]: 60.2% - 79.7%), and 79.5% (95% CI: 71.0% - 86.4%) with best correction. The prevalence of presenting visual impairment (<20/63->20/200) in the better eve was 20.7% (95% CI:
(RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	12.9% - 30.4%), and 15.4% (95% CI: 9.4% - 23.2%) with best correction. The prevalence of presenting bilateral blindness (<20/200 in both eyes) was 8.70% (95% CI: 3.8% - 16.4%), and 5.13% (95% CI: 1.9% - 10.8%) with best correction. Presenting and best-corrected blindness and vision impairment were associated with lack of schooling and older age. Cataract (27.6%), retinal disorders (20.7%) and corneal scar/opacities (13.8%) were the most common causes of blind eyes. Uncorrected refractive errors (40.4%) and cataract (40.4%)
Deadline: 10/2013	were the main causes of vision impairment, with uncorrected refractive errors (85.4%) and cataract (12.2%) as main causes of vision impairment <20/63 to >20/63.
	Conclusion: The current results indicate that visual impairment and blindness is a significant problem in older adults from an urban area of the Brazilian Amazon
FORMAT: Abstract should contain:	region. Blindness and vision impairment prevalence from this Brazilian area was four to five times higher than those found in a previous population-based study in a large urban area of Sao Paulo. Brazil There is an urgent need to implement
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	prevention of blindness programs for older adults with emphasis on those without schooling.
Doctor quidolinoo:	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	26. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Simone
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Almeida
FAST Paper	Service: TUMORS AND PATHOLOGY
	CEP Number: 1206/12
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	5. ABSTRACT (REQUIRED): Title: Cytology impression findings in normal conjunctiva submitted to interferon a2b and normal conjunctiva submitted to mitomycin C 0,02%
Ethical Committee"	in rabbits eyes. Comparative experimental study
Scientific Section Descriptions (two-letter	Author and Co-authors: Almeida, SRA; Barros, JN; Lowen, MS; Junior, MA; Burnier, M; Martins, MC
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE	Purpose: To compare the IC findings of normal conjunctiva submitted to INF a2b to the findings of normal conjunctiva submitted to mitomycin C 0,02%.
(CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY	Methods: Twenty (20) New Zeeland albine rabbits were divided into 4 groups and submitted to 4 different treatment regimens. Group I received mitomycin C 0,02% for 14 days Group II received INF a2b for 14 days, Group III received INF a2b for 30 days and Group IV received INF a2b for 60 days. The contralateral eye was used as control. IC was taken 3 days before start the drops from all rabbits, on day 16th from group I and II, on day 31th from groups I, II and III and on day 60th from all groups. IC findings were analyzed and compared between treated eyes and control eyes
(RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	Results: In progress and will be shown on presentation
(ST) STRABISMUS (TR) TRAUMA (TL) THMORS AND BATHOLOGY	Conclusion: In progress and will be shown on presentation
(UV) UVEITIS (US) OCULAR ULTRASOUND	Keywords: Impression Cytology, Conjunctiva, Interferon, Mytomicyn C
·]	
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Dostor quidelines:	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	27. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Fabio
3. PRESENTATION PREFERENCE	Middle: Barreto First Name: Morais
FAST Paper	Service: UVEITIS
	CEP Number: 13995913.4.0000.5505
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"	5. ABSTRACT (REQUIRED): Title: Serological survey of toxoplasmosis associated with ophthalmologic examination in schizophrenia patients "
	Author and Co-authors: Fábio Barreto Morais Prof. Dra. Cristina Muccioli
Scientific Section Descriptions (two-letter code):	Dr. Tiago Eugênio Farias e Arantes Prof Dra. Edméia Fontes de Oliva Costa (UFS) Prof. Dra. Ângela Maria da Silva (UFS)
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY	Purpose: Schizophrenia is a severe neuropsychiatric disorder of unknown etiology. Toxoplasmosis is the leading cause of infectious posterior uveitis in the world, accounting for over 80 % of cases in some regions. Recent studies have linked infectious agents to schizophrenia. The largest number of studies has involved the analysis of Toxoplasma gondii and there is little information about the association between Toxoplasma gondii infection and schizophrenia in Brazil.
(LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	Methods: In the present study we will investigate the seroprevalence of T. Gondi (quiminoluminescence/ IgG ,IgM) and search about ophthalmologic findings in these patients that suggests uveitis and compare with that obtained in control individuals in University hospital of Federal University of Sergipe.
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: : 8 schizophrenia patients e 35 healthy people were examined . Overall prevalence rates of anti-T. gondii antibodies (IgG) in case and control groups were 100 % and 60 %, respectively. IgM antibodies (acute form) weren`t seen in any patients. 1(2,86 %) patient of the control group had signs of previously anterior uveítis and 1(10 %) of the schizophrenic group had a retinochoroidal scar.
Deadline: 10/2013	Conclusion: The prevalence rate of T. gondii antibodies and signs of uveitis in patients with schizophrenia was higher than control group. it seems possible a relationship between Toxoplasma infection and schizophrenia but more studies are necessary.
	Keywords: toxoplasmosis, schizophrenia, uveitis, serological
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Doctor auidalinaa:	

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	28. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Rachel Middle: Lopes Rodrigues	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Gomes	
Paper	Service: PHARMACOLOGY	
	CEP Number: 184751	
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"	5. ABSTRACT (REQUIRED): Title: Aqueous humor concentration of two fourth-generation fluoroquinolones after topical instillation for ocular surgery prophylaxis	
	Author and Co-authors: Rachel Lopes Rodrigues Gomes; Eunice Mayumi Suenaga; Rodrigo Galvão Viana; Alessandro Cruz; Mauro Silveira de Queiroz Campos	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE	Purpose: To compare aqueous humor concentration of the two fourth-generation fluoroquinolones, moxifloxacin 0.5% ophthalmic solution and gatifloxacin 0.3% solution, alone or combined with steroids.	
(CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Methods: Patients scheduled for routine phacoemulsification and intraocular lens implantation were selected to enroll the study in one of the following prophylaxis regime: no use of preoperative antibiotics (Group 1/ control); 4 times daily the day before surgery plus 1 drop 1 hour before surgery one of the marketed available ophthalmic solution (Group 2: moxifloxacin 0,5% associated with dexametasone 0,1% in the same bottle, Group 3: moxifloxacin 0,5% alone); 4 times, 1 hour before surgery with a 15 minute interval (Group 4: moxifloxacin 0,5% alone); 5% associated with dexametasone 0,1% in the same bottle; Group 5: moxifloxacin 0,5% alone; Group 6: gatifloxacin 0,3% associated with prednisolone 1,0% in the same bottle; Group 7, gatifloxacin 0,3%) Approximately 0.150 ml of aqueous humor was obtained immediately before paracentesis and transferred to a propylene recipient. The concentration of moxifloxacin or gatifloxacin was measured by a validated procedure using high performance liquid-spectrometr	
	Results: Only the results of Group 2 will be presented. Of the 36 patients enrolled in this group, 31 underwent pharmacokinetic analysis. The mean aqueous humor concentration of moxifloxacin in this group was 1110 55 689 98 ng/dl with the	
Deadline: 10/2013	individual concentrations ranging between 271.9 and 2459.4 ng/dL.	
	Conclusion : This preliminary data reveals a literature comparable concentration of moxifloxacin when used combined with steroids (in a same bottle solution). The achieved expectation of movilevent is well as a single solution is well.	
Abstract should contain:	concentration (MIC) of predominant bacterial isolated from ocular infections.	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: prophylaxis, antibiotic prophylaxis, fluoroquinolones pharmacokinetics, cataract extraction	
Doctor quidolinoo:		

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	29. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	Post-doc
abstract.	Last Name: Lauro Middle: Augusto
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Service: CORNEA AND EXTERNAL DISEASE
Paper	CEP Number : 1179/07
 The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby 	5. ABSTRACT (REQUIRED):
centiles that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Creation of Anti-angiogenic Cultivated Corneal Epithelial Sheets using Lentiviral Vectors
	Author and Co-authors: Oliveira LA, Sousa LB, Liu A, Liu J, Kim C, Rosenblatt MI
	Purpose: To utilize gen therapy techniques to create corneal epithelial sheets
Scientific Section Descriptions (two-letter code):	which overexpress antiangiogenic factors
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY	Methods: Freshly enucleated rabbit corneoscieral tissue was used to obtain corneal epithelial cell suspension via enzymatic digestion. Cells were allowed to grow for 5 days (to 70-80% confluency) prior to transduction. Lentiviral vectors encoding GFP or sflt-1 (an anti-angiogenic factor) were used to transduce epithelial cell cultures. Transduction efficiency was evaluated using GFP expression. Gene transfer efficiency to corneal epithelial stem cells was evaluated using FACS ?side population? analysis with Hoechst dye. Transduced cells were seeded on denuded amniotic membrane. Analysis of gene expression by transduced cultivated epithelial cells sheets was evaluated by qPCR, immunohistochemistry, ELISA, and aortic ring assays
(PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: GFP and sflt-1 expressing lentiviral vectors were able to effectively transduce rabbit primary epithelial cells cultured ex vivo. Live cell imaging post-transduction demonstrated normal epithelial cell morphology and growth. The TE was dose-dependent. At the highest levels of lentivirus efficiency was greater than 95% and remained stable at over 90% for over one month and multiple passaging. Side population analysis indicated that over 40% of putative stem cells were transduced. Transduced cultivated corneal epithelial sheets expressed high levels of sflt-1 as measured by qPCR, immunohistochemistry, and ELISA. The sflt-1 secreted into the media was a potent inhibitor of angiogenesis in the aortic ring
Deadline: 10/2013	assay
	Conclusion: Lentiviral vectors can effectively transfer heterologous genes to primary corneal epithelial cells expanded ex vivo. The cultivation sheets of transduced corneal epithelial cells attached to amniotic membrane may make effective tools for gene therapy of the ocular surface
FORMAT:	
Abstract should contain:	Keywords: Gene therapy, Corneal diseases, Lentivirus/genetics, Vascular endothelial growth factor, Stem cells
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidalinos:	

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	30. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	Post-doc	
abstract.	Last Name: Tais Middle: Hitomi	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Service: CORNEA AND EXTERNAL DISEASE	
Paper	CEP Number: Keio University ethics board committee	
 The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby 	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: EVALUATION OF LIPID OXIDATIVE STRESS STATUS IN DRY EYE DISEASE.	
	Author and Co-authors: Tais H. Wakamatsu, Murat Dogru, Yukihiro Matsumoto, Takashi Kojima, Minako Kaido, Osama M.A. Ibrahim, Ayako	
	Purpose: The purpose of this study was to evaluate the levels of linid oxidative	
code): (BE) OCULAR BIOENGINEERING	stress marker and inflammatory cells from tears and conjunctiva of patients with Sjögren Syndrome (SS) and normal subjects.	
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) (EP) EPIDEMIOLOGY (EP) (EX) EXPERIMENTAL SURGERY (GL) (LA) LABORATORY (LA) (LA) LACRIMAL SYSTEM (LV) (LV) LOW VISION (NO) (NO) NEURO-OPHTHALMOLOGY (OR) (OR) ORBIT (PL) (PH) PLASTIC SURGERY (PH) (PH) PHARMACOLOGY (RE) (RE) RETINA AND VITREOUS	Methods : Twenty-six eyes of 16 patients (16 females) with SS and 15 eyes of 10 (2 males and 8 females) normal healthy controls were examined in this prospective study. All subjects underwent Schirmer test, tear film break up time, fluorescein / Rose Bengal stainings, confocal laser scan microscopy of the nasal bulbar conjunctiva, tear collection for HEL (hexanoyl-lysine) ELISA and brush cytology from the nasal and temporal conjunctiva. The brush cytology samples underwent immunohistochemistry (IHC) staining with HEL and 4HNE (4-hydroxy-2-nonenal) to study lipid oxidation. Haematoxylin-Eosin and IHC staining with HEL, 4HNE were also performed on conjunctival samples of SS patients and controls.	
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: The tear stability and vital staining scores were significantly worse in eyes with SS patients (p <0.01) compared to the controls. The density of conjunctival inflammatory cells was higher in SS subjects (mean: 448.7 ± 183.1 cells/mm2) compared to normal controls (mean: 45.1 ± 30.6 cells/mm2). The numbers of conjunctival cells positively stained for HEL and 4HNE were significantly higher in patients with SS compared with controls. The tear HEL concentrations tended to be higher in SS patients compared to controls and	
Deadline: 10/2013	correlated significantly with Rose Bengal staining scores and inflammatory cell density in in vivo confocal microscopy. Conjunctival specimens also revealed	
	considerably higher numbers of cells positively stained for inflammations markers as well as HEL and 4HNE in the IHC stainings. Positive correlations between reactive oxidative stress (ROS) markers, conjunctival inflammation and ocular surface epithelial damage were observed.	
FORMAT:	Conclusion, Increase of the evidential stress status in the conjugation of CC.	
Abstract should contain:	patients seems to play an important role in the pathogenesis of the dry eye disease. A close relationship may exist between ROS production, lipid peroxidation related membrane damage and inflammatory processes in dry eye	
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: Dry Eye, Oxidative Stress, Sjögren Syndrome	

Doctor quidalinas

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	31. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Fabiana
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Paris
Paper	Service: CORNEA AND EXTERNAL DISEASE
	CEP Number: 2001/07036-3
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was according to a compliance with the	5. ABSTRACT (REQUIRED): Title: Ultrasound biomicroscopy after amniotic membrane transplantation
Declaration of Helsinki and the 'UNIFESP Ethical Committee"	and anterior stromal puncture in bullous keratopathy
	Author and Co-authors: Fabiana dos Santos Paris, Maira Saad Ávila Morales, Mauro Silveira de Queiroz Campos, José Álvaro Pereira Gomes, Norma Allemann,
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Purpose: To describe ultrasound biomicroscopy (UBM) quantitative and qualitative features of advanced bullous keratopathy (BK) eyes before and after they were submitted to anterior stromal puncture (ASP) or amniotic membrane transplantation (AMT).
DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY	Methods: In this descriptive comparative study, 40 eyes of 40 patients with chronic intermittent pain due to BK, were randomized and divided in 2 groups (AMT and ASP) according to the treatment choice. UBM was performed at preoperative, 90 and 180 days follow-up. Exclusion criteria included age under 18 years old, presence of concurrent infection, ocular hypertension and absence of pain.
(OR) OKBI1 (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: At 180 days follow-up (FU), corneal central thickness and epithelial thickness increased (p <0.001) in both groups AMT and ASP (p =0.713 and 0.277, respectively). Stromal thickness (ST) showed increased values, at 180 days follow-up in group AMT (p =0.005), while group ASP did not show difference in ST after the intervention (p =0.999). Epithelial and stromal edemas, Descemet?s folds, epithelial and subepithelial bullae, and presence of interface fluid were qualitative features frequently observed.
	Conclusion: Considering the increasing number of BK, the characterization of ultrasound biomicroscopic findings related to the condition is relevant for the
Deadline: 10/2013	
	keywords: corneal edema, corneal endothelial cell loss, ultrasound biomicroscopy, biological dressings
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidelines	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	32. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract	PG0
	Middle: First Name: Cade
(REQUIRED) Check one:	Service: CORNEA AND EXTERNAL DISEASE
FAST Paper	CEP Number: 10-033A - Massachusetts Eye and Ear Infirmary
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the	Title: Severe Chemical Burn and the Use of Infliximab Therapy
Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Author and Co-authors: Fabiano Cade MD, MSc*, Eleftherios I. Paschalis, MSc, PhD, Caio V. Regatieri, MD, PhD*, Demetrios G. Vavvas, MD, PhD, Reza Dana, MD, MPH, MSc, Claes H. Dohlman, MD, PhD
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, MA, US Purpose: to identify early damage to the retina after severe chemical burn to the cornea, and the protective effects of TNF-? blockade.
(CÓ) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) (EP) EPIDEMIOLOGY (EX) (EX) EXPERIMENTAL SURGERY (GL) (GL) GLAUCOMA (LA) LABORATORY (LV) LOW VISION (LV) LOW (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PL) PLAEMACOLOGY	Methods: A 20 second burn was performed by applying a 3mm filter paper soaked with 1N NaOH to the central cornea of anesthetized Balb/c mice, followed by continuous irrigation for 15 minutes. The animals were randomly divided into two groups. Group 1 received an intra-peritoneal (IP) injection of infliximab (TNF? antibody), and Group 2 received the same amount of isotype-matched IgG control IP. The mice were clinically evaluated at days 1, 3, 5, 7, 10, and 14. TUNEL assay was performed to assess retina damage. Retinal cytokines were quantified using the enzyme-linked immunosorbent assay technique (ELISA). Neovascularization of the cornea was measured and compared between groups.
(RE) RETINA AND VITREOUS (RE) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: There was significant damage to the retina by 24 hours after the alkali corneal burn. Inflammatory cytokine levels in the retina exhibited a 10-fold increase compared to controls. A single IP dose of anti-TNF-? antibody markedly reduced retinal TUNEL positive labeling. Although no statistically significant difference was found at days 1 and 3, subsequently corneal neovascularization invasion into the cornea was significantly less in the infliximab group 1 compared to the control group 2.
Deadline: 10/2013	Conclusion: This study demonstrates damage to the retina early after severe alkali burn. Additionally, the data suggest suppression of TNF? can drastically reduce both corneal and retinal damage.
	Keywords: Alkali Burn; Chemical Burn; Infliximab; TNF alpha antibody
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidelines:	

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	33. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Gustavo	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Grottone	
Paper	Service: CORNEA AND EXTERNAL DISEASE and RETINA AND VITREOUS	
	CEP Number: 276/08	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Corneal Endothelial Cell Adhesion by gravity after a 3-hour prone position cell injection on rabbits	
	Author and Co-authors: Gustavo Teixeira Grottone, Joyce Covre, Renata Ruoco Loureiro, José Álvaro Pereira Gomes	
Scientific Section Descriptions (two-letter	Purpose: Evaluate the capacity of a suspension of human corneal endothelial cells to adhere in a descemet stripped rabbit cornea after injection on anterior chamber.	
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY	Methods: Our study includes the creation and validation of a new bullous keratopathy experimental model in rabbits using descemet stripping method. Injection of isolated human corneal endothelial cells were done after 1 day of corneal lesion. Results were evaluated by corneal OCT and fluorescence microscopy of whole mounted corneas.	
(GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (RL) OCULT AR BLASTIC SUBCERY	Results: Corneas from control group and injection group had the same results concerning pachymetric changes. In contrast, fluorescence microscopy showed presence of endothelial cells at the posterior surface of cornea in a scattered pattern.	
(PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Conclusion: Three hour prone position is contradictory and this result points to longer prone position periods to achieve a consistent endothelial cell implantation by gravity.	
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCUL AR UIL TRASOLIND	Keywords: Cornea, translation medical research, endothelial cells.	
Deadline: 10/2013		
FORMAT:		
Abstract should contain:		
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		

Postor quidolinoo:

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	34. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Katiane	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Santin	
FAST Paper	Service: LABORATORY	
	CEP Number: 0138/12	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Molecular characterization and antimicrobial susceptibility profile of viridans group Streptococcus isolates from Endophthalmitis.	
	Author and Co-authors: Santin, K.; Bispo, P.J.M.; Hofling-Lima, A.L. Purpose: This study is intended to determine the species and the distribution of viridans group Streptococcus among the isolates of endophthalmitis at	
Scientific Section Descriptions (two-letter code):	Departamento de Oftalmologia of UNIFESP during the last 11 years, as well as investigate the susceptibility profile to antibiotics and some virulence factors like biofilm?s formation and regulation.	
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Methods: The susceptibility profile to the mainly antibiotics used in ophthalmology will be assessed with determination of Minimum Inhibitory Concentration (MIC) through Standard Susceptibility MIC Plates (Sensititre Trek). It shall be performed biochemical tests regularly used to differentiate alfa-hemolityc Streptococci including optochin susceptibility and bile solubility tests. Current the Multilocus Sequence Analysis (MLSA) technique has been demonstrating to be more precise on the identification of viridans group Streptococcus, and the Multilocus Sequence Typing (MLST) will also be applied to evaluate the diversity and epidemiology, determining the ancestrally among the species. The quorum-sensing system related to biofilm formation in Streptococcus and other virulence factors will be investigated throughout Polymerase Chain Reaction (PCR) techniques.	
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS	Results: The experiments are still in progress.	
(US) OCULAR ULTRASOUND	Conclusion: Endophthalmitis is a serious intraocular inflammation related to an infective agent. Even with appropriate treatment it can result in a significant lost sight. Reports indicate a Gram-positive prevalence in endophthalmitis with an	
Deadline: 10/2013	detail is important to distinguish the pathogenic role among the species and to	
	evaluate changes in the susceptibility to antimicrobials. The virulence factors including biofilm formation regulated by quorum-sensing system must be better investigated since the endophthalmitis caused by the genus Streptococcus usually presents worse clinical outcomes compared to others.	
FORMAT:	Keywords: Endophthalmitis, viridans group Streptococci, molecular	
Abstract should contain: Title Author, Co-authors (maximum 6)	identification, multilocus sequence analysis (MLSA), multilocus sequence typing (MLST), antimicrobial susceptibility test, biofilm formation, virulence factors.	
Purpose, Methods, Results, Conclusion.		

Doctor quidalinas:

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	35. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Heloisa
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: M. First Name: Nascimento
FAST Paper	Service: CORNEA AND EXTERNAL DISEASE UVEITIS
	CEP Number : 1422/06
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors berefy	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Detection of Herpes Simplex Types 1 and 2 and Varicella Zoster Virus in Corneal Scrapings from Patients with Infectious Keratitis by Real- Time Polymerase Chain Reaction
	Author and Co-authors: Heloisa Moraes do Nascimento, Ana Carolina Cabreira Vieira, Aripuanã Watanabe, Paulo José Martins Bispo, Celso Francisco Hernandes
Scientific Section Descriptions (two-letter code):	Granato, Ana Luisa Höfling-Lima
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA	Purpose: To assess the presence of herpes simplex virus (HSV)-1 and -2 and varicella zoster virus (VZV) virus through real-time polymerase chain reaction (PCR) in corneal scrapings from patients with clinically suspected infectious keratitis, the presence of infection from a viral etiology by real-time PCR in keratitis cases with negative cultures, and the presence of a viral co-infection in keratitis cases with positive bacterial cultures.
(LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	Methods: In this case series, 65 patients were included for whom there was a clinical suspicion of infectious keratitis. The patients underwent microbiologic study in the Ophthalmology Department, Federal University of São Paulo from May 2008 to December 2010. Clinically diagnosed cases of infectious keratitis underwent corneal scrapings for classic microbiologic analysis and PCR analysis.
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: PCR identified 10 patients who were positive for virus, one with VZV and nine with HSV-1. Seven (70%) of these patients had ocular comorbidities or severe systemic diseases. These cases were characterized by an atypical evolution, with a more severe and prolonged improvement period. Nine patients (13.8%) had negative smears, cultures, or PCR findings. Five (7.6%) patients had more than one etiologic agent.
Deadline: 10/2013	Conclusion : The findings suggest that cases with severe ocular and/or systemic associated diseases and an atypical treatment response for molecular analysis should be referred for molecular analysis, such as real-time PCR for herpes.
	Keywords: herpes simplex virus, infectious keratitis, polymerase chain reaction, varicella zoster virus
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Bostor quidalinas:	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	36. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	PGO
	First Name: Frizon
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Service: CORNEA AND EXTERNAL DISEASE
FAST Paper	CEP Number : 98700000
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors. hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: EVALUATION OF CONJUNCTIVAL BACTERIAL FLORA IN PATIENTS WITH STEVENS-JOHNSON SYNDROME
	Author and Co-authors: Luciana Frizon, Marília C Araújo, Maria Cecília Zorat Yu, Tais Hitomi Wakamatsu, Ana Luisa Höfling-Lima, José Álvaro Pereira Gomes Purpose: To determine the conjunctival bacterial flora in patients with Stevens-
Scientific Section Descriptions (two-letter code):	Johnson syndrome (SJS).
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (SL) CAPLIMAL SYSTEM	Methods: A prospective study of the conjunctival bacterial flora was performed in 41 eyes of 22 patients with SJS. The information gathered included the patient?s sex and age, time of disease, cause of SJS, and treatments. Scrapings of the inferior conjunctival fornix were performed in both eyes. Fourteen days before scraping, the patients were asked to interrupt all topical medication and start using 0.5% non-preserved methylcellulose. The microbiological evaluation included microorganism identification and determination of antibiotic sensitivity.
(LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Of 22 patients (41 eyes), 14 (64%) were females and 8 (36%) were males. Mean age was 33.2 years and mean time of disease was 15.6 years. Visual acuity ranged from light perception to 20/25 (1.57 logMar). The treatment on most patients consisted of tear substitutes, topical antibiotic and contact lenses (CL). Bacterial identification was positive in 39 eyes (95%) and negative in 2 eyes (5%). Gram-positive cocci accounted for 55.5% of the microorganisms, while gram-positive bacilli and gram-negative bacilli made up 19% and 25.5%, respectively. Half of the patients (54%) had multiple bacteria in their flora, and just one bacterial species was identified on the other half. Resistant bacteria were isolated in four eyes. The antibiotic sensitivities results for the Streptococcus group showed
Deadline: 10/2013	the lowest sensitivity and highest microbial resistance identified.
	Conclusion: Patients with SJS have a diverse conjunctival flora including many pathogenic species.
	Keywords: conjunctival bacterial flora; Stevens-Johnson syndrome
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postar quidalinaa:	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	37. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Tatiana
3. PRESENTATION PREFERENCE	Middle: Moura Bastos First Name: Prazeres
(REQUIRED) Check one: FAST Paper	Service: CORNEA AND EXTERNAL DISEASE
	CEP Number: 40295030
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 Dedersties of Helipiki and the UNIESE	5. ABSTRACT (REQUIRED): Title: Comparison between deep anterior lamellar keratoplasty with endothelium and without endothelium in donor corneas
Ethical Committee"	Author and Co-authors: Tatiana Prazeres, Luciene Barbosa de Souza, Flavio Hirai, Tatiana Rayes, Rodrigo Muller
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Purpose: To evaluate corrected visual acuity and contrast sensitivity using rigid gas permeable contact lenses, as well as OCT visant , using the big bubble technique in patients with keratoconus comparing the use of donor corneas with endothelium and without endothelium
DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (TX) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Methods: The present prospective, double-blind, randomized clinical trial included 59 patients diagnosed with keratoconus, with DALK procedure indicated at Sorocaba Eye Hospital. All patients were recruited and all surgeries were performed between August 2011 - January 2012 Informed written consent was obtained from all patients The inclusion criteria was patients with keratoconus over 18 years of age with best corrected visual acuity and/or a PAM score 20/30 and/or visual acuity of J1. Patients under 18 years of age without best corrected visual acuity and/or PAM scores 20/30 and also those in which the air dissection technique did not reach Descemet s membrane, leaving anterior stroma 25 microns, or in which Descemet s membrane was perforated were excluded. Postoperatively were analyzed using measures of best correct visual acuity using GP contact lenses, contrast sensitivity using GP contact lenses, Visante OCT, and specular microscopy of the cornea in 30 patients undergoi
[]	Results: There were no statistical significant differences between the two groups regarding visual acuity with contact lenses and endothelial cell count in 03, 06 and 12 months
Deadline: 10/2013	Conclusion: In conclusion DALK utilizing donor corneas with attached
	endothelium represent a viable alternative to endothelial removal, as keratoconus patients have been shown to obtain satisfactory visual outcomes
FORMAT:	Keywords: dalk, descemet membrane, endothelium
Abstract should contain: Title Author, Co-authors (maximum 6),	
Purpose, Methods, Results, Conclusion.	
Postor quidolinos:	

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	38. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Fernanda Middle: Jordani Barbosa First Name: Harada	
Paper	Service: OCULAR BIOENGINEERING	
-	CEP Number: 0512/11	
 Ine signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was 	5. ABSTRACT (REQUIRED):	
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Human-Centered Design approach to deal with low vision Senior Citizens	
	Author and Co-authors: Fernanda Jordani Barbosa Harada; Paulo Schor	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Purpose: The Human Centered Design(HCD) regards social, physical and cognitive aspects from people using an approach without impose preferences and solutions, as well as encouraging people realize their own needs through a project solution. This work 's major objective is to solve problems related to improper self-administration of medications in the elderly population with low vision caused by Diabetic Retinopathy(DR) and Age-Related Macular Degeneration(AMD). These are usually people with chronic diseases therefore multiple drug users with problems in the medication management. The HCD approach was used from the beginning to the end of this project Methods: The research was based on a qualitative method through a modality case study to analyze the use of the assistive product. The inclusion criteria were: age over 60; multiple drug user(3+); moderate or severe low vision(worst than 20/60) in the better eye caused by DR or AMD. The initial approach of the problem was based on informal conversations with these people to understand their needs and interactions with the problem. A first prototype was further developed and tested using a structured interview with open questions(aimed at content, use and speech) to analyzed the usability of this device inside the population routine. The first analysis included the initial interaction between user and device and two follow-up interviews(with the same questionnaire)which occurred in 1st and in 4th week of 1st month of usage.All the interviews were transcribed word by word. To analyse all this text content it was necessary establish categories to quide the comparisons between users 	
Deadline: 10/2013	Perulte: The adding interviews allowed identify astagories by the frequency with	
	which each theme appeared: (1)autonomy; (2)productimpression; (3)affection; (4)usability; (5)organization; (6)identification; (7)standard and (8)self- esteem. The frequency of this concepts were gotten in the word count and crossed	
FORMAT:	with speech analysis.1,3 and 6 were most frequent categories.	
Abstract should contain:	Conclusion: The performance evaluation of the device had positive impact on user behavior, showing satisfactory results according to a HCD approach and the	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	project concept. The method allowed to obtain relevant data from researching a problem until the solution implementation.	
Postor quidalines:	Keywords: assistive design; elderly; visual impairment; product design; usability; human-centered design	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	39. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract	Post-doc
	Middle: R
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	
Paper	CED Number: 1045/11
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"	5. ABSTRACT (REQUIRED): Title: Brazilian Refractory Pediatric Glaucoma Project: One year of outpatient care
	Author and Co-authors: Rolim de Moura, C; Netto, C; Esporcatte, B; Tavares, IM; Paranhos Jr., A
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (ED) EL CORDOBLYSIOLOGY	Purpose: Develop randomized clinical trials to answer: what is better in refractory pediatric glaucoma that needs filtering procedures: mytomicin augmented trabeculectomy or valve implantation; and which Ahmed model (pediatric or adult) is better for buphthalmic eyes. Develop possibility to perform general anesthesia to operate and exam children with glaucoma in an outpatient system care.
(EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY	Methods: 40 eyes with refractory pediatric glaucoma will be randomized to receive mytomicin augmented trabeculectomy or a Baerveldt valve implant. Also another group will be randomized to receive a Fp7 or Fp8 Ahmed model. Inclusion criteria for the first clinical trial include uncontrolled primary congenital glaucoma after angle surgery has failed. For the second RCT, also other types of pediatric glaucoma, as aphakic glaucoma, will be included, since there is a viable superior conjunctiva. Primary success criteria include IOP < 21 and >5 mmHg. For Fp7 x Fp8, measurements limbus-plate greater than 8 mm after one year.
(RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Outpatient care is being conducted since September 2012 for children with pediatric glaucoma. Six under anesthesia exams and six surgeries have been performed monthly. For primary congenital glaucoma it was observed an increase in angle surgery success after one year of follow up, since they were more promptly evaluated and operated, and fewer eyes were becoming refractory (25% in comparison with 40% observed in 2000). Five eyes of five children were
Deadline: 10/2013	included in the tube versus trabeculectomy study. 20 eyes of 20 children with refractory pediatric glaucoma were randomized to receive an Fp7 or an Fp8 Ahmed valve implantation. 14 patients completed one year of follow up. No tube displacement was observed. One serious complication occurred (panoftalmitis) and one patient lost follow up.
FORMAT: Abstract should contain:	Conclusion: Outpatient care, with promptly intervention if necessary, could reduce the rate of refractory glaucoma conversion. Valve implantation is effective in controlling IOP in pediatric refractory glaucoma patients, and apparently there is no difference between the two models of implants in buffalmic eves but we need
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	to increase the sample and lengthen the follow up to answer which is the most effective first filtering surgery for these children.
Postar quidalinas:	Keywords: Glaucoma Drainage Implants, Glaucoma, primary infantile

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	40. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract	Post-doc
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Maynart First Name: Tavares
Paper	Service: GLAUCOMA
	CEP Number: 1427/09
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors berehv	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: The Retinal Nerve Fiber Layer of Patients With Neuromyelitis Optica and Chronic Relapsing Optic Neuritis is More Severely Damaged than Patients With Multiple Sclerosis.
	Author and Co-authors: Ivan M. Tavares, MD, PhD, Denis B. Bichuetti, MD, PhD, André S. de Camargo, MD, Alessandra B. Falcão, MD,
Scientific Section Descriptions (two-letter code):	Fabiana F. Gonçalves, MD, Enedina M.L. de Oliveira, MD, PhD UNIFESP Ophthalmology and Clinical Neurology.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY	Purpose: To compare the retinal nerve fiber layer (RNFL) in eyes of patients with relapsing remitting multiple sclerosis (RRMS), neuromyelitis optica (NMO) and chronic relapsing inflammatory optic neuritis (CRION).
(EY) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION	Methods: Evaluation of 62 patients with RRMS, NMO, and CRION in a cross-sectional study with spectral domain optical coherence tomography.
(NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA	Results: A total of 124 eyes were evaluated (96 RRMS, 18 NMO, and 10 CRION). Frequency of optic neuritis for each disease was: 34% for RRMS, 84% for NMO, and 100% for CRION. Visual acuity and RNFL thickness were significantly worse in NMO and CRION eyes than in RRMS, but there were no differences between NMO and CRION eyes. A RNFL of 41 ?m was 100% specific for optic neuritis associated with NMO and CRION when compared to RRMS.
(TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: This study established RNFL values to differentiate optic neuritis of RRMS from NMO and CRION. Although similarities observed between NMO and CRION eyes might suggest that they are within the same disease spectrum, it is still recommended that these 2 conditions be differentiated on clinical grounds.
Deadline: 10/2013	Optical coherence tomography serves as an additional diagnostic tool and can be used to monitor disease progression.
	# J Neuroophthalmol. 2013 Sep; 33(3):220-4. # # Support: Edital Universal CNPq no. 483017/2009-4 #
FORMAT:	Keywords: retinal nerve fiber layer; optical coherence tomography; multiple sclerosis
ADSTRACT SHOULD CONTAIN: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Doctor quidolinee:	

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	41. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	Post-doc	
abstract.	Last Name: Tiago	
3 PRESENTATION PREFERENCE	First Name: Prata	
(REQUIRED) Check one:		
Paper	Service: GLAUCOMA	
	CEP Number: CAAE: 03699512.0.0000.5505; numero do parecer: 32733	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors hereby	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: IN VIVO ASSESSMENT OF LAMINAR AND PRE-LAMINAR TISSUES IN GLAUCOMA USING ENHANCED DEPTH IMAGING SPECTRAL-DOMAIN OPTICAL COHERENCE TOMOGRAPHY	
	Author and Co-authors: Tiago S Prata, Vitor G Prado, Paula D Borba, Paula D Silva, Igor Matsubara, Roberto M Vessani, Augusto Paranhos Jr	
Scientific Section Descriptions (two-letter code):	Purpose: To investigate the relationship between different laminar and pre-	
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATABACT	spectral-domain optical coherence tomography (EDI-OCT) in a population with and without glaucoma.	
(CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS	Methods: We prospectively enrolled glaucomatous patients with a wide range of disease stage and healthy individuals. A complete ophthalmological examination was performed and patients with significant media opacity or any ocular disease (besides glaucoma) were excluded. All participants underwent EDI-OCT imaging (SD-OCT; Spectralis). The following ONH parameters were measured on serial vertical EDI-OCT B-scans by two experienced examiners masked to patients' clinical data: lamina cribrosa (LC) and pre-laminar neural tissue thicknesses, Bruch?s membrane opening (BMO) and cup depth. Only good quality images were considered and whenever both eyes were eligible, one was randomly selected. We investigated possible associations between cup depth and laminar and pre-laminar neural tissue thicknesses. In addition, we determined the interobserver and intraobserver reproducibilities of each EDI-OCT parameter.	
USÍ OCULAR ULTRASOUND	Results: A total 25 eyes of 25 patients were included. Multiple regression analysis (controlling for age and optic disc size) revealed a significant negative association between cup depth and pre-laminar neural tissue thickness $(r_{-0}, 63, p_{-0}, 01)$	
Deadline: 10/2013	Cup depth also correlated significantly with LC thickness ($r=-0.48$, $p=0.02$); eyes with deeper cups having thinner LCs. There was also a positive correlation	
	between pre-laminar neural tissue thickness and LC thickness (r=0.51; p=0.04; slope coefficient of 0.19). Overall, cup depth and BMO had the best and LC thickness had the worst intraobserver and interobserver reproducibilities values.	
FORMAT:	Conclusion: In vivo assessment of ONH structures revealed significant	
Abstract should contain:	thicknesses. Eyes with deeper cups not only had less neural tissue, but also	
Title	thinner LCs, independent of age and optic disc size. Best reproducibility results	
Autnor, Co-autnors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: glaucoma; EDI-OCT; optic nerve head; lamina cribrosa	
Postor quidalinas:		

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	42. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Paper	PG1 Last Name: Andrea Middle: Cotait First Name: Kara José Service: GLAUCOMA
	CEP Number: 1438/05
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"	5. ABSTRACT (REQUIRED): Title: Correlation Between Disc Damage Likelihood Scale and Cup-To-Disc Ratio, Visual Field and Retinal Nerve Fiber Layer Thickness in Normal and Glaucomatous Eyes.
	Author and Co-authors: A.C. Kara-Jose, M.T. Leite, A.T.N.H. Endo, B.H.V.Escute, I.M. Tavares, L.A.S Melo, Jr.
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE	Purpose: To determine the correlation between Disc Damage Likelihood Scale (DDLS) and cup-to-disc ratio, visual field mean deviation (MD) index and retinal nerve fiber layer (RNFL) thickness in normal and glaucomatous eyes.
(CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TIMOPS AND PATHOLOGY	Methods: One hundred and twenty eyes of 61 healthy individuals and 89 eyes of 49 patients with Primary Open-Angle Glaucoma were included in this observational, cross-sectional study. DDLS score and cup-to-disc ratio were evaluated by a trained physician using a 78-diopter lens. Visual field mean deviaton (MD) was obtained by automated perimetry with the Swedish Interactive Thresholding Algorithm (SITA) Standard 24-2 test (HFA II; Carl Zeiss Meditec Inc., Dublin, CA). Peripapillary RNFL thickness was measured by Time-Domain Optical Coherence Tomography (TD-OCT; Stratus; software version 5.0.1, Carl Zeiss Meditec Inc.) and Spectral-Domain OCT (SD-OCT; Spectralis; software version 4.0, Heidelberg Engineering, Dossenheim, Germain). Correlations between DDLS score and cup-to-disc ratio, visual field MD index and RNFL average thickness were evaluated by Spearmans rank correlation coefficient (r).
(UV) UVEITIS (US) OCULAR ULTRASOUND	Results: The Mean (Standard Deviation) for the studied parameters were: DDLS score: 4.5 (2.1), vertical cup-to-disc ratio: 0.67 (0.21), horizontal : 0.64 (0.21), visual field mean deviation index (dB): -3.52 (5.97), RNFL average thickness (mm) for Spectralis: 92.5 (22.8) and for Stratus: 84.3 (17.9). A strong positive correlation was found between DDLS and vertical and horizontal cup-to-disc ratio
Deadline: 10/2013	(respectively: Spearman r = 0.87; P < 0.001 and Spearman r = 0.88; P < 0.001). Weaker correlations were found between DDLS and visual field MD index (r = 0.43; P < 0.001), Stratus RNFL average thickness (r = -0.53; P < 0.001) and Spectralis RNLF average thickness (r = -0.58; P < 0.001).
FORMAT:	Conclusion: The present study showed that the DDLS is significantly correlated with both structural and functional parameters in permal and diagramateus areas
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: optic disc, nerve fiber layer, visual fields
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific Section Descriptions.	43. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Last Name: Carolina Middle: Pelegrini Barbosa	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:		
Paper	CEP Number: 262470	
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"	5. ABSTRACT (REQUIRED): Title: Correlation between pupillary and structural changes in glaucomatous neuropathy.	
	Author and Co-authors: Carolina P.B. Gracitelli, Gloria L. D. Chica, Ana Laura de A. Moura, Sérgio H. Teixeira, Dora Selma Fix Ventura, Augusto Paranhos Jr.	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: Assess the integrity of ganglion cells expressing melanopsin (ipRGCs) through the pupillary light reflex in patients with glaucoma and to correlate it with the control group.	
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY	Methods: 20 patients with primary open angle glaucoma and 5 controls were included in the research. Patients were tested in the dark with light only from the Ganzfield, equipment that generates the light stimuli for the test. The system used was eye tracker View Point System (Arrington Research Inc.), formed by two cameras that record video in infrared, coupled to an eyeglass frame, in order to monitor eye movements with high spatial and temporal resolution. For pupillary response, stimuli were generated by led monochromatic blue and red. To optimize and stimulate preferentially the photosensitive ganglion cells expressing melanopsin, were used flashes of 470 nm and a 1 second duration with intensities ranging from 1 to 250 cd m2 with alternating flashes of 640 nm, also 1 second duration, to stimulate retinal photoreceptors . For all patients and controls were also performed on both eyes, visual field examinations 24-2, FDT, angiography, Cirrus OCT, pachymetry and complete eye examination.	
(UV) UVEITIS (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: The mean age of control group was 56.7 ± 6.6 and in the glaucoma group was 60.86 ± 12.92 . In the control group 40% were men and in the glaucoma group 50% were men. The mean sustained response in the 250 cd/m2 for both group was 0.422 ± 0.123 and for the peak to melanopsin the mean was 0.513 ± 0.078 . For the OCT Cirrus the average thickness for both groups was	
	84.29 \pm 17.390. There is statistical difference between OCT and pupillary response variable for both the sustained response as the peak of stimulation at 250 cd/m2 (p= 0.032 and p= 0.043, respectively).	
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6)	and the puppilary response. The thickness reduction can lead to a worsening response of the peak response and maintained at 250 cd/m2. This wavelength isolates a subpopulation of ganglion cells which is related not only to the response fotomotora as well as to the circadian rhythms. More studies in these patients are being done to correlate this response and the other functions of these cells.	
Purpose, Methods, Results, Conclusion.	Keywords: Ganglion cells expressing melanopsin, pupillary reflex and glaucoma	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	44. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG0 Last Name: dinorah
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: piacentini engel First Name: castro
FAST Paper	Service: GLAUCOMA
	CEP Number: 0111/07
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Glaucoma detection ability of 3 Spectral-domain OCT devices and Stratus OCT.
	Author and Co-authors: Dinorah P E Castro; Leonardo C Castro; Cynthia Mattox, MD1
Scientific Section Descriptions (two-letter code):	Purpose: Comparison of glaucoma detection between 3 Spectral-domain OCTs (SD-OCTs)and Stratus OCT.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY	Methods: Cross sectional study. Clinically diagnosed, 189 glaucoma, 127 glaucoma suspects and 58 healthy eyes scanned with Stratus, Cirrus, Topcon, and RTVue retinal nerve fiber layer (RNFL) scan. ROC (specificity fixed at 80%) and AUC were compared.
(GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (INA) USEITE	Results: Average RNFL, superior and inferior sectors were more predictive than nasal and temporal sectors. The AUCs from the four devices were not statistically significant different among each other. Exceptions were between RTVue and Stratus for moderate glaucoma for the temporal subfield (RTVue = 0.98 vs Stratus = 0.69; $p = 0.006$), for mild glaucoma (RTVue = 0.93 vs Stratus = 0.79; $p = 0.05$) and glaucoma with no defect groups (RTVue = 0.893 vs Stratus = 0.67; $p = 0.03$) on the nasal subfield; between RTVue and Topcon for mild glaucoma on the nasal subfield (RTVue = 0.93 vs Topcon = 0.77; $p = 0.03$); and between Cirrus and Topcon OCT for mild glaucoma group on the superior subfield (Cirrus = 0.98 vs Topcon = 0.88; $p = 0.04$).
(US) OCULAR ULTRASOUND	Conclusion: In conclusion: All three SD-OCT devices analyzed in our study had comparable diagnostic performance for detection of all stages of glaucoma and did not significantly differ from the Stratus OCT.
Deadline: 10/2013	Keywords: Glaucoma; Diagnostic; OCT
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	45. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Rafael Middle: Lacorda
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Furlanetto
Paper	Service: GLAUCOMA
	CEP Number: 0929/10
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
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"	Title: INTRAORBITAL OPTIC NERVE AND LATERAL GENICULATE BODY IN GLAUCOMA AND THEIR ASSOCIATION WITH FUNCTIONAL AND STRUCTURAL OCULAR ALTERATIONS.
	Author and Co-authors: Furlanetto, Rafael L.; Teixeira, Sergio H.; Lottenberg, Claudio L.; Freitas, Daniela B. A.; Amaro, Edson Jr; Paranhos, Augusto Jr.
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT	Purpose: To analyze the correlation between 3-Tesla high-speed magnetic resonance imaging (MR) findings of the intraorbital optic nerve and lateral geniculate body (LGB), and structural evaluation of the optic nerve head or visual function assessed by psychophysical tests in glaucomatous patients.
(EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY	Methods: This was a cross-sectional prospective study including healthy volunteers and glaucoma patients. All participants performed SITA-standard 24-2 automated perimetry (SAP) and frequency doubling perimetry (FDT) (psychophysical tests), optic disc stereophotograph, spectral-domain optical coherence tomography (OCT), confocal scanning laser tomography (HRT), (structural evaluation) and MR. Anatomic-functional correlation was performed using Generalized Linear Models.
(RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: We included 41 glaucoma patients and 12 healthy volunteers, of which 56,86% were female. Mean age was $62,87\pm0,71$ years in glaucoma group and $62,3\pm6,17$ years in control group (p=0,898). There was a significant difference in the height of LGB between glaucoma group (mean: 3,8mm) and control group (mean: 4,1mm), p=0.005. No significant difference was found regarding base length and area of LGB between the two groups. Regarding cross-sectional area of the intraorbital optic nerve, a significant difference between the two groups was found at 5mm from the globe (P=0,003) but not at 10mm nor 15mm (P>0,05).
Deadline: 10/2013	LGB parameters were not significantly associated with any structural parameter tested (Average OCT RNFL thickness, HRT cup/disk ratio, stereophotograph
	cup/disk ratio) as well as any functional parameter (SAP Mean Deviation [MD], SAP Visual Field Index [VFI] and FDT MD). Proximal (5mm) intraorbital optic nerve area was significant correlated with FDT MD (p=0.008) but with no other tested parameter.
FORMAT:	Conclusion: Glaucoma patients presented a significant difference in height of LGB
Abstract should contain:	as well as a smaller cross-sectional area of the proximal (5mm) intraorbital optic nerve segment. Functional and structural ocular parameters were not well
Author, Co-authors (maximum 6), Purpose, Methods, Results,	associated with both intraorbital optic nerve segment areas or LGB parameters.
Conclusion.	Keywords: Lateral geniculate body, optic nerve, glaucoma, magnetic resonance imaging, structure-function correlation.

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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.	 46. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. PG1 Last Name: Vanessa Middle: Miroski 	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Gerente	
Paper		
	CEP Number: 1984.07	
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"	5. ABSTRACT (REQUIRED): Title: Evaluation of glaucomatous damage through functional magnetic resonance imaging (fMRI) and correlation with anatomical and psychophysical ocular findings	
Scientific Section Descriptions (two-letter code)	Author and Co-authors: Vanessa M. Gerente, Ruth R. Schor, Khallil T. Chaim, Marcelo de M. Felix, Dora F. Ventura, Sergio H. Teixeira, Claudio L. Lottenberg, Edson Amaro Jr, Augusto Paranhos Jr.	
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT	Purpose: To evaluate functional magnetic resonance imaging (fMRI) response to binocular visual stimulus and its association with structural ocular findings and psychophysical tests in patients with glaucoma and controls.	
(EF) ELECTROPHYSIOLOGY (EF) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Methods: Case-control study. Participants performed a complete ophthalmic examination. 3 Tesla fMRI was performed with polar angle stimulus (rotating wedge with a reversing checkerboard pattern), presented bilaterally in 3 cycles of 60 seconds. fMRI response was obtained by changes in blood flow oxygenation (BOLD signal). BOLD signal was calculated in occipital poles and calcarine regions of interest (ROI), retinotopically determined accordingly to the position of visual stimulus. Binocular visual field (VF) was defined by integrated VF method. RNFL (retinal nerve fiber layer) thickness was also studied. To compare both groups regarding anatomical and functional examinations, generalized estimating equation (GEE) models were performed.	
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: 25 individuals were included in the study, 17 with glaucoma and 8 controls. Mean age was 56.4 ± 13.9 years for controls and 61.8 ± 10.9 years for glaucoma group. Statistical analysis showed a significant association between binocular VF sensitivity and fMRI response to polar angle stimulus in the ROIs examined. There was a statistically significant association of RNFL thickness and	
Deadline: 10/2013	fMRI response for calcarine ROI, but not for occipital pole ROI. There was no significant difference in BOLD signal between glaucoma group and control group.	
	Conclusion: Decreased binocular VF sensitivity was associated with a reduced fMRI response to visual stimulus. RNFL thickness is associated with fMRI response in calcarine region.	
FORMAT: Abstract should contain:	Keywords: glaucoma; functional magnetic resonance imaging	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	47. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Renato Middle: Dichetti dos Reis
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Lisboa
Paper	Service: GLAUCOMA
	CEP Number: NA
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Comparison of Different Spectral Domain OCT Scanning Protocols for Diagnosing Preperimetric Glaucoma
	Author and Co-authors: Renato Lisboa, Augusto Paranhos Jr, Robert N.Weinreb, Linda M. Zangwill, Mauro T. Leite and Felipe A. MedeirosPurpose: To compare the ability of spectral-domain optical coherence
Scientific Section Descriptions (two-letter code):	tomography (SDOCT) retinal nerve fiber layer (RNFL), optic nerve head (ONH), and macular measurements to detect preperimetric glaucomatous damage.
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY	Methods: The study included 142 eyes from 91 patients uspected of having the disease based on the appearance of the optic disc. All eyes had normal visual fields before the imaging session. Forty-eight eyes with progressive glaucomatous damage were included in the preperimetric glaucoma group. Ninety-four eyes without any evidence of progressive glaucomatous damage and followed untreated for 12.8 years were used as controls. Areas under the receiver operating characteristic curves (AUC) were calculated to summarize diagnostic accuracies of the parameters.
(PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Results: The three RNFL parameters with the largest AUCs were average RNFL thickness (0.89), inferior hemisphere average thickness (0.87), and inferior quadrant average thickness (0.85). The three ONH parameters with the largest AUCs were vertical curto.
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	disc ratio (0.74), rim area (0.72), and rim volume (0.72). The three macular parameters with the largest AUCs were GCC average thickness (0.79), GCC inferior thickness (0.79), and GCC superior thickness (0.76). Average RNFL thickness performed better than vertical cup-to-disc ratio (0.89 vs. 0.74; P = 0.007) and GCC average thickness (0.89 vs. 0.79; P = 0.015).
Deadline: 10/2013	Conclusion: SDOCT RNFL measurements performed better than ONH and
	cohort of glaucoma suspects.
	Keywords: glaucoma, pré-perimetric, retinal nerve fiber layer
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	48. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
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3. PRESENTATION PREFERENCE	Middle: OLIVEIRA MOURA First Name: BRASIL
FAST Paper	Service: GLAUCOMA
	CEP Number: IRB CLEVELAND CLINIC 06-307
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
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"	Title: Comparison of silicone and polypropylene Ahmed Glaucoma Valve implants
	Author and Co-authors: Maria Vitoria Oliveira Moura Brasil, Edward J. Rockwood, Scott D. Smith, Paulo Augusto de Arruda Mello
Scientific Section Descriptions (two-letter code):	Purpose: To compare the efficacy and safety of silicone and polypropylene Ahmed Glaucoma Valves (AGVs) in patients with refractory glaucoma.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LA) LAON	Methods: A retrospective chart review of 180 eyes of 166 patients who underwent AGV implantation with a minimum follow-up period of 3 months was performed. All patients who underwent implantation of either the AGV model S-2 (polypropylene) or model FP-7 (silicone) were included, unless previous laser cyclophotocoagulation had been performed. The primary outcome measures were the change in intraocular pressure (IOP) and visual acuity after surgery and the rate of postoperative complications.
 (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND 	Results: No significant differences were seen in the baseline characteristics of patients in each group. Baseline IOP was statistically equivalent in the 2 groups (silicone $=33.8+/-11.9$ mm Hg, polypropylene $=33.0+/-10.3$ mm Hg, P=0.6). A significant reduction in IOP from baseline was achieved after both silicone and polypropylene AGV implantation (silicone $=-17.7+/-11.8$ mm Hg, polypropylene $=-17.7+/-11.3$ mm Hg, both P<0.00005). However, there was no statistically significant difference in IOP decrease between the 2 groups at any follow-up visit (all P>0.09). The mean number of postoperative antiglaucoma medications was also similar in the silicone and the polypropylene AGV groups at each time point (all P>0.2). The rate of complications and the change in visual acuity did not differ between the 2 groups (P>0.6 and P>0.3, respectively).
Deadline: 10/2013	Conclusion: Silicone and polypropylene AGVs have similar results with respect to both safety and efficacy in the treatment of patients with refractory glaucoma.
	Keywords: Ahmed Valve; Refractory Glaucoma
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	49. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
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3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Hilgert	
Poster	Service: GLAUCOMA and EXPERIMENTAL SURGERY	
	CEP Number: 1227/09	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors berehy	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Effects on scaring process and intraocular pressure of intraoperative bevacizumab and mitomycin C alone and combine on glaucoma filtration surgery in the rabbit.	
	Author and Co-authors: Christiana Rebello Hilgert, Alvaro Haverroth Hilgert, Patricía Rusa Odashiro, Alexandre Nakao Odashiro, Claudio Lottemberg, Augusto	
Scientific Section Descriptions (two-letter code):		
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY	Purpose: To determine the effects of bevacizumab and mitomycin (MMC) alone and combined on intraocular pressure (IOP) and scarring process after glaucoma filtration surgery (GFS) in rabbits.	
(EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Methods: This is a randomized, prospective, masked-observer study. Thirty New Zealand white rabbits underwent modified GFS and were allocated into three groups regarding the medications used during the surgery: subconjunctival bevacizumab (25mg/ml ? 0.05 ml) alone (Group A); bevacizumab combined with MMC (0.2mg/ml) (Group B) and MMC alone (Group C). IOPs were measured using Tonopen on immediate preoperative period and on postoperative days 8, 14, 17, 21, and 30 under general anesthesia (Xylazin 2% and Ketamin 50 mg/ml). The rabbits were killed 30 days after the surgery. Scarring process was addressed by tissue section using Masson and Picrosirius stains on bleb area.	
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: There were a statistically significant difference on IOP measurements during the follow up (postoperative days 8, 14 and 17). Group A had higher IOP level than B and C (P <0.01). Group B had lower IOP than Group C but this difference did not reach statistical significance (P >0.05) (ANOVA for repeated	
Deadline: 10/2013	measure). Regarding scarring process the results were similar: Group A had the highest level of fibrosis comparing to groups B and C (P>0.05) (Kruskal Wallis ANOVA).	
·	Conclusion: The results showed that bevacizumab alone was not as good as	
FORMAT:	associated with MMC or even MMC alone regarding scarring process modulation on trabeculectomy in the rabbit. Both drugs associated had lower IOP means and	
Abstract should contain:	less fibrosis formation but it was not statistically significant when compared to MMC alone.	
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: Wound healing, Bevacizumab, Glaucoma, trabeculectomy,	
Postor quidolinoo:	experimental	

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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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Paper	 50. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. Post-doc Last Name: Adimara Middle: da Candelaria First Name: Renesto Service: REFRACTIVE SURGERY CEP Number: 87051 	
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"	5. ABSTRACT (REQUIRED): Title: Botulinum Toxin Type A for Keratoconus Author and Co-authors: Adimara da Candelaria Renesto; Teissy H. Osaki; Midori H. Osaki; Flávio Hirai; Mauro Campos.	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Purpose: Associate the use of botulinum toxin type A for patients with keratoconus to demonstrate that tension eyelid plays an important role in disease progression. Methods: Parallel randomized clinical trial. Forty keratoconic eyes were randomized for botulinum toxin group (BTX) or control group. In the BTX group, patients underwent subcutaneous injection of botulinum toxin type A into the orbicularis muscle. Outcome measures were measurement of the palpebral fissure (PF), uncorrected visual acuity (UCVA), best spectacle-corrected visual acuity (BSCVA), spherical equivalent refraction, manifest refraction, corneal topography, corneal pachymetry, tonometry, and aberrometer were evaluated at baseline, and at 3-, and 6-month intervals. Results: Mean (standard deviation [SD]) baseline PF in the control group and the BTX group were 9.74 (1.87) and 9.45 (1.47) millimeters (mm), respectively; 6-month mean (SD) PF in the control group and the BTX group were 9.84mm (1.19) and 9.82mm (1.51), respectively, with no statistically significant difference between groups (P=0.93). Mean (SD) baseline UCVA and BSCVA in the control group and the BTX group were 1.30 (0.79) and 0.63 (0.56), and 1.03 (0.54) and 0.60 (0.27), respectively; 6-month mean (SD) UCVA and BSCVA in the control group and the BTX group were 1.21 (0.79) and 0.96 (0.50), and 0.48 (0.47) and 0.51 (0.25), respectively, (P=0.35 and P=0.36). Mean (SD) baseline spherical equivalent (SE) refractions in the control group and the BTX group were -9.23 	
Deadline: 10/2013	(6.03) and -8.97 (6.12) diopters (D), respectively; 6-month mean (SD) SE in the control group and the BTX group were -9.60D (6.13) and -8.86D (5.88), respectively, (P=0.66). There were no differences between groups postoperatively at 6 months for all 3 topographic parameters (Pentacam®/Oculyzer®), flattest-K1 (P=0.95/0.61), steepest-K2 (P=0.44/0.67), and average keratometry (mean power: P=0.80(0.95). Central and thinpest corneal thickness assessed by	
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion	 Pentacam® and Oculyzer® did not differ significantly between groups at 6 months (P?0.35). Intraocular pressure did not change significantly (P=0.59) between groups from baseline to 6-month follow-up. Conclusion: The injection of botulinum toxin type A in patients with keratoconus did not change the tension eyelid 6 months follow-up. 	
Postor quidelinee:	Keywords: Keratoconus; Botulinum toxins; Therapeutic use.	

Doctor quidalinas:

2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	51. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Allan Middle: Cezar	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Luz	
Paper	Service: REFRACTIVE SURGERY and OCULAR BIOENGINEERING	
	CEP Number: 2012/10	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):	
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Corneal Biomechanical Using Dynamic Ultra High-Speed Photography and Tomography Scheimpflug Camera to Distinguish Normal to Keratoconus	
	Author and Co-authors: Allan Luz; Isaac C. Ramos; Bruno F. Valbon; Bernardo T. Lopes; Paulo Schor; Renato Ambrosio Jr.	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: To test the ability of tomography and corneal biomechanical metrics to distinguish normal from ectatic cases	
(CO) CONNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY	Methods: The Oculus Corvis ST (Oculus, Wetzlar, Germany) was used for assessing corneal biomechanics using ultra-high speed 8mm horizontal Scheimpflug camera taking 4,330 frames per second during non contact tonometry and Pentacam Scheimpflug camera (Pentacam HR) was used to tomography data. Patients were classified based on clinical data, including Placido Topography (Atlas, Zeiss). Data from one eye randomly selected of 271 patients with topographically normal corneas (group N) and of 183 patients with bilateral keratoconus (group KC) were retrieved. The intraocular pressure, applanation and deformation responses were extracted	
(RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Combined parameter was calculated from the combination of these parameters using linear regressions by the BrAIn (Brazilian Artifical Intelligence on Corneal Tomography and Biomechanics) study group, in order to provide best possible separation of keratoconus and normals. Combined parameter had statistically significant distribution differences between Normal and Keratoconus. This parameter reached AUROC above 0,992.	
Deadline: 10/2013	Conclusion: Combined Corvis ST data and Pentacam data were effectively distinguish normal and ectatic corneas.	
	Keywords: Biomechanics, Keratoconus and Tomography	
FORMAT:		
Abstract should contain:		
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		
Postor quidolinos:		

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	52. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: HAILTON Middle: BARREIROS
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: OLIVEIRA
Paper	Service: REFRACTIVE SURGERY
	CEP Number: 63864
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Unlocational Articles	Title: VEGF Trap suppresses experimental corneal angiogenesis
Ethical Committee"	Author and Co-authors: H.B.Oliveira1, Tohru Sakimoto1, Joel A.D.Javier1, Dimitri T. Azar1, 2, Stanley J. Wiegand3, Sandeep Jain1, 2. Jin-Hong Chang1, 2
Scientific Section Descriptions (two-letter	Purpose: To determine the effect of VEGF TrapR1R2 on bFGF-induced experimental corneal neovascularization (NV).
(BE) OCULAR BIOENGINEERING (CO) CONEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY	Methods: Control pellets or pellets containing 80 ng bFGF were surgically implanted into wild-type C57BL/6 and VEGF-LacZ mouse corneas. The corneas were photographed, harvested, and the percentage of corneal NV was calculated. The harvested corneas were evaluated for VEGF expression. VEGF-LacZ mice received tail vein injections of an endothelial-specific lectin after pellet implantation to determine the temporal and spatial relationship between VEGF expression and corneal NV. Intraperitoneal injections of VEGF TrapR1R2 or a human IgG Fc domain control protein were administered, and bFGF pellet-induced corneal NV was evaluated.
(OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: NV of the corneal stroma began on day 4 and was sustained through day 21 following bFGF pellet implantation. Progression of vascular endothelial cells correlated with increased VEGF-LacZ expression. Western blot analysis showed increased VEGF expression in the corneal NV zone. Following bFGF pellet implantation, the area of corneal NV in untreated controls was $(1.05+0.12 \text{ mm}2)$ and $1.53+0.27 \text{ mm}2$) at days 4 and 7, respectively. This was significantly greater than that of mice treated with VEGF Trap $(0.24+0.11 \text{ mm}2 \text{ and } 0.35+0.16 \text{ mm}2)$ at days 4 and 7, respectively; $p<0.05$).
Deadline: 10/2013	Conclusion: Corneal keratocytes express VEGF after bFGF stimulation and bFGF- induced corneal NV is blocked by intraperitoneal VEGF TrapR1R2 administration. Systemic administration of VEGF TrapR1R2 may have potential therapeutic applications in the management of corneal NV.
	Keywords: VEGF TrapR1R2, bFGF, angiogenesis, cornea
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Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2013 Research Days Abstract Form		
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	53. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Olival Middle: Cardoso	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Lago	
Paper	Service: OCULAR BIOENGINEERING	
	CEP Number: 1630/09	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was	5. ABSTRACT (REQUIRED): Title: Eye Movements of tennis players in return to service in a video-	
Declaration of Helsinki and the 'UNIFESP Ethical Committee"	projection setting.	
	Author and Co-authors: Olival Cardoso do Lago, Martina Navarro, Paulo Schor	
Scientific Section Descriptions (two-letter code):	Purpose: The aim of this study is to investigate the eye movements of tennis players when looks a service in a video-projection setting.	
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Methods: Background: Daily human and sportive activities involve a preponderance of visually guided actions. Sport performance relies not only on accurate motor execution, but also on effective visual information. Looking in the right place at the right time is particularly important in tennis in which a player needs to determine the future trajectory of the ball and the timing of contact with it. Methods: Eight tennis players participate in the experiment. Level of competition varied from regional level to the national level (semi-professional). Eye movements were recorded using eye-tracker EyeSeeCam system. In the experiment a total of 30 videos were used. The video clips were occluded after ball release from racket. The videos were projected onto a large screen using the video-projector. For each frame direction of gaze was categorized into 11 fixation locations: head, arms left and right, trunk, hips, leg left and right , foot left and right, ball, racket, and ?unclassified? category	
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Results are presented considering the number and duration of visual fixations performed by tennis player. In the body the volunteers performed the highest number of visual fixations on the Head: 23% of the total time. The lowest number of visual fixations was performed on the Arms: 1,5%, Legs: 2,6% and Foot: 1,5%. However the most relevant area was the ?unclassified?: 36,3%,	
Deadline: 10/2013	although much of this time was related to the anticipation of the movement of the ball or racket.	
FORMAT:	Conclusion: The results from the present experiment support the results of a growing number of studies in the sports that have demonstrated that individuals can perceive motor actions accurately with visual information of some body parts, and show the importance in anticipate future events based on opponent?s movement pattern.	
Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: Eye Tracker, Tennis, Eye movements	
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (UV) UVEITIS (US) OCULAR ULTRASOUND Deadline: 10/2013 FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	 preponderance of visually guided actions. Sport performance relies not only of accurate motor execution, but also on effective visual information. Looking in the right place at the right time is particularly important in tennis in which a player needs to determine the future trajectory of the ball and the timine of contact with it. Methods: Eight tennis players participate in the experiment. Level of competition varied from regional level to the national level (semi-professional). Eyy movements were recorded using eye-tracker EyeSeeCam system. In the experiment a total of 30 videos were used. The video clips were occluded after ball release from racket. The videos were projected onto a large screen using the video-projector. For each frame direction of gaze was categorized into 11 fixation locations: head, arms left and right, trunk, hips, leg left and right , foot left and right, ball, racket, and ?unclassified? category Results: Results are presented considering the number and duration of visual fixations performed by tennis player. In the body the volunteers performed the highest number of visual fixations was performed on the Arms: 1,5%, Legs: 2,6% and Foot: 1,5%. However the most relevant area was the ?unclassified?: 36,3% although much of this time was related to the anticipation of some body parts and show the importance in anticipate future events based on opponent? movement pattern. Keywords: Eye Tracker, Tennis, Eye movements 	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	54. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Vagner Middle: Pagéria
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Dos Santos
Paper	Service: LOW VISION OCULAR BIOENGINEERING
	CEP Number: n°1564/06
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Reading acuity in low vision patients using a low-cost portable reading system prototype and conventional optical aids.
	Author and Co-authors: Nívea Nunes Cavascan; Solange Rios Salomão; Adriana Berezovsky
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT	Purpose: Reading ability is a measure of visual function that can be an important tool to evaluate patients with impaired vision. Reading acuity is a factor that mainly influences reading performance in normal and low-vision subjects. The aim of this study is to comparereading acuityperformance aided by conventional low vision aids with that assessed using aportable reading system (PRS) prototype.
(EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Methods: Thisstudy was approved by the Ethics Committee on Research of UNIFESP under number n°1564/06.Elevenpatients (ages ranging from 17 to 92 years) with low vision were included. Reading acuity (RA) is the smallest print that the patient can read without making significant errors. RA was assessed binocularly with the Minnesota Reading Speed Chart version for the Portuguese language (MNREAD Portuguese) using conventional optical aids and PRS randomly selected. PRS apparatus is composed of a system of image capturing coupled with a 5.6 inch monochromatic monitor, providing up to 15 x standard magnification. Wilcoxon Signed Rank Testwas used to compare results with optical aid and PRS prototype for RA. Statistical significance was set at p?0.05.
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Near binocular visual acuity ranged from 0.40 to 1.20 logMAR (mean= 0.85 ± 0.23 , median= 0.80).Mean RA with PRS prototype (- 0.2 ± 0.2 logMAR) was statistically better (W= 66.000, p?0.001) than that measured with conventionaloptical aids(0.4 ± 0.2 logMAR). Optical devices for improved near sight included hand held(n=2), spherical (n=4), prismatic (n=2) and microscopes (n=3) spectacles magnifiers
Deadline: 10/2013	(11-3) specializes magniners.
	when compared with conventional optical aids. This new device might be a choice for low-cost assistive electronic technology to help patients with low vision.
FORMAT:	Keywords: Low vision, assistive technology, reading acuity.
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	55. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.	
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Thiago Middle: Goncalves dos Santos	
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Martins	
FAST Paper	Service: OCULAR BIOENGINEERING OCULAR BIOENGINEERING	
	CEP Number: 20541030	
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was	5. ABSTRACT (REQUIRED):	
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP	Title: Model for Teaching Direct Ophthalmoscopy	
Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Author and Co-authors: Thiago Gonçalves dos Santos Martins1, Ana Luiza Fontes de Azevedo Costa2, Paulo Schor3, Ricardo Vieira Martins4, Elizabeth Nogueira Martins 3, Milton Ruiz Alves5 Otaviano Helene6	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY	Purpose: This paper presents a simple construction model of the human eye to be used to teach the technique of direct ophthalmoscopy to medical students. The model facilitates the learning process and contributes to the training of physicians adequately prepared to diagnose problems that can lead to blindness, allowing rapid referral of patients to specialized services. Here we discuss some basic aspects of the human eye optics and direct ophthalmoscope as well as its use.	
(EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACPIMAL SYSTEM	Methods: Development of a simple construction and low cost model based on phisics calculation that proves the effectiveness of the model.	
(LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	Results: We develop a low cost model that resembles the human eye to teach direct ophthalmoscopy techniques to medical students, making them feel less anxious and unprepared for a real exam and making learning process faster and safer.	
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS	Conclusion: The model could be useful in studies about learning processes and in making the learning curve faster, keeping students interested because of its practicality.	
(US) OCULAR ULTRASOUND	Keywords: Keywords: optics, human eye, ophthalmoscope, ophthalmology	
Deadline: 10/2013		
FORMAT:		
Abstract should contain:		
Title		

Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	56. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Gustavo Middle: Birci
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Malavazzi
Paper	Service: CATARACT CEP Number: 09475113.2.0000.5505
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	5. ABSTRACT (REQUIRED): Title: Developing and implementing a teaching method of
Ethical Committee"	Author and Co-authors: Malavazzi G, Soriano ES, Nose W.
Scientific Section Descriptions (two-letter	Purpose: To develop a method of education that can be reproduced teaching phacoemulsification, based on the inverted sequence of the procedure steps.
code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (IX) TRADIMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Methods: We developed a record book of 20 surgeries. We divided the 20 surgeries in 5 groups. Each group presented an inverted evolution of the procedure steps. The method was implemented and observed during the period of 2 years. Each second year resident had to complete the 20 surgeries by the method proposed and data was collected analyzing the number of complications presented. Results: The total number of complications of the new method was approximately 2 times lower than the previous method when teaching residents. Conclusion: The implanted method was safe and showed significant reduction in the total number of complications when teaching residents Keywords: teaching, phacoemulsification, inverted steps.
Deadline: 10/2013	
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Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	57. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Joao Middle: Crienim
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Ribeiro
Paper	Service: CATARACT and REFRACTIVE SURGERY
	CEP Number: 15224013.0.0000.5505
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was	5. ABSTRACT (REQUIRED): Title: Correlation Between Measured ELP and Crystalline Lens Position As
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	a Tool for Customized IOL Calculation
	Author and Co-authors: Joao Crispim, Edson Mori, Norma Allemann, Wallace
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Purpose: Effective lens position (ELP) is a mathematical abstraction of the anticipated intraocular lens (IOL) position after cataract extraction. Its precision determines postoperative refraction accuracy. We investigate the correlations between measured ELP and the preoperative crystalline lens position in order to detect anatomical landmarks that may predict ELP.
(CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (DL) OCULA D DLASTIC SUBCERY	Methods: We evaluated prospectively 14 eyes of 7 patients scheduled for rotine cataract surgery. Optical biometry was obtained by the Lenstar LS 900 optical biometer (Haag-Streit AG) and used for IOL calculation. Anatomical crystalline landmarks were: Anterior Capsule, Central Position, and Posterior Capsule. All patients were examined between 30 and 60 postoperative days. The central position of the IOL (measured as the average of anterior and posterior surfaces) was determined by the optical biometry in pseudophakic mode.
(PL) OCULAR PLASTIC SURGERT (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: The mean age was 73 ± 8 (61 - 83) years old. Based on nuclear sclerosis, the mean cataract grade was 2 ± 1 (2 - 3). For preoperatively IOL calculation, the mean AL was 22.91 ± 1.05 ($21.22 - 24.92$), the mean K was 44.09 ± 1.30 ($41.46 - 45.77$), and the mean IOL spherical power was 22.17 ± 2.56 ($18.50 - 26.00$). Preoperatively, the mean crystalline landmarks were: Central: 5.29 ± 0.35 ($4.80 + 2.91$); Anterior: 2.89 ± 0.46 ($2.12 - 3.71$); and Posterior: 7.69 ± 0.32 ($7.00 - 8.34$). All IOLs were detected by optical biometry. Moderate correlations were found between: Central Lens Position and Central IOL Position (r = 0.65), Anterior
Deadline: 10/2013	Lens Capsule and Central IOL Position ($r = 0.55$), and Posterior Lens Capsule and Central IOL Position ($r = 0.53$).
Deadime. 10/2013	Conclusion: There is a correlation between crystalline lens landmarks and measured IOL ELP. New approaches for IOL calculation may use these landmarks for further precision improvement.
FORMAT:	Keywords: Effective lens position, IOL calculations and Optical biometry
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidelinee:	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	58. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Rafael Middle: Lourenco
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Magdaleno
Paper	Service: REFRACTION-CONTACT LENSES
	CEP Number: 482224
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee'	Title: Analysis of refractive erros from UNIFESP ambulatory care clinic for premature children
	Author and Co-authors: Rafael lourenço Magdaleno Nilva Simeren de Moraes
Scientific Section Descriptions (two-letter	Denise de Freitas Purpose: To report a descreption of refractive erros in premature-born children
code): (BE) OCULAR BIOENGINEERING	aged 1 to 12, and test the hypothesis that myopia frequency is higher than the non-premature population.
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT	To investigate the different cycloplegic effects of 1% cyclopentolate and 1% tropicamide in preterm pediatric patients.
(EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM	Methods: In retrospective study, 101 children with gestational birth age < 37 weeks were given 2 drops of 1% of tripicamide with 5 minutes intervals between then. An objective clinical refraction was measured 20-30 minutes from the last drop.
(LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT	A second refractive exam was performed with 1 drop of 1% cyclopentolate 40-60 minutes after applying the solution.
 (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND 	Results: Myopia was noticed at 6.9% in the right eye as well as the left eye, when the exam was performed with cyclopentolate. Compound myopic astigmatism was found in 3.0% and 4.0% respectively to the right and left eyes. The most common refractive error with this solution was compound hyperopic astigmatism. When the refraction examwas performed after tropicamide solution, myopia was noticed at 8.9% in the right and left eye. 5.0% of the right eyes and 4.0% of left eyes had compound myopic astigmatism. The most frequent ametropia in this group was hyperopia.
Deadline: 10/2013	There was a significant difference (p<0.001) between the effects of the 2 drugs on both eyes. The statistical analysis showed that Kappa (Measure of Agreement) between the drugs was partial inthe right eye (Kappa= 0.495) as well as in the
	left eye (Kappa= 0.525).
	Conclusion: Myopia is the most frequent ametropia in this sample. Cyclopentolate has a higher cyclopegic effect on this population than tropicamide.
FORMAT:	Keywords: prematurity, myonia, cyclopentolate, tropicamide
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidolinos:	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	59. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Sarah Middle: La Porta
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Weber
Paper	Service: REFRACTION-CONTACT LENSES CORNEA AND EXTERNAL DISEASE
	CEP Number: 180627
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	5. ABSTRACT (REQUIRED): Title: Estimation of the scleral contact lens size using a rotating
Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Scheimpflug camera
	Author and Co-authors: Sarah La Porta Weber César Lipener
	Cleusa Coral Ghanem José Álvaro Pereira Gomes
code):	Renato Ambrósio Júnior
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY	Purpose: To determine whether parameters of anterior and posterior corneal contour as identified by Pentacam® analysis predict the sagital depth and base curve of Esclera® scleral lenses in patients with irregular corneas.
(EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM	Methods: All the sixty-four eyes of 42 patients who were evaluated for Esclera® scleral contact lens wear underwent the Pentacam® rotating scheimpflug imaging system examination.
(NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	mean anterior radius of curvature and posterior radius of curvature, anterior and posterior astigmatism, central corneal thickness (CCT), true net power, corneal volume, keratometric power deviation, mean zonal-equivalent K readings, corneal height (Hm) and anterior chamber diameter (AGm). The sagital depth, base curve and diameter of the scleral contact lens Esclera® prescribed for each eye were recorded
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Correlations between the Pentacam® indices and scleral contact lens measures were evaluated by using the Pearson correlation coefficient, and significances were completed by using generalized estimating equation models.
]	Results: In progress and will be shown on presentation.
Deadline: 10/2013	Conclusion: Will be shown on presentation.
	Keywords: Scleral lenses, scleral lens fitting, contact lens, Scheimpflug camera.
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Doctor quidolinoo:	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	60. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PG1 Last Name: Teissy
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Hentona First Name: Osaki
Paper	Service: OCULAR PLASTIC SURGERY
	CEP Number: 295/11
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Morphometric and corneal alterations after Botulinum Toxin-A injection in patients with Hemifacial Spasm
	Author and Co-authors: Osaki, T; Osaki, MH; Osaki, TH; Hirai, F; Campos, M
Scientific Section Descriptions (two-letter code):	Purpose: To evaluate the morphometric data and to investigate the influence of the eyelids in corneal topographic and tomographic alterations in patients with hemifacial spasm after application of botulinum toxin-A.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY	Methods: Prospective study in 18 patients with hemifacial spam treated with botulinum toxin-A (Botox®) at the Oculoplastics division of the Department of Ophthalmology, Federal University of São Paulo. Standardized photographs, corneal topography (Humphrey ATLAS; Carl Zeiss Meditec, Dublin, CA) and tomography (Pentacam Oculus, Inc., Berlin, Germany) were performed before, 15 days, 2 months, 3 months and 4 months after the application of Botulinum toxin-A. The images of the palpebral fissure of all patients were processed with the image J software.
(OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Eighteen patients (12 females and 6 males) with hemifacial spasm were evaluated. The mean age was 66,3 years of age (range: 47 to 95 years old). The increase of eyelid fissure and area of the affected side was statistically significant 15 days, 2 months and 3 months after the treatment with botulinum toxin-A. We observed that the Steep K decreased after treatment with botulinum toxin-A, but was statistically significant only after 2 months of the injection. No alteration at the posterior curvature was found. The increase in pachimetry of both sides was statistically significant 15 days and 2 months after treatment.
Deadline: 10/2013	Conclusion: The analysis of morphometric data using digital images showed to be a practical and reproducible method, permitting to compare objectively the eyelid fissure of patients with hemifacial spasm before and after treatment with botulinum toxin-A. According to the literature, mean botulinum toxin-A effect duration in patients with hemifacial spasm is approximately four months, which explains the increase in evelid fissure and area of the affected side until three
FORMAT:	months after treatment. Our results suggest that changes in corneal anterior
Abstract should contain:	more evident.
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	higher the eyelid fissure, the lower the Steep K.
Doctor quidolinoo:	Keywords: hemifacial spam, topography, pentacam
Doctor quidalinaa	Keywords: hemifacial spam, topography, pentacam

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	61. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Dayane
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Issaho
FAST Paper	Service: STRABISMUS
	CEP Number : 4308000
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"	5. ABSTRACT (REQUIRED): Title: STRABISMUS SURGICAL RESULTS IN PATIENTS WITH MYELOMENINGOCELE Author and Co-authors: ISSAHO, D.C., CRONEMBERGER, M.F., TABUSE, M.K.U., KAMIDA, N.T.S.
Scientific Section Descriptions (two-letter code):	Purpose: To describe the indications for strabismus surgery in patients with myelomeningocele and to evaluate the results and stability achieved in postoperative surgical correction.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY	Methods: A retrospective review of the records of all the patients with myelomeningocele undergoing surgery for strabismus correction between January 2008 and January 2013 was performed. The analysis of the records included: classification of myelomeningocele; presence or absence of hydrocephalus and the need of shunt; ectoscopy; presence or absence of vicious head position; visual acuity; refraction under cycloplegia; indirect ophthalmoscopy; preoperative ocular motility testing; type of strabismus surgery performed and postoperative ocular motility testing.
(OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Partial results. Forty one patients with myelomeningocele who underwent strabismus surgery were studied. Thoracic level myelomeningocele was the most frequent type (43,9%). The second most frequent was the lumbar level (34,1%). Other topographies were asymmetric (19,5%) and occipiltal (2,5%) myelomeningocele. Hydrocephalus was present in 38 patients (92,7%) and in only one patient of this group shunt was not necessary. The most frequent refractive error was hyperopia, which was present in 61 eyes (74,4%). Astigmatism was found in 47 eyes (57,3%), myopia in 10 eyes (12,2%) and 9 eyes were emmetropes (11%). Fundoscopy showed bilateral optic disc pallor in 5 patients (12,2%), all of them with shunted myelomeningocele. Vicious head position was prosent in 6.1% of the patients hoforo surgery. The main cause of
Deadline: 10/2013	vicious head position was strabismus (60,9%). Nystagmus was responsible for
FORMAT	34,8% and nystagmus associated to strabismus for 4,3%. The main indication of strabismus surgery was esotropia and ?A? pattern anisotropy. A total of 85,4% of the surgeries performed required correction of ?A? anisotropy higher than 10 prism diopters. Two patients required 2 strabismus surgeries during the studied period. The average postoperative evaluation was with 28,9 months (range 0,5-
Abstract should contain:	70 months). Satisfactory surgical results were achieved in 53,6% of the patients.
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Conclusion: The main indication of strabismus surgery was esotropia and ?A? pattern anisotropy. Strabismus surgery in patients with mylomeningocele and hydrocephalus have average results.
Dester swidelinger	Keywords: Myelomeningocele; Strabismus; Hydrocephalus

Doctor quidalinas:

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	62. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Luisa
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Moreira First Name: Hopker
FAST Paper	Service: STRABISMUS and EXPERIMENTAL SURGERY
	CEP Number: 882803
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Histopathological findings after Bupivacaine injection in extraocular muscle of rabbits
	Author and Co-authors: Luisa Moreira Hopker, Marcia Lowen, Edmar Zanotelli, Norma Allemann
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATABACT	Purpose: Bupivacaine has been used recently as a therapeutic drug to change alingment of the eyes and potentially correct strabismus. It causes a myotoxicity to extraocular muscles followed by regenaration and increase in size and contratility. This study will evaluate histological changes of extraocular muscle induced by Bupivacaine injection in rabbits.
(EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	Methods: The right superior rectus muscle of 20 adult white new zealand rabbits will be injected either with 0.3ml of 1.5% Bupivacaine or with 0.3ml of 1.5% Bupivacaine plus botulinum toxin in the antagonist muscle. One week and one month after injection, the superior and inferior rectus of all eyes will be examined to evaluate histological changes. Hematoxylin and eosin- and Masson trichome will be used to stain and specific antibodies for immunostaining will be used for immunohistochemistry. Inflamation, myonecrosis, satellite cells proliferation, types of myosin expression during regeneration period, number of fibers and myofiber diameter will be evaluated.
ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: We expect to find initial necrosis followed by proliferation of satellite cells and increase of fiber diameter and number of fibers. We expect to find more fibers in the Bupivacaine plus Botulinum toxin group than the Bupivacaine alone group. We also expect to find different expressions of myosin subtypes after injection than in the non injected contralateral muscle.
Deadline: 10/2013	Conclusion: Bupivacaine causes myonecrosis followed by regeneration. This is an ongoing study.
	Keywords: strabismus: treatment , drug toxicity/drug effects,extraocular muscles: structure,immunohistochemistry
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Doctor quidelines:	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	63. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PGO Last Name: Eduardo
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Alonso First Name: Garcia
FAST Paper	Service: LACRIMAL SYSTEM
	CEP Number: 463/10
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors bereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee'	Title: Lacrimal Recanalizer - Recanalization of the naso lachrymal duct with high frequency (RNLD)
	Author and Co-authors: Garcia EA, Machado MAC, da Silva JAF, Nose W, Magalhåes, O
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: Analyze the technique of high frequency to restore lachrymal flow in dacriocistitis without the necessity of carries through a osteotomy in lachrymal system, scar absence and minimum interference in lachrymal bomb
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	Methods: Eight six patientes with chronic dacriocistitis were selected in the clinic to perform the surgery (RNLD) with high frequency. Two devices were used with differet frequencies. The inclusion factors were low blockage of lachrymal way confirmed with X ray, older than 18 years. The exclusion factors were high blockage of lachrymal way, previous surgical treatment, cases of trauma and carries of peace maker. The procedure were carried through the same surgeon, with local anesthesia and probing with silastic. The patients were divided in two groups: 450Khz device and 5,4Ghz device The posoperarive (PO) control were weekly in the first month, and with 45 and 60 days, when the silicone tube was removed. The results were evaluted based on symptons, irrigation and X ray exams.
(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Seventy two patientes did the procedure with 450Khz device and the success rate were 80,5% (58 cases) and 19,5% had failure (14 cases). Fourteen patients did the procedure with the 5,4Ghz device and the success rate were 85,7% (12 cases) and 14,3% (2 cases) had failure.
Deadline: 10/2013	Conclusion: The techniche of high frequency seems to be an interesting procedure to correct lachrymal obstruction with good results with both frequencies used.
	Keywords: dacriocistitis, lachrymal system, high frequency
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Doctor quidalinae:	

	2013 Research Days Abstract Form
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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	64. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R2 Last Name: Adriano Middle: de Morais First Name: Ferreira Service: RETINA AND VITREOUS
	CEP Number: 394436
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"	 5. ABSTRACT (REQUIRED): Title: Evaluation of Macular Sensitivity to Bevacizumab Treatment of macular edema secondary to Branch Retinal Vein Occlusion and correlation with Optical Coherence Tomography (OCT). Author and Co-authors: Adriano Ferreira, Juliana Prazeres, Luiz Filipe Lucatto,
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Nilva Bueno de Moraes, Octaviano Magalhães. Purpose: evaluate microperimetry and OCT changes in patients with acute and chronic macular edema secondary to branch retinal vein occlusion during a follow- up period of 06 months with intravitreal bevacizumab treatment.
(CA) CATARACT DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (RE) RETINA AND VITREOUS (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Methods: The patients were included after a standardized ophthalmologic examination comprising Snellen chart visual acuity,ophthalmoscopy, fundus fluorescein angiography, color fundus photography, spectral domain optical coherence tomography (SD ? OCT Heidelberg Engineering, Alemanha) and fundus-monitored microperimetry using a MAIA (Centervue, Padova, Italy). The main inclusion criteria were as follows: a confirmed diagnosis of macular edema secondary to BRVO, decrease of visual acuity and treatment-naïve. Time of presentation of the disease was not considered as inclusion criteria. Exclusion criteria were as follows: glaucoma, signs of nonperfusion or ischemia(neovascularization, rubeosis iridis), significant cataract, ocular infection, amblyopia, any history of retinal disease such as age-related macular degeneration, diabetic retinopathy, macular edema for reasons other than BRVO, or vitreoretinal surgery. All patients who met the eligibility criteria received 3 intra vitreal injec
Deadline: 10/2013	Results: Fourteen patients (9 male; 5 female) were included in this study. The mean age of the patients was 54,7 (range, 36 ? 81 years). The baseline BCVA observed was: 01 patient with BCVA >= $20/40$; 05 patients with BCVA < $20/40$ and >= $20/80$; 04 patients with BCVA < $20/80$ and >= $20/200$; 04 patients with BCVA < $20/80$ and >= $20/200$; 04 patients with BCVA < $20/200$. Ten patients had superior temporal branch vein occlusion and 04 patients had inferior temporal branch vein occlusion. The evaluation of macular sensitivity as well as quantitative and qualitative analysis of changes in OCT are
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Conclusion: In progress Keywords: branch vein occlusion; bevacizumab; microperimetry

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	65. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract	R2
	First Name: Peng
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Service: RETINA AND VITREOUS and LABORATORY
Poster	CEP Number : 0259/12
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors. hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Endophthalmitis following intravitreal injection: spectrum of causative organisms and antimicrobial susceptibility
	Author and Co-authors: Peng G, Bispo PJM, Yu MCZ, Hofling-Lima AL Purpose: To describe patient demographics and microbiological features of patients with clinically diagnosed endophthalmitis following intravitreal injection
Scientific Section Descriptions (two-letter code):	Methods: Retrospective review of consecutive cases of endophthalmitis seen at a university referral center between January 2005 and May 2013
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Thirty six eyes from 36 patients presented clinically diagnosed endophthalmitis following intravitreal injection in the study period. Most patients were women (58%) and the mean age was 66,64 \pm 10.4 years old. The majority of the patients received injections of bevacizumab (58.3%) followed by steroids (16.6%), ranibizumab (5.5%) and miscellaneous (19.4%). Overall, the positivity of bacterial culture was 52.7% (19 out of 36 patients). The higher culture positivity was achieved for vitreous from vitrectomy (63,6%; 7/11) and vitreous tap samples (50%; 12/24). Aqueous humor was culture positive in 25% (4/16) of the samples. At the time of sample collection at least 11 out of 19 patients were in use of topical fluoroquinolone. The most common organism isolated was coagulase-negative Staphylococci - CoNS (47.36%; 9/19) followed by S. aureus and S. epidermidis (15.8%; 3/19 each) and viridans group Streptococci (10,5%; 2/19). Gatifloxacin (GAT) and moxifloxacin (MOX) susceptibility rate was 80% (MIC90 2 µg/mL) among all bacterial isolates. All S. aureus siolates were susceptible to fourth-generation fluoroquinolone, methicillin and vancomycin. For CoNS, 72.7% of isolates were susceptible to GAT and MOX (MIC90 4µg/mL for both). The frequency of methicillin-resistant CoNS (MRCoNS) was 25% (4/10). Only MRCoNS isolates demonstrated resistance to fourth-generation fluoroquinolone.
Deadline: 10/2013	fluoroquinolones (75%; 3/4). All CoNS isolates were susceptible to vancomycin.
	Conclusion: Culture-proven endophthalmitis following intravitreal injection was documented in the last 8 years for 19 patients in our setting. Staphylococci remained as the main causative organism and was isolated even from patients using topical fluoroguinolones prophylactically. The frequency of endophthalmitis
FORMAT:	was higher among the patients that received bevacizumab intravitreal injection, probably due to the greater number of this type of injection
Abstract should contain:	Keywords: endophthalmitis, intravitreal injection
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postar quidalinas:	

e. Scientific Section Perference (REQURED): 66. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. Reverse Scientific Section Descriptions and (1) Section the two-left Code for listed (REQURED): Concords on: Poster R2 3. PRESENTATION PREFERENCE (REQURED): Concords on: Poster Service: RETINA AND VITREOUS CEP Number: 4. The signification of the First (Presenting) of the Pieton and the Two of the Section Description of the Section Description of the Section Description of the Two configs. Statu are recent reported with configs. Statu are recent reported with records recent recent reported with records recent recent reported with records recent recent recent recent reported with records recent records rece		
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autorized agent for all autörs, hereight optimise this ary research properties with the beharation in complexice with the beharation of Helinki and the UWFESP Ethod Committee" Title: Primary Pars Plana Vitrectomy for Management of Rhegmatogenous Retinal Detachment Scientific Section Descriptions (two-letter code): Scientific Section Descriptions (two-letter code): Author and Co-authors: Roberta Andrade e Nascimento, Eduardo A. Novais, Errarsh: Mauricio Maia Scientific Section Descriptions (two-letter code): Title: Primary Pars Plana Vitrectomy for Management of Rhegmatogenous Retinal Detachment (RE) COLLAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (IC) ELECTROPHYSIOLOGY (EX) EXPERIMENTAL SURGERY (IC) ELECTROPHYSIOLOGY (IC) RETING AND VITREOUS (IC) COLLAR LASTER (IC) COLLAR LASTER (IC) COLLAR LASTER (IC) COLLAR LASTER (IC) COLLAR LASTER (IC) COLLAR RESISTING (IC) COLLAR RESISTING (IC) COLLAR RESISTING (IC) COLLAR RESISTING (IC) COLLAR RESISTING (IC) COLLAR RESISTING (IC) COLLAR LASTER SURGERY (IC) STRAISMUS (IT) TAMORS AND PATHOLOGY (IV) UVETTING (IC) COLLAR ULTRASOUND Deadline: 10/2013 FORMAT: Author Co-authors (maximum 6), Purpose, Methods, Results, Conclusion. FORMAT: Authors (Collar) Title Author Co-authors (maximum 6), Purpose, Methods, Results, Conclusion. FORMAT: Authors (Collar) Keywords: Pars Plana Vitrectomy; Rhegmatogenous Retina Detachment; Retinal Surgery <th>4. The signature of the First (Presenting) Author (REQUIRED) acting as the</th> <td>5. ABSTRACT (REQUIRED):</td>	4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
Scientific Section Descriptions (two-letter code): Author and Co-authors: Roberta Andrade e Nascimento, Eduardo A. Novais, Emmerson Badaro, Francisco Rosa Stefanini, Octaviano Magalhaes Jr; Michel Eid Farah: Mauricio Maia Scientific Section Descriptions (two-letter code): Emperson Badaro, Francisco Rosa Stefanini, Octaviano Magalhaes Jr; Michel Eid Farah: Mauricio Maia USEACULAR BIOLAGNINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTOPHYSIOLOGY (EF) ELECTOPHYSIOLOGY (EF) ELECTOPHYSIOLOGY (EF) ELECTOPHYSIOLOGY (EF) ELECTOPHYSIOLOGY (EF) ELECTOPHYSIOLOGY (EF) ELECTOPHYSIOLOGY (EF) ELECTOPHYSIOLOGY (EF) ELECTOPHYSIOLOGY (EF) CLUAR LASSTE (LY) LABORATORY (LS) LACENAL SYSTEM (LY) LOW VISION (NO) NEUROOPHTHALMOLOGY (DR) ORBET (TR) COLLAR RASTIC SURGERY (RF) ORBET (TR) COLLAR RASTIC SURGERY (RF) REFRACTIVE SURGERY	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"	Title: Primary Pars Plana Vitrectomy for Management of Rhegmatogenous Retinal Detachment
Scenific Section Descriptions (two-letter code): (BE) COLLAR BIOENGINEERING (CO) CORNEA AND EXTENNAL DISEASE (CA CATARACT (CF) LECTOPHYSICLOGY (EF) ELECTOPHYSICLOGY (EF) EDECMICLOGY (EF) EDECMICLICATION (EF) EDECMI		Author and Co-authors: Roberta Andrade e Nascimento, Eduardo A. Novais, Emmerson Badaro, Francisco Rosa Stefanini, Octaviano Magalhaes Jr; Michel Eid Farah; Mauricio Maia
Methods: As retrospective chart analysis of patients submitted to primary pars (CR) CARACT (CR) CRACT (CR) CRACT (CR) CRACT Methods: A retrospective chart analysis of patients submitted to primary pars (CR) CRACT (CR) CR (CR) CRACT (CR) CR (CR) CRACT (CR) CR (CR) CRACT (CR) CRACT (CR) C	Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Purpose: To demonstrate the efficacy of non-buckled pars plana vitrectomy (PPV) as primary treatment of rhegmatogenous retinal detachment (RRD).
Deadline: 10/2013 Conclusion: in progress Keywords: Pars Plana Vitrectomy; Rhegmatogenous Retina Detachment; Retinal Surgery FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion,	(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Methods: A retrospective chart analysis of patients submitted to primary pars plana vitrectomy secondary to rhegmatogenous retina detachment, and a follow up of a minimum 12 months period. Patients were submitted to 4 different surgical techniques of primary vitrectomy guided by triamcinolone acetonide crystals identification: Group 1-Primary vitrectomy in pseudophakic eyes + C3F8 injection; Group 2-Primary vitrectomy in phakic eyes with no evidence of cataracts + C3F8 injection; Group 3- Phacoemulsification + intraocular lens (IOL) implantation + primary vitrectomy in phakic eyes with evidence of cataracts + C3F8 injection; Group 4-Primary vitrectomy + silicon oil implantation in single eyes or patients with difficulties for prone positioning; in such cases, phakic eyes were submitted to phacoemulsification + IOL. The success rates and best corrected visual acuity (BCVA) were evaluated after a single procedure in each of the 4 groups at 12 months evaluation. Results: in progress
Deadline: 10/2013 Keywords: Pars Plana Vitrectomy; Rhegmatogenous Retina Detachment; Retinal Surgery FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		Conclusion: in progress
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Deadline: 10/2013	Keywords: Pars Plana Vitrectomy; Rhegmatogenous Retina Detachment; Retinal Surgery
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	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	67. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R3 Last Name: Ramon
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Oliveira
Poster	Service: RETINA AND VITREOUS
	CEP Number: 18765113.1.0000.5505
 The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby 	5. ABSTRACT (REQUIRED):
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Prevalence of anterior segment neovascularization and neovascular glaucoma during treatment of macular edema secondary to central retinal vein occlusion
	Author and Co-authors: Ramon Antunes de Oliveira, Patricia Kakizaki, Luiz Filipe Lucatto, Juliana Prazeres, Nilva Bueno de Moraes, Octaviano Magalhães
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Purpose: To evaluate the prevalence of anterior segment neovascularization and neovascular glaucoma in patients who underwent clinical treatment of macular edema secondary to central retinal vein occlusion with intravitreal bevacizumab or triamcinolone acetonide, compared with patients who did not receive intravitreal injections. Methods: Records of 24 patients from retina clinic of the Federal University of São Paulo diagnosed with macula edema secondary to CRVO were assessed. All these patients underwent monthly standardized ophthalmologic examination comprising Snellen chart visual acuity, biomicroscopy, gonioscopy, tonometry, dilated pupil ophthalmoscopy, color fundus photography, spectral domain optical coherence tomography (SD ? OCT Heidelberg Engineering, Alemanha). The fundus fluorescein angiography was done at baseline and after 6 month of follow up. The main inclusion criteria were as follows: a confirmed diagnosis of macular edema secondary to CRVO, decrease of visual acuity worst than 20/40, without previous treatment. Exclusion criteria were as follows: time of symptoms greater than 90 days, neovascularization or rubeosis iridis, ocular infection, any history of retinal disease such as age-related macular degeneration, diabetic retinopathy, macular edema
Deadline: 10/2013	Results: Twenty-five eyes of 24 patients were evaluated. Eleven eyes were treated with intravitreal Bevacizumab injections, 7 eyes were treated with triamcinolone acetonide injections and 7 eyes were not performed intravitreal injections.
FORMAT:	Conclusion: The results are in progress.
Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: macular edema, central retinal vein occlusion, anterior segment neovascularization
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): 68. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 68. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: PIBIC bitact. Last Name: Isabella Middle: Stamato 7 First Name: Pimenta Service: RETINA AND VITREOUS CEP Number: 04301912.6.0000.5505 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 d Helsinki and the UNIFESP Ethical Committee" Scientific Section Descriptions (two-letter code): Scientific Section Descriptions (two-letter code): Scientific Section Descriptions (two-letter code): Purpose: To describe the macular pigment density software (MPD), for macula xantophylls measurements. To investigate the use of MPD in patients with or without oral supplementation with lutein. Methods: An equivalent to the optical density and the distribution of xanthophyl
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. PIBIC 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster Last Name: Isabella Middle: Stamato First Name: Pimenta 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 Helisinki and the UNIFESP Ethical Committee" 5. ABSTRACT (REQUIRED): Title: Optical density of xanthophylls in patients with age-related macular degeneration using MPD software of Visucam Scientific Section Descriptions (two-letter code): Purpose: To describe the macular pigment density software (MPD), for macular xantophylls measurements. To investigate the use of MPD in patients with no cular diseases and in patients with age-related macular degeneration using patients with age-related macular coular diseases and in patients with age-related macular coular diseases and in patients with age-related macular coular diseases and in patients with age-related macular degeneration (AMD) wit or without oral supplementation with lutein.
3. PRESENTATION PREFERENCE (REQUIRED) Check one: First Name: Pimenta 9 First Name: Pimenta 9 Service: RETINA AND VITREOUS 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" 5. ABSTRACT (REQUIRED): Title: Optical density of xanthophylls in patients with age-related macular degeneration using MPD software of Visucam Author and Co-authors: Pimenta, IS., Coelho, MA., Farah, M. Maia, M. Novais E., Rodrigues E.B. Purpose: To describe the macular pigment density software (MPD), for macular xantophylls measurements. To investigate the use of MPD in patients with no ocular diseases and in patients with age-related macular degeneration (AMD) wit or without oral supplementation with lutein. (BE) COLLAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY Methods: An equivalent to the optical density and the distribution of xanthophyll
Poster Service: RETINA AND VITREOUS 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" 5. ABSTRACT (REQUIRED): Title: Optical density of xanthophylls in patients with age-related macular degeneration using MPD software of Visucam Scientific Section Descriptions (two-letter code): Muthor and Co-authors: Pimenta, IS., Coelho, MA., Farah, M. Maia, M. Novais E., Rodrigues E.B. Scientific Section Descriptions (two-letter code): Purpose: To describe the macular pigment density software (MPD), for macular xantophylls measurements. To investigate the use of MPD in patients with out oral supplementation with lutein. (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EE) ELECTROPHYSIOLOGY Methods: An equivalent to the optical density and the distribution of xanthophyl
CEP Number: 04301912.6.0000.5505 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" Author and Co-authors: Pimenta, IS., Coelho, MA., Farah, M. Maia, M. Novais Excientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (CA) CATARACT (CA) CATARACT (CA) CATARACT (EF) ELCTROPHYSIOLOGY
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conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee" degeneration using MPD software of Visucam Author and Co-authors: Pimenta, IS., Coelho, MA., Farah, M. Maia, M. Novais Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (CA) CATARACT (EF) ELECTROPHYSIOLOGY
Author and Co-authors: Pimenta, IS., Coelho, MA., Farah, M. Maia, M. Novais Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (CA) CATARACT (EF) ELECTROPHYSIOLOGY
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(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND (IVS) OCULAR
Deadline: 10/2013 Size of the pupil. The maximum value for the maximum optical density was 0,80 and the minimum 0,082 (in a patient with retinal dystrophy) with a mean valu of 0,418791 and the maximum value for the MOD was 0,168418 with a minimum of 0,002 and a mean value of 0,168418.
FORMAT: Conclusion: The novel software MPD allows measurements of the concentration of xanthophylls in the macula and is important for the assessment of macula pigment. It may be related to a method of early screening of the risk of developing and related macular deconstration.
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Keywords: macular pigment density, age-related macular degeneration, Conclusion. xanthophylls

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	69. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R1 Last Name: Felipe Middle: Abdo
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Jorge
Poster	Service: RETINA AND VITREOUS
	CEP Number: 0125/12
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Histological evaluation of experimental model for development of proliferative retinopathy after injection of intravitreal VEGF-A165 in pigmented rabbits
	Author and Co-authors: Felipe Abdo Jorge, Emmerson Badaró, Eduardo Büchele Rodrigues, Eduardo Novais, Paulo Augiusto de Arruda Mello Filho, Michel Fid Farab
Scientific Section Descriptions (two-letter code):	Purpose. To investigate the histological findings of rabbits eves of model for
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE	development of proliferative retinopathy after injection of VEGF-A165.
(CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	Methods: A prospective, controlled, comparative, interventional study. Six pigmented rabbits were submitted to intravitreal injection of VEGF-A165 in their right eye. In group 1, four rabbits received a 10?g injection and, in group 2, two rabbits received a 20?g injection. Left eye was used as control and receveid injection of 0.05 ml of BSS (290 mOsm). At the baseline, all subjects were analyzed with anterior biomicroscopy, retinography, fluoresceinic angiography and OCT images. All these exams were repeated at weeks 1, 2 and 5. In the fifth week the rabbits were euthanized and the eyes were enucleated and submitted to histological evaluation.
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: After seven days of intravitreal VEGF-A165 injection, all rabbits developed intense neovascularization of the retina and anterior segment. The posterior pole neovascularization was similar in both groups, while in the anterior segment it was more proeminent in group 2. During weeks 1 and 2, the neovascularization was maintained with minor decrease of conjunctival hyperemia in both groups. At week 5 there was a partial regression of the neovessels of posterior pole. more prominent in group 1, with persistent anterior
Deadline: 10/2013	neovascularization in both groups. After a five-week period, the rabbits were euthanized and enucleated for ocular histopathologic evaluation that showed neovascularization tissue associated with tractional retinal detachments in group 2. Complete histopathologic data are under analysis.
FORMAT	Conclusion: The study for a role model of neovascularization through intravitreal VEGE-165 injection in pigmented rabbits showed that both doses of 102g and 202g
Abstract should contain:	were efficient to develop retinal and anterior segment vascular growth, and histological findings comproved these findings
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: VEGF-165, Retina Neovascularization
Doctor quidalinaat	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	70. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R1 Last Name: Danilo Middle: Andriatti
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Paulo
Poster	Service: RETINA AND VITREOUS
	CEP Number: 1388/10
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Histological evaluation after intra-vitreous injection of aflibercept (ZALTRAP®) in an animal model.
	Author and Co-authors: Danilo Andriatti Paulo, João Rafael Dias, Emmerson Badaró, Eduardo Amorim Novais, Michel Eid Farah, Eduardo Büchele Rodrigues.
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: To investigate the retinal biocompatibility in an animal model after the injection of Zaltrap® in vitreous cavity of rabbits with electrophysiology (ERG) and histology.
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY	Methods: Six Dutch-belted rabbits weighing 1.5 to 2 kg were enrolled in this study. At baseline, 0.1mL of Aflibercept at the concentration of 100mg/mL was injected in the right eye, while 0.1mL of Balanced Salt Solution (BSS) was injected in left eye as control. The rabbits were anesthetized and submitted to electrophysiology tests at base line and 7 days after. Rods and maximum scotopic were evaluated. Decreased of > 50% response after injection was considered noteworthy, and analized with Wilcoxon signed rank test. P values < 0.05 were considered statistically significant. Biomicroscopy and indirect ophthalmoscopy were performed 24 hours and 7 days after injection to detect transparency, conjunctival reaction and vitreous haze. Animals were euthanized with phenobarbital 7 days after baseline and their eyes enucleated. The histological material was collected from two different areas separated 500 microns and analyzed with toluidine blue.
(UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Primary analysis showed no sings of retinal toxicity in ERG or histology after ZALTRAP® injection in the follow-up period. Statistic is under analysis.
Deadline: 10/2013	Conclusion: The use ZALTRAP® intra-vitreous is a possibility suggested to treat VEGF mediated diseases, such as Age Related Macular Disease and Diabetic Macular edema, but no safety profiles are available. This paper adds there is no histological retinal toxicity to such drug in intraocular use. Further studies are necessary to evaluate the profile of toxicity of the drug for ophthalmologic use.
	Keywords: Zaltrap, Aflibercetp, anti-VEGF, DMRI, Eylea
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Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Daniel
3. PRESENTATION PREFERENCE	First Name: Colicchio
(REQUIRED) Check one:	Service: RETINA AND VITREOUS
Poster	CEP Number: 137573
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Serum VEGF, Intraocular Fluids, pH and Osmolarity After Intravitreal Zaltrap in Rabbits
	Author and Co-authors: Daniel Colicchio, Jõao Rafael Dias, Eduardo A. Novais, Emmerson C. Badaró, Mariana Matioli, Eduardo B. Rodrigues
Scientific Section Descriptions (two-letter code):	Purpose: To analyze and compare the serum VEGF, intraocular fluids, pH and osmolarity after intravitreal Zaltrap versus intravitreal Eylea in rabbits.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM	Methods: Eighteen Chinchila rabbits, with weight of 1.5 - 2.0 kg were splitted in two groups. The first group received an intravitreal injection of Eylea in the right eye and sham in the left eye while the second group received an intravitreal injection of Zaltrap in the right eye and sham in the left eye. Before the injections and after one and seven days of the injections, we collected venous blood, aqueous humour and vitreous humour of the animals to analyze the serum VEGF and pH and osmolarity of the aqueous and vitreous humor.
(NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	Results: We expect to find similar results between the two groups, since both of these drugs have the same active ingredient and pH. We might find a difference in the vitreous humor osmolarity, since Zaltrap is hyperosmolar in comparison to Eylea.
(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: Both Eylea and Zaltrap have the same active ingredient, aflibercept, which is a recombinant fusion protein consisting of portions of human VEGF receptors 1 and 2 extracellular domains fused to the Fc portion of human IgG1. Aflibercept is a dimeric glycoprotein with a protein molecular weight of 97 kilodaltons (kDa) and contains glycosylation, constituting an additional 15% of the total molecular mass, resulting in a total molecular weight of 115 kDa, in both of
Deadline: 10/2013	the drugs. As we can see, both drugs are very similar, with few differences in the
	pharmacology setting, the main one being that Zaltrap is hyperosmolar to the vitreous humor and Eylea. Being so, we expect to find similar results between the serum VEGF and intraocular fluids analyses of the two groups, with the exception of vitreous osmolarity.
FORMAT:	Keywords: anti-VEGE: aflibercent: safety
Abstract should contain:	Keywords. anti-veor, ambercept, sarety
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Dester quidelines:	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	72. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Delia
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Diana Paola First Name: Gonzalez Fernandez
Poster	Service: UVEITIS and TUMORS AND PATHOLOGY
	CEP Number:
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Características das uveítes: Análise em um serviço Terciário de São Paulo
	Author and Co-authors: Delia Gonzalez Fernandez, Heloisa Nascimento, Caio Nascimento, Cristina Muccioli e Rubens Belfor Junior
Scientific Section Descriptions (two-letter code):	Purpose: Analisar as principais causas de uveítes em pacientes atendidos no Serviço de Uveítes da UNIFESP no período de julho 2012 a julho 2013
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY	Methods: Realizou-se estudo prospectivo baseado em prontuários de 839 pacientes que compareceram no serviço no período acima. Os seguintes dados foram analisados: idade, sexo, diagnósticos anatômico etiológico, atividade da doença, complicações oculares e tratamento.
(GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY	Results: A idade média dos pacientes foi de 47 anos, sendo 65% do sexo feminino e 35% do masculino. O diagnóstico anatômico distribuiu-se em anterior (20%), intermediário (4,5%), posterior (39,7%) e difuso (31,3%). A etiologia foi determinada em 70% dos casos. Causas infecciosas foram observadas em 80% das uveítes posteriores.
(PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS	Conclusion: Nos ultimos anos, o número de uveítes idiopáticas diminui, entretanto patologias infeccionas como sifilis apressentaram um importante incremento, devendo ser sempre investigadas antes de iniciar qualquer tratamento, especialmente imunosupressor.
USÍ OCULAR ULTRASOUND	Keywords: uveitis etiologia, uveitis epidemiologia
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	

Doctor quidalinas:

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	73. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Mariana Middle: Kaori
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Yasuta
Poster	CEP Number:
 The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby 	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP	Title: Effect of PTK for band keratopathy in uveitis patients
Ethical Committee"	Author and Co-authors: Yasuta, M. K.; Marquezan, M. C.; Nascimento, H.; Allemann, N.; Belfort Jr, R.
Scientific Section Descriptions (two-letter code):	Purpose: To evaluate visual improvement of patients with uveitis submitted to PTK due to band keratopathy
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY	Methods: Patients from the Uveitis Sector of UNIFESP with band keratopathy were selected for phototherapeutic keratectomy. Ophthalmological exam and anterior segment OCT were performed before and after the procedure.
(EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA	Conclusion: in progress
(LA) LADURATURAT (LS) LACRIMAL SYSTEM (LV) LOW VISION	Keywords: PTK, anterior segment OCT, band keratopathy, uveitis
(PL) OCULAR PLASTIC SURGERY (PL) OCULAR PLASTIC SURGERY	
(RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	
(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY	
(UV) UVEITIS (US) OCULAR ULTRASOUND	
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Abstract should contain:	
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	74. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R1 Last Name: Alexandre
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Gomes Bortoloti First Name: Azevedo
Poster	Service: TUMORS AND PATHOLOGY
	CEP Number: 526077
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"	5. ABSTRACT (REQUIRED): Title: Review of anatomopathologial risk factors in enucleated eyes with retinoblastoma diagnostic at Hospital Sao Paulo/GRAAC from 2007 to 2013
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (US) OCULAR ULTRASOUND	Author and Co-authors: Azevedo, A.G.B. Teixeira, L.F. Macedo . C.R.D. Soares J.S. Alves M.T.S. Purpose: To Know the prevalence of risk factors in enucleated eyes with retinoblastoma diagnostic at Hospital Sao Paulo/GRAAC from 2007 to 2013 Methods: Observacional , retrospective study of consective pacients submbitted to enucleation at Hospital Sao Paulo/GRAAC with anatomopathological diagnostic of Retiblastoma from 2007 to 2013 . review of risk factors reported in anatomopathological findings . Results: in progress Conclusion: in progress Keywords: retinoblastoma ; enucleation ; risk factors
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidalinas:	

	2013 Research Days Abstract Form
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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	75. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. Fellow Last Name: Patricia Middle: Sena First Name: Vieira Service: OCULAR ULTRASOUND and UVEITIS
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" 	 5. ABSTRACT (REQUIRED): Title: Ultrasonographic findings in ocular congenital toxoplasmosis Author and Co-authors: Patrícia Sena Vieira; Heloísa Nascimento; Norma Allemann Purpose: To describe and analyze ocular ultrasonographic findings in children with ocular congenital toxoplasmosis. Methods: Four eyes (two patients) with clinical and laboratory diagnosis of ocular congenital toxoplasmosis were evaluated through ectoscopy, anterior biomicroscopy, fundoscopy and ocular ultrasound (10-MHz B-scan transducer, non-contact technique, Aviso, Quantel Inc.). Results: Four eyes (100%) presented the most common ocular manifestation of ocular toxoplasmosis: bilateral macular chorioretinitis scar. One patient presented with nystagmus; one presented strabismus; both subnormal visual acuity . The most common ultrssonographic findings were: vitreous condensations (04 eyes, 100%); vitreoretinal adherence (02 eyes, 50%); ocular wall local thickening (02 eyes, 50%) corresponding to the previous site of the exudative lesion, involving the macular area. Conclusion: Ultrassonographic evaluation of eyes compromised with ocular congenital toxoplasmosis may aid to identify macular involvement and in monitoring vitreoretinal traction treatment response
	Keywords: ocular ultrasound: ocular congenital toxoplasmosis
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Doctor quidalinaa:	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): 76. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. Review the Scientific Section Description: Sect and entry the wolter Conference astract. 76. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster Fellow 4. The signature of the First (Presenting) authorized age to authorized and the UNFESS Encl Committee' 5. ABSTRACT (REQUIRED): Title: Axial Length Measurement In Silicone Oil-filled Eyes: Optical and mode guided immersion Ultrasound Biometry Scientific Section Descriptions (we-tetre condicted in compliance with the period Committee' 5. ABSTRACT (REQUIRED): Title: Axial Length Measurement In Silicone Oil-filled Eyes: Optical and mode guided immersion Ultrasound Biometry Scientific Section Descriptions (we-tetre code) (CONREA AND EXTERNAL DISASE (C) CONREA AND EXT		2013 Research Days Abstract Form
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby conducted in compliance with the Declaration / Helsinki and the UNIFESP Ethical Committee" 5. ABSTRACT (REQUIRED): Title: Axial Length Measurement in Silicone Oil-filled Eyes: Optical and mode guided immersion Ultrasound Biometry Scientific Section Descriptions (two-letter code): Author and Co-authors: Paulo Henrique de Souza; Yara Cristina Lopes; Lillar Andrade Almeida Kanecadan; Norma Allemann Scientific Section Descriptions (two-letter code): Purpose: To compare axial length (AL) measurements in silicone oil-filled phal cycs obtained with optical biometry (OpB) and B-mode guided immersi ultrasound biometry (UsB). Methods: Fifteen silicone-oil filled eyes (15 patients, 6 females) with catara were submitted to preoperative AL measurements using OpB (IOL Master, Zei and UsB (10 MHz transducer, Ultrascan, Alcon) utilizing B-mode guided immersi ultrasound biometry (UsB). Methods: Fifteen silicone-oil filled operative AL measurements using OpB (IOL Master, Zei and UsB (10 MHz transducer was positioned with the orientation mark directed nasally and t fret poical anesthesia (0.5% proxymetacaine), with the aid of an acry immersion cup used as an eyelid opener and a container for saline solution. T MHz transducer was positioned with the orientation mark directed nasally and t patient sustaining primary gaze position. Settings (gain and depth) were adjust according to the image obtained during the exam, totalizing 4 scans per e considered to calculate. OpB considered until 10 AL scans with adequate fixati after analysis and edition of the graphs in doubtful measurements for average calculation. Average DpB AL was 25.78 +/- 2.82 mm (range 21.81-29.92mm) a average B	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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	 76. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. Fellow Last Name: Paulo Middle: Henrique First Name: Souza Service: OCULAR ULTRASOUND and OCULAR ULTRASOUND CEP Number: 0
 A. The signature of the First (Presenting) Author (REQUIRED) activity of the first (Presenting) Author (REQUIRED) activity of the source of the		
Scientific Section Descriptions (two-letter code):Beinder Code(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) EEICEROPHYSIOLOGY (EF) EPIDEMICLOGY (EF) EPIDEMICLOGY (EF) EPIDEMICLOGY (ES) LACICOMA (LAJ LABORATORY (LS) LACIRARY (LS) LACIRARY (RE) RETRACTIVE SURGERY (PL) OCULAR PLASTIC SURGERY (PL) PHARMACOLOGY (PL) PHARMACOLOGY (RE) RETRACTIVE SURGERY (PL) PHARMACOLOGY (RE) RETRACTIVE SURGERY (PL) OCULAR PLASTIC SURGERY (PL) OCULAR PLASTIC SURGERY (RE) RETRACTIVE SURGERY <b< td=""><td>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"</td><td> 5. ABSTRACT (REQUIRED): Title: Axial Length Measurement in Silicone Oil-filled Eyes: Optical and B-mode guided immersion Ultrasound Biometry Author and Co-authors: Paulo Henrique de Souza; Yara Cristina Lopes; Liliane Andrade Almeida Kanecadan; Norma Allemann </td></b<>	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"	 5. ABSTRACT (REQUIRED): Title: Axial Length Measurement in Silicone Oil-filled Eyes: Optical and B-mode guided immersion Ultrasound Biometry Author and Co-authors: Paulo Henrique de Souza; Yara Cristina Lopes; Liliane Andrade Almeida Kanecadan; Norma Allemann
 (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) ELECTROPHYSIOLOGY (EF) ELECTROPHYSIOLOGY (EF) ELECTROPHYSIOLOGY (EF) ELECTROPHYSIOLOGY (EA) EXDERNMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PH) PHARMACOLOGY (RS) REFRACTIVE SURGERY (RE) RETINA AND VITREOUS (RS) REFRACTON-CONTACT LENSES (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVITIS (US) OCULAR ULTRASOUND (Deadline: 10/2013 Methods: Fifteen silicone-oil filled eyes (15 patients, 6 females) with catara were submitted to preoperative AL measurements using OpB (IOL Master, Zeis and USB (10 MHz transducer, Ultrascan, Alcon) utilizing B-mode guided immersi technique. USB was performed with the patient in horizontal dorsal decubit after topical anesthesia (0.5% proxymetacaine), with the aid of an acry immersion cup used as an eyelid opener and a container for saline solution. 1 MHZ transducer was positioned with the orientation mark directed nasally and t patient sustaining primary gaze position. Settings (gain and depth) were adjust according to the image obtained during the exam, totalizing 4 scans per e considered to calculate. OpB considered until 10 AL scans with adequate fixati after analysis and edition of the graphs in doubtful measurements for average calculation. Average AL measurements were compared by the Wilcoxon sign rank test and correlation coefficient was calculated. P-value Results: Average OpB AL was 25.78 +/- 2.82 mm (range 21.81-29.92mm) a average B-mode guided USB was 25.83 +/- 2.76 mm (range 21.94-29.91mm The highest difference between the methods was 0.46 mm, otherwise t correlation coefficient be	Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: To compare axial length (AL) measurements in silicone oil-filled phakic eyes obtained with optical biometry (OpB) and B-mode guided immersion ultrasound biometry (UsB).
(TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND Results: Average OpB AL was 25.78 +/- 2.82 mm (range 21.81-29.92mm) a average B-mode guided UsB was 25.83 +/- 2.76 mm (range 21.94-29.91mn The highest difference between the methods was 0.46 mm, otherwise t correlation coefficient between both methods was 0.996. Both methods present high correlation in shorter and also in longer AL measurements. Conclusion: B-mode guided UsB allowed similar AL measurements in silicone- filled phakic eyes when compared to OpB, and can be considered an alternation of choice for cases where AL measurements is not obtainable using the option	 (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LA) LABORATORY (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA 	Methods: Fifteen silicone-oil filled eyes (15 patients, 6 females) with cataract were submitted to preoperative AL measurements using OpB (IOL Master, Zeiss) and UsB (10 MHz transducer, Ultrascan, Alcon) utilizing B-mode guided immersion technique. UsB was performed with the patient in horizontal dorsal decubitus after topical anesthesia (0.5% proxymetacaine), with the aid of an acrylic immersion cup used as an eyelid opener and a container for saline solution. 10-MHz transducer was positioned with the orientation mark directed nasally and the patient sustaining primary gaze position. Settings (gain and depth) were adjusted according to the image obtained during the exam, totalizing 4 scans per eye considered to calculate. OpB considered until 10 AL scans with adequate fixation after analysis and edition of the graphs in doubtful measurements for average AL calculation. Average AL measurements were compared by the Wilcoxon signed rank test and correlation coefficient was calculated. P-value
Deadline: 10/2013 Conclusion: B-mode guided UsB allowed similar AL measurements in silicone- filled phakic eyes when compared to OpB, and can be considered an alternation of choice for cases where AL measurements is not obtainable using the option	(TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Average OpB AL was 25.78 +/- 2.82 mm (range 21.81-29.92mm) and average B-mode guided UsB was 25.83 +/- 2.76 mm (range 21.94-29.91mm). The highest difference between the methods was 0.46 mm, otherwise the correlation coefficient between both methods was 0.996. Both methods presented high correlation in shorter and also in longer AL measurements.
	Deadline: 10/2013	Conclusion: B-mode guided UsB allowed similar AL measurements in silicone-oil filled phakic eyes when compared to OpB, and can be considered an alternative of choice for cases where AL measurements is not obtainable using the optical principle.
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: biometry, ultrasound, silicone oil, b-biometry, axial length, optical biometry
Dester quidelinee:	Doctor quidolinos:	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	77. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: ana claudia Middle: medeiros de amorim
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: garcia
Poster	CEP Number
 The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby 	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP	Title: Correlation between keratoconus and Posterior corneal dystrophy
Ethical Committee"	Author and Co-authors: Ana Claudia M. de A. Garcia, Emilio de A. Torres Netto, Maria Carolina Marquezan da Silva, Denise de Freitas
Scientific Section Descriptions (two-letter code):	Purpose: The aim of this study is to correlate cases of endothelial dystrophy and keratoconus by performing the corneal topography and specular microscopy.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION	Methods: Cross-sectional study in patients with concomitant diagnosis of keratoconus, Fuchs endothelial dystrophy, posterior polymorphous dystrophy and basement membrane dystrophy, attended at Federal University of São Paulo. The Patients will be reviewed in the period between september to November of 2013. The diagnosis of Keractoconus were based on Biomicrocopy and Topographic data and Classified according Collaborative Longitudinal evaluation of Keratoconus recommendation. The diagnosis of Fuchs endothelial dystrophy were based on biomicroscopy by the presence of guttata.
(NÓ) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY	Was evaluated Best corrected visual acuity corrected by LogMar, Corneal topography and specular microscopy.
(RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS	Were excluded patients with previus ocular surgery, corneal crosslink, glaucoma, inflamatorry ocular disorders, ocular trauma, hydrops and corneal opacities. Statistical analysis will be performed using Statistica Packge for Social Science, 19.0 version (SPSS inc, Chicago, IL). The significance level is p
(US) OCULAR ULTRASOUND	Results: In progress
	Conclusion: In progress
Deadline: 10/2013	Keywords: Keratoconus, Fuchs Distrophy, topography, specular microscopy
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Doctor quidalinas:	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	78. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Maria Carolina Middle: Marguezan
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: da Silva
Poster	Service: CORNEA AND EXTERNAL DISEASE and UVEITIS
	CEP Number: 19771113.3.0000.5505
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the	Title: Topical Tacrolimus in Thygeson Superficial Punctate Keratitis
Ethical Committee"	Author and Co-authors: Maria Carolina Marquezan, Heloisa Nascimento, Luiz Vieira, Myrna Serapião, Rubens Belfort Junior, Denise de Freitas Purpose: To report the outcomes of the use of the topical tacrolimus in Thygeson Superficial Punctate Keratitis.
Scientific Section Descriptions (two-letter code):	Methods: Retrospective case series.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA	 Results: The age of patients ranged from 7 to 64 years and 7 were female. The average follow-up was 4,65 years. Visual acuity improved in 100% of patients, being equal to or better than 20/25 in both eyes of 73% patients; 27% had visual acuity between 20/30 and 20/50 in the both eyes before treatment with improvement of 20/25 or better. Similarly 100% of patients showed improvement of symptoms and signs (photophobia, foreign body sensation, tearing, and typical superficial punctate keratitis). Conclusion: Topical Tacrolimus seems to be effective to control the symptoms and signs of patients with Thygeson Superficial Punctate Keratitis. Tacrolimus has the advantage of triggering fewer side effects compared to the use of topical corticoid, treatment of choice for patients with acute Thygeson keratitis. Keywords: Thygeson punctate keratitis, Topical tacrolimus
(TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidalinos:	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	79. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Nayana Middle: Andrade
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Rios
Poster	Service: CORNEA AND EXTERNAL DISEASE and LABORATORY
	CEP Number:
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
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"	Title: Resistance of Pseudomonas aeruginosa isolates from the fourth generation fluoroquinolones.
	Author and Co-authors: Rios,N.M.A.; Moreno,L.C.; Hofling Lima, A.L.; Bispo,P.J.M.; Zorat, M.C.
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Purpose: Report the prevalence of resistant bacteria Pseudomonas aeruginosa isolated from patients with keratitis fourth-generation fluoroquinolones in the Microbiology Laboratory of the Federal University of São Paulo (UNIFESP) in the last three years.
DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Methods: Report the prevalence of resistant bacteria Pseudomonas aeruginosa isolated from patients with keratitis fourth-generation fluoroquinolones in the Microbiology Laboratory of the Federal University of São Paulo (UNIFESP) in the last 3 anosEstudo cross in which patients with keratitis had their samples scraped corneas sent for analysis at the Microbiology Laboratory of the Federal University of São Paulo (UNIFESP) during the period January 2010 to April 2013. Patients whose examination confirmed P. aeruginosa (about 48 cases) were included in the study . In other cases the identification of Pseudomonas species, or Pseudomonas spp were excluded. Cultures were obtained from blood agar , chocolate agar, saboreaud , thioglycolate and brain-heart infusion . P. aeruginosa isolates that were resistant to any fluoroquinolone fourth generation were selected and evaluated for antimicrobial susceptibility profile . Were subjected to MIC (minimum inhibitory concentration) . Were used to an
Deadline: 10/2013	patients with infectious keratitis . Low rates of resistance to all classes of antibiotics were observed among isolates of P. aeruginosa . Only two samples were also resistant to fluoroquinolones and tobramycin . These two strains were
	isolated from patients with keratitis after transplantation. No strain was resistant ceftazima . Among the fluoroquinolones, ciprofloxacin was the most potent antibiotic (MIC50/90 0.125 / 0.25 ug / ml susceptible 95.8%). Ciprofloxacin was eight times more potent than moxifloxacin and 4 times more potent than levofloxacin and
FORMAT:	gatifloxacin.
Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results,	 Conclusion: Ciprofloxacin remains the most potent fluoroquinolones against P. aeruginosa , followed by levofloxacin and gatifloxacin. Keywords: ulcer , pseudomonas , fluoroquinolones
Conclusion.	
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	2013 Research Days Abstract Form
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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"	5. ABSTRACT (REQUIRED): Title: SEASONALITY OF MICROBIAL KERATITIS BASED ON THE UNIFESP?S OCULAR MICROBIOLOGY LABORATORY Author and Co-authors: Marujo FI; Hirai FE; Yu MCZ; Lima ALH; Freitas D; Sato EH
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Purpose: The purpose of this study was to analyze the distribution of microbial keratitis diagnosed in the Unifesp?s Ocular Microbiology Lab. Methods: Retrospective study, analyzing the results of microbiology exams from patients with clinically suspected microbial keratitis from 2005 to 2009 in the Ocular Microbiology Lab ? Ophthalmology Dept. ? Federal University of Sao Paulo. Were considered microbial keratitis all cases which the culture was positive for at least one of the three main agent groups: bacteria, fungi or Acanthamoeba. Data was divided by month, in order to study seasonality. Results: 2049 clinically suspected microbial keratitis were analyzed, 1468 (71.6%) of which presented positive cultures for at least one infectious agent (bacteria, fungi or Achanthamoeba). The mean age was 45 years old and 45% were female. Most cases, in any time of the year, were caused by bacteria (80,3%). Fungi were responsible for 7.0% and Acanthamoeba for 5,9%. There was not a wide seasonality of microbial keratitis, maybe because of the mild climate of Brazil, with similar weather throughout the year. This would explain differences between our findings and those in similar studies from other countries, like India, which connected the higher incidence of fungi keratitis to windier seasons.
Deadline: 10/2013	 Conclusion: There was not a significant seasonal variability of microbial keratitis. Isolated bacterial was the most frequent keratitis in all studied period. Fungi was the second most common, followed by Acanthamoeba. Keywords: seasonality microbial keratitis microbiology
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	

Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	R1 Last Name: Marina First Name: Roizenblatt Service: CORNEA AND EXTERNAL DISEASE and LABORATORY CEP Number: 559063
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"	5. ABSTRACT (REQUIRED): Title: Reverse translational research and precision medicine in ophthalmology and visual science
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	 Author and Co-authors: Marina Roizenblatt, Linda C. Carrijo-Carvalho, Annette S. Foronda, Fabio R.S. Carvalho, Denise de Freitas Purpose: Translational research is a new field of science by which data obtained in the lab can be applied in the clinical routine, improving diagnostic methods and treatment procedures. Reverse translational research bring new insights from the bedside to the lab bench. In this context, precision medicine comes to seek the most important security and efficacy predictors of the treatment success. Acanthamoeba spp is associated with a sight-treating infection in the corneal surface, Acanthamoeba keratitis (AK), characterized by complex diagnosis and therapy. Treatment includes topical biguanides and diamidines, with variable dosages. For these reasons, AK was chosen as a model of ocular disease targeting a presumptive standardization of treatment procedure. Methods: Effect of 0.02% polyhexamethylene biguanide (PHMB) was evaluated in avirulent Acanthamoeba strain (ATCC 30011) and a clinical isolate obtained from a severe AK case. Excystment, proliferation and death were evaluated. Data were submitted to one-way ANOVA and results were considered statistically
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Results: Excystment was observed after 12h. At this time interval, both strains were equally susceptible to PHMB, with a reduction of 44.5 and 61.6% in the total number of trophozoites from ATCC 30011 and clinical isolate, respectively. After 72 h, the virulent strain showed increased resistance to PHMB action.
Deadline: 10/2013	Conclusion: Differential patterns of Acanthamoeba resistance against PHMB were observed. Results suggest PHMB acts primarily in the viability and proliferation of trophozoites and not in the inhibition of excystment process. We demonstrated the importance of a specific therapeutic profile and the role of patient in regular

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Abstract should contain:

2. SCIENTIFIC SECTION PREFERENCE

(REQUIRED):

81.

Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.

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FIRST (PRESENTING) AUTHOR (REQUIRED):

drops to be used in the amoebic keratitis. Keywords: Translational research, Acanthamoeba, Keratitis, PHMB, Precision medicine

usage of PHMB in order to avoid the occurrence of acquired resistance during the

treatment for AK. Finally, the results open perspectives about dosage of PHMB eye

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	82. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R1 Last Name: Nathalia Middle: Mayumi Thomaz First Name: Aguino
(REQUIRED) Check one: Poster	Service: CORNEA AND EXTERNAL DISEASE
	CEP Number:
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"	 5. ABSTRACT (REQUIRED): Title: Bitot's spot related to hypovitaminosis A and underlying pinquecula: a case report Author and Co-authors: Nathalia Mayumi Thomaz de Aquino, Daniele Arroyo, Márcia Lowen Purpose: Vitamin A plays an essential role in vision. Although rare in the Occident, deficiency can result in ocular disorders. We report a case of Bitot's spot probably associated with vitamin A deficiency and pinquecula's elastic
(CODE): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT	 A denote the probability associated with vitamine A denote they and pingaced as clastic degeneration in former alcoholic patient. Methods: Case report Results: We report a case of a male patient , 44 years ,who came to our service complaining of ocular discomfort in the right eye. He had a past ocular history of corneal tectonic keratoplasty in the right eye 9 months ago by perforated fungal ulcer that had evolved in 8 days. Regarding his personal history he reported alcoholism , which he had abandoned six months ago. Slit lamp exam of the left eye showed a nasal whitish lesion, triangular and with foamy aspect. It didn?t stain with rose beneal. Issamine green or toluidine blue
(PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	A excisional biopsy was made with histopathological analysis and culture. The pathology resulted in pinquecula with squamous metaplasia and the culture came back positive for Corynebacterium spp .Thereby , it was made the diagnostic hypothesis of Bitot's spot secundary to vitamin A deficiency caused by alcoholism, on the top of a pinguecula . It was requested the dosage of serum vitamin A which is still in progress and electroretinography which came without changes in the eye in question.
Deadline: 10/2013	Conclusion: Bitot's spot originates from the conjunctival epithelium keratinization and is considered a classic finding of vitamin A deficit. There is evidence that vitamin A deficiency is not the only cause of it's
	development. Cases of epithelial changes consistent with Bitot's spot have been described in response to pingueculas epithelial degeneration. The prior alcoholism associated with malnutrition and vitamin deficit, probably decisively contributed to the poor outcome of the corneal ulcer in the right eye.
FORMAT:	Vitamin A is essential for the integrity of the corneal epithelium. The facts that the patient had abandoned the ethylic habit six months ago and
Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results,	that he has been feeding properly justifies the absence of changes in electroretinography. Thus, it is believed that the Bitots spot was the result of vitamin A deficiency, produced by a long period of alcoholism and malnutrition, associated with underlyng pingueculas elastic degeneration.
Conclusion.	Keywords: Stain de Bitot; Hipovitaminose A

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	83. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R4 Last Name: Ana Gabriela Middle: Coelho de Magalhaes First Name: Queiroz
(REQUIRED) Check one: Poster	Service: CORNEA AND EXTERNAL DISEASE
	CEP Number:
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" 	 5. ABSTRACT (REQUIRED): Title: Evaluation of the results of the surgical limbus transplantation using the technique Slet (Simple limbal epithelial transplantation) in patients with unilateral total limbal insufficiency. Author and Co-authors: Queiroz, Ana Gabriela; Barbosa, Martina; Santos, Myrna; Barreiras, Telma: Pereira, Jose Alvaro Gomes Purpose: This study aims to evaluate the surgical results of limbal transplantation using the technique Slet (Simple limbal epithelial transplantation) in patients with unilateral total limbal insufficiency. Methods: Patients were selected with complete unilateral limbal insufficiency due to ocular burn. The diagnosis of limbic insufficiency is defined based on clinical criteria and impression cytology's results. In the eye donor withdrew 4x2mm tissue limbic corneal-scleral. The recipient eye was held peritomy and total superficial keratectomy with removal of the cornea pannus. The tissue was divided in limbic excisionado 8 - 10 equal parts, which were positioned on the amniotic membrane with the epithelial side facing upward, circular in shape and saving the visual axis. At the end of the procedure a soft contact lens was placed on the eye receiver. The patients were clinically evaluated on days 1, 7, 15, 30 and 60 after surgery. Impression cytology will be performed 6 months after surgery. Results: In progress Conclusion: In progress
103) COULAR ULTRASOUND	Keywords: SLET. Limbal transplantation. Limbal insufficiency
Deadline: 10/2013	
FORMAT: Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	84. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	R4
	First Name: Arroyo
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Service: CORNEA AND EXTERNAL DISEASE
Poster	CEP Number:
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: DESCRIPTIVE ANALYSIS OF THE TYPES AND PARAMETERS OF CONTACT LENSES FITTED IN EACH EVOLUTIVE DEGREE AND MORPHOLOGY OF KERATOCONUS
	Author and Co-authors: Arroyo D, Lunardi LH, Sobrinho MVA, Lipener C
Scientific Section Descriptions (two-letter code):	Purpose: To describe the types and parameters of contact lenses (CL) fitted in each evolutive degree and morphology of keratoconus.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA	Methods: 185 consecutive keratoconus patients (325 eyes) were evaluated and classified by keratometry (mild, moderate, serious and advanced degree) and morphology (oval, nipple, globus and indeterminate cone). Initially, all tests were done with rigid gas-permeable CL (RGPCL) monocurve, however other formats and types of CL were tested if they failed.
(LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES	Results: The most prevalent keratometry classification was moderate (42,5%), followed by advanced (36%) and the most common morphology was oval (52,92%) and nipple (38,46%). On the oval keratoconus, the most frequently adapted lenses were monocurves (63,6%), diameter 9,0 \pm 03, followed by bicurves lenses, diameter 9,3 \pm 0,3. However, there was no statistic difference between their percentages of adaptation. On the nipple keratoconus, the most prevalent lenses adapted were bicurves
(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	(diam. 9,3 \pm 0,4) followed monocurves, (diam. 8,8 \pm 0,4), with statistic difference. On the mild and moderate keratoconus, the most successfully adapted lenses were monocurves, while they were bicurves on the advanced and severe keratoconus. The visual acuity (logMar) with refraction went from 0,50 to 0,20 with the contact lenses (p< 0,05).
Deadline: 10/2013	Conclusion: Our results show that contact lens monocurve seem to bring more
	lens bicurve benefit most advanced and severe cases, probably due to asphericity of the cornea.
FORMAT:	Keywords: keratoconus, contact lenses.
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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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" Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EY) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (US) OCULAR ULTRASOUND	 5. ABSTRACT (REQUIRED): Title: Repeatability of measures of a corneal and anterior segment Scheimpflug-based tomography on normals and Keratoconus eyes in an University referral center Author and Co-authors: Marcio Wajngarten, Rodrigo Teixeira Santos and Luciene Barbosa de Sousa Purpose: To analyze and compare the repeatability of various corneal tomography parameters from a corneal and anterior segment Scheimpflug-based tomography in normal and keratoconic eyes. Methods: Patients treated at Universidade Federal de Sao Paulo - UNIFESP (Sao Paulo, Brazil) were invited to participate and voluntarily accepted. We studied eyes randomly selected from patients with normal corneas and eyes randomly selected from patients with keratoconus. Each eye was examined five consecutive times with the Pentacam HR (Oculus, Wetzlar, Germany). The standard deviation (SD [index of repeatability]) was calculated for the main parameters. Results: In progress Conclusion: In progress Keywords: Keratoconus, Scheimpflug, Pentacam 	
Deadline: 10/2013 FORMAT:		
Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		

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Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract	Fellow
	Middle: L.B. First Name: Esporcatte
(REQUIRED) Check one:	Service: GLAUCOMA
Poster	CEP Number: 15172413.4.0000.5505
 The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby 	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Comparison of the Icare rebound tonometer with the Goldmann tonometer in children: exam duration and epithelial defects.
	Author and Co-authors: Bruno Esporcatte, Fábio Marujo, Flávio Lopes, Vespasiano Rebouças, Christiane Rolin de Moura
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	Purpose: Quantify the duration of intraocular pressure (IOP) measurements using a rebound tonometer (ICare) in comparison with the Goldmann applanation tonometer (GAT) and evaluate the epithelial defects induced by those devices in pediatric ophthalmology clinic.
(CA) CATARACT (CA) CATARACT (CF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW USION	Methods: Children with six or seven years old with no ocular pathologies were randomized for first device used. Intraocular pressure (IOP) was measured without anaesthesia using the Icare or using the GAT. Epithelial defects were quantified by slip lamp evaluation with fluorescein drop. Central corneal thickness (CCT) was measured by ultrasonic pachymetry.
(NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Results: The IOP measurement with Icare was faster then GAT (70.46 \pm 38.14 sec. vs. 127.69 \pm 50.04 sec., n=12, p=0.0014). There were no differences in IOP values (16.54 \pm 3.41mmHg with Icare vs. 14.08 \pm 1.85 mmHg with GAT) or corneal injury induced by tonometers contact. The mean of corneal thickness was 547,18 \pm 45,79 ?m.
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: The Icare tonometry without anesthesia took less time then Goldmann device and do not induce more epithelial injury.
	Keywords: Tonometry, Icare, Goldmann Applanation tonometer
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Fellow Last Name: Cristiana Middle: Soares First Name: Ronconi
Poster	Service: STRABISMUS and GLAUCOMA
	CEP Number: 4023000
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"	5. ABSTRACT (REQUIRED): Title: Surgical Results of Trabeculotomy and Goniotomy for Primary Congenital Glaucoma
	Author and Co-authors: Cristiana Soares Ronconi, MD; Flávio Siqueira Santos Lopes, MD; Marcia Keiko, PhD; Ivan Maynart Tavares, PhD; Christiane Rolim de Moura, PhD
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EY) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (US) OCULAR ULTRASOUND	 Purpose: To evaluate the results of trabeculotomy and goniotomy in primary congenital glaucoma. Methods: The charts of patients who were submitted to ab externo trabeculectomy or goniotomy at the Hospital São Paulo ? Federal University of Sao Paulo, between January 2011 and January 2013, were studied retrospectively. The evaluation included biomicroscopy, fundoscopy biometry and measurement of the intraocular pressure. Results: Among all the patients who were submitted to surgery in the period determined, 12 patients(20 eyes) met the inclusion criteria. Of these selected eyes, five (25%) patients needed an extra angular surgery (four trabeculotomies and one goniotomy) and, at the end of follow up, five (25%) patients had been submitted to a filtrating surgery (trabeculectomy). The failure criteria was considered this need of filtrating surgery, thus it was seen a 75% success rate in the determined follow up. Conclusion: Trabeculotomy/Goniotomy resulted in satisfactory success rates in primary congenital glaucoma.
Deadline: 10/2013	Keywords: glaucoma; trabeculotomy; goniotomy; retrospective/longitudinal studies.
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion. Poster guidelines: 90cm x 120cm	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	88. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Cristine First Name: Stablschmidt
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Service: GLAUCOMA
Poster	CEP Number: 4081
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"	5. ABSTRACT (REQUIRED): Title: Identification of the Most Accurate Spectral-Domain Optical Coherence Tomography Parameters to Use in Eyes with Early High and Low-Tension Glaucoma Author and Co-authors: Cristine Stahlschmidt, Pilar A Moreno, Mauro T
Scientific Section Descriptions (two-letter code):	Lette, Hago S Prata Purpose: To compare the diagnostic ability of macular ganglion cell complex (GCC) and peripapillary retinal nerve fiber layer (pRNFL) thickness in patients with
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 high-tension glaucoma (HTG) and low-tension glaucoma (LTG). Methods: We prospectively enrolled consecutive normal subjects, HTG and LTG patients. Those with any ocular disease other than glaucoma were excluded and only eyes with early glaucoma[mean deviation(MD) <-6 db]were included. Patients underwent spectral-domain optical coherence tomography (SD-OCT) imaging. Analysis of variance was used to compare SD-OCT parameters between groups(HTGvsLTG). Areas under the receiver operating characteristic curve(AUROC)were used to compare the discriminating ability of each scan within and between groups(Delong Test). Results: A total of 56 normal subjects, 64 HTG and 35 LTG were enrolled. We found a significant difference in the average, superior and inferior GCC thicknesses between controls and LTG group (p<0.05) and between controls and HTG group (p0.05). There was a significant difference between all 3 groups regarding average, superior and inferior pRNFL (p<0.05). After adjusting for MD and age, average pRNFL thickness in eyes with LTG was 18.7 µm thinner than in eyes with HTG, (17% difference; p<0.01). In HTG group, no significant difference was found between AUCs for average GCC and average pRNFL thicknesses (0.77 vs 0.68; p=0.06). In the LTG group, average pRNFL thickness had a significantly larger AUCs compared to average GCC thickness (0.95 vs 0.81; p<0.01). Comparing AUC comparing AUC average GCC thickness (0.95 vs 0.81; p<0.01).
Deadline: 10/2013	AUC compared to average GCC thickness (0.95 vs 0.81 ; p<0.001). Comparing AUCs between HTG and LTG groups, average GCC had similar AUCs in both groups (p=0.47) and pRNFL had a significant larger AUC in the LTG group (p<0.001).
	Conclusion: In eyes with early glaucoma and similar functional damage, the pRNFL scan seems to be the most accurate SD-OCT parameter to identify those
FORMAT:	with LTG. The macular GCC scan seems to perform similarly in eyes with HTG and LTG. Weather this difference could be related to the fact that eyes with LTG usually
Abstract should contain:	have a significant proportion of localized RNFL defects at onset deserves further investigation.
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: imaging methods imaging methods (CT, FA, ICG, MRI, OCT, RTA, SLO, ultrasound); ganglion cell; nerve fiber laye; ganglion cells; nerve fiber layer
Postor quidolinos:	

2013 Research Days Abstract Form	
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	89. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: flavio
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: lopes
Poster	Service: GLAUCOMA
	CEP Number: 1268/11
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
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"	Title: Analysis of Neuroretinal Rim Distribution and Vascular Pattern of Eyes with Presumed Large Physiological Optic Disc Cupping: a Comparative Study
	Author and Co-authors: Flavio S S Lopes; Daniela L M Junqueira; Luis Gustavo Biteli; Tiago Santos Prata
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT	Purpose: To investigate possible differences in neuroretinal rim distribution, vascular pattern and peripapillary region appearance between eyes with presumed large physiological optic disc cupping (pLPC) and with optic disc excavation within normal limits (control group).
(EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TU) TUMORS AND PATHOLOGY (UV) UVEITIS	Methods: We prospectively enrolled consecutive patients with pLPC and subjects with optic disc excavation within normal limits. Eyes with pLPC were defined as those with vertical cup-to-disc ratio (VCDR) ?0.6 based on color stereophotography, untreated intraocular pressure ?20mmHg, normal 24-2 standard automated visual field (VF) test, absence of disc notching, disc hemorrhage or localized retinal nerve fiber layer defects. Controls were recruited based on the same criteria, except from VCDR, which was limited to ?0.5. All included patients had to have a minimum follow-up of 3 years, with no changes in optic disc parameters or VF tests. We compared ocular signs and characteristics related to the neuroretinal rim distribution, vascular pattern, peripapillary region appearance and disc size between groups. Whenever both eyes were eligible, one was randomly selected for analysis.
US) OCULAR ULTRASOUND	Results: A total of 74 patients $(45.6\pm14.9 \text{ years})$ with pLPC and 45 controls $(44.8\pm11.6 \text{ years})$ were enrolled (p=0.76). Median disc size and VCDR was
	significantly larger in eyes with pLPC compared to controls (p<0.01). The proportion of eyes with violation of the ISNT rule, laminar dot sign, nasal shifting
Deadline: 10/2013	of the central vessels, nasal excavation and baring of circumlinear vessel was significantly greater in the eves with pLPC compared to controls ($p < 0.01$). There
	were no significant differences regarding the proportions of eyes with peripapillary atrophy between groups (p <0.09). Finally, disc size was significantly associated with VCDR (r 2=0.47, p <0.01), with an increase of 0.21 in VCDR for each 1 mm2
FORMAT:	in disc area.
Abstract should contain:	Conclusion: Compared to normal controls, eyes with pLPC may present a higher proportion of optic nerve head findings frequently observed in glaucomatous eyes.
Author, Co-authors (maximum 6), Purpose, Methods, Results,	As this seems to be explained in part by the larger discs found in these eyes, care should be taken while classifying them as glaucomatous or not based on these

Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.

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characteristics.

2. SCIENTIFIC SECTION PREFERENCE	90. FIRST (PRESENTING) AUTHOR (REQUIRED):
(RECORED).	Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	R1
abstract.	Last Name: Felipe Middle: Taveira
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Daher
Poster	Service: GLAUCOMA
	CEP Number: 431155
 The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby 	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Influence of corneal thickness on tonometrical values of intraocular pressure, using the Goldmann tonometer, Tonopen and transpalpebral tonometer.
	Author and Co-authors: Felipe Taveira Daher and Augusto Paranhos Júnior.
Scientific Section Descriptions (two-letter code):	ophthalmological examination. The tonometrical values may vary due to a lot of conditions, one of them is the corneal thickness. Keratoconus is an example of
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT	There are a lot of instruments that can be used to acquire intraocular pressure values, the most modern ones have the objective of acquire this values quickly and with the less discomfort as possible to the patient. Following this objective.
(EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LA) LACRIMAL SYSTEM	the new transpalpebral tonometer must be mentioned. This study compares intraocular pressure values measured through Goldmann tonometer, Tonopen and transpalpebral tonometer considering the corneal thickness values on normal patients and patients with keratoconus.
 (NO) NEURO-OPHTHALMOLOGY (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND 	Methods: Normal patients and patients with keratoconus were recruited spontaneously. They were submitted to OCT pachymetry than intraocular pressure values were obtained through Goldmann tonometer, Tonopen and transpalpebral tonometer. After those first measures the patients had ophthalmic glycerol instilled on their both eyes. A new session of OCT pachymetry were done and intraocular pressure values were obtained through Tonopen and transpalpebral tonometer. The tonometric values were analyzed and the influence of the corneal thickness no each tonometer were obtained.
	Results: Study in course. Last patients still being studied.
Deadline: 10/2013	Conclusion: Study in course.
	Keywords: Transpalpebral tonometer.
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Bostor quidelinee:	

	2013 Research Days Abstract Form
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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	 91. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R1 Last Name: Verena Middle: Ribeiro First Name: Juncal Service: GLAUCOMA CEP Number: waiting for approval
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"	5. ABSTRACT (REQUIRED): Title: Role of the fourth drug in the intraocular pressure control in patients with glaucoma
	Author and Co-authors: Verena Ribeiro Juncal, Tiago dos Santos Prata, Augusto Paranhos Jr, Felipe Abdo Jorge
Scientific Section Descriptions (two-letter code):	Purpose: To evaluate the efficacy of the fourth drug in the intraocular pressure control of patients with primary glaucoma.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TW) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Methods: This is a prospective study in which patients already diagnosed with primary open-angle glaucoma or primary angle closure glaucoma followed at the Department of Ophthalmology of UNIFESP undergoing topical and concomitant treatment at one or both eyes with prostaglandin analog (travoprost, latanoprost, bimatoprost), beta-blocker (timolol), alpha-agonist (brimonidine) and carbonic anhydrase inhibitor (dorzolamide, brinzolamide) were recruited. Patients were submitted to a first evaluation, where clinical and demographic data were collected, and an ophthalmologic examination (visual acuity, anterior biomicroscopy, tonometry and pachymetry) was done. The intraocular pressure (IOP) measurement was performed using a Goldmann applanation tonometry at 8am, 10am and 12pm. Patients were then informed to discontinue the carbonic anhydrase inhibitor and return 15 days later (washout period) for another IOP measurement, also performed at 8am, 10am and 12pm with the same tonometer and by the same e Results: in progress
	Conclusion: in progress
Deadline: 10/2013	Keywords: glaucoma, dorzolamide, carbonic anhydrase inhibitor, intraocular pressure
ADSTRACT SHOULD CONTAIN: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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92. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
R2 Last Name: Adriano First Name: Bogar Service: GLAUCOMA CEP Number: 980966
 5. ABSTRACT (REQUIRED): Title: Is there a correlation between corneal and optic nerve head paramaters in keratoconus patients? Author and Co-authors: Adriano Bogar, MD; Luis G. Pimentel, MD; Flavio S. Lopes, MD; Danielle Miura, MD; Tiago S. Prata, MD, PhD Purpose: We sought to investigate the correlation between corneal and optic nerve head paramaters in kerators.
 Methods: A cross-sectional study was carried out based on participants from a previous study from our group including consecutive patients with different stages ok karatoconus. Exclusion criteria were significant media opacity, intraocular pressure>21 mmHg, signs of glaucoma or any other optic neuropathy. Data collected were age, gender, corneal curvature (maximum and central) and central corneal thickness (based on ultrasound paquimetry). Based on color retinographs, two independent examiners determined the vertical cup-to-disc ratio (VCDR) and whether cup sizes were asymmetric or not between fellow eyes of each patient. In case of disagreement, the opinion of a third examiner was used to adjudicate. For each patient, we determined the agreement between cup size and corneal involvement. In addition, after separating fellow eyes in 2 groups based on corneal curvature and thickness, we compared VCDR values between them. Results: In progress. Keywords: keratoconus, optic nerve head, vertical cup-to-disk ratio, corneal thickness, cornea curvature
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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.
3. PRESENTATION PREFERENCE (REQUIRED) Check one:
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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"
Scientific Section Descriptions (two-letter code):
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND
FORMAT:
Abstract should contain:
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	94. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R2 Last Name: Paula Middle: Delegrego
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Borba
Poster	Service: GLAUCOMA
	CEP Number: 32733
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
centilies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee'	Title: Correlation Between Peripapillary Choroidal Thickness Measurements and Visual Field Status in Glaucomatous Patients
	Author and Co-authors: Paula Delegrego Borba, MD; Vitor Gomes Prado, MD; Augusto Paranhos Jr, MD, PhD; Tiago S Prata, MD, PhD; Roberto M Vessani, MD, PhD.
Scientific Section Descriptions (two-letter code):	Purpose: To correlate choroidal thickness measurements obtained by enhanced depth imaging spectral-domain optical coherence tomography (EDI-OCT) with visual function status as determined by the Visual Field Index (VFI) in
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE	glaucomatous patients.
(CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TL) TIMORS AND PATHOLOGY	Methods: We prospectively enrolled glaucomatous patients (glaucomatous optic neuropathy and reproducible visual field defect). Exclusion criteria were the presence of significant media opacity or any ocular disease besides glaucoma. All participants underwent EDI-OCT (SD-OCT; Spectralis®, Wavelength: 870nm; Heidelberg Engineering Co., Heidelberg, Germany) and visual field assessment using the Humphrey Visual Field Analyzer (24-2; SITA-Standard). The peripapillary choroidal thickness was measured 500µm distant from the margin of the Bruch's membrane opening. Two independent examiners assessed all EDI-OCT images (poor quality images were not included in the analysis). Multiple regression analysis (accounting for age effect) was used to investigate the correlation between the choroidal thickness and VFI values. In addition, the reproducibility of these measurements was also determined.
(UV) UVEITIS (US) OCULAR ULTRASOUND	Results: In progress
	Conclusion: In progress
Deadline: 10/2013	Keywords: Glaucoma, Peripapillary choroid, visual field, morphology, OCT
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	95. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R3 Last Name: CARLOS Middle: EDUARDO
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: BARBOSA FILHO
Poster	Service: GLAUCOMA
	CEP Number: 159954
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"	5. ABSTRACT (REQUIRED): Title: Use of Spectral Domain Optical Coherence Tomography in Clinical Practice: Does it Influence the Diagnostic Decision of Glaucoma Specialists and Non-specialists?
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) EPIDEMIOLOGY (EF) EPIDEMIOLOGY (EA) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (PC) DECOLOCONTOC LENSES	 Author and Co-authors: Carlos Eduardo Barbosa Filho, Tiago Prata, Mauro Leite, Roberto Vessani, Augusto Paranhos Purpose: To evaluate the influence of OCT in the diagnosis of glaucoma in patients followed at the Federal University of São Paulo Methods: The charts of 10 patients with initial glaucoma and patients without glaucoma were reviewed and the history, Fundoscopy, Visual Field and OCT were collected and inserted in a power point presentation, then this presentation was shown to respondents, 7 glaucoma specialist and 7 non glaucoma specialist that should answer at the first moment just with history, optic nerve picture and visual field if the patient had or hadn t glaucoma then OCT was showed and the respondents should answer if the patient had or hadn 't glaucoma Results: The glaucoma specialists were able to detect 34% of glaucoma cases before and 74% after the OCT imaging. Non-specialist were able to detect 40% of glaucoma cases before and 60% after the the OCT imaging
(ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCUL AR UI TRASOLIND	Conclusion: Ancillary imaging using OCT yielded an increase in the agreement among specialists and non-specialists for the diagnosis of glaucoma
	Keywords: glaucoma, OCT, diagnosis
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Abstract should contain:	
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	

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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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	 96. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R3 Last Name: Julia Middle: Dutra First Name: Rossetto Service: GLAUCOMA CEP Number: 10013612.1,0000 5505 	
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" 	 5. ABSTRACT (REQUIRED): Title: Assessment of progress in the evaluation of the optic disc during the Ophthalmology Residency Program Author and Co-authors: Rossetto JD, Campos M, Paranhos Jr A, Maynart I Purpose: Assess the evolution in the evaluation of the optic disc in patients with and without glaucoma among ophthalmology residents during the three years of residency. Methods: Stereo photos were selected from 20 patients with or without glaucoma. They were analyzed by a glaucoma specialist and by the residents of the first and third years through projections on a computer in a dark room and with appropriate glasses for stereopsis. Simultaneously, the forms were filled with descriptions of the disc. The results were compared between the two groups and the specialist to assess compliance and improvement during the residency. Results: In progress Conclusion: In progress Keywords: cup disc ratio, optic disc analisis 	
Deadline, 10/2012		
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Abstract should contain:		
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.		
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Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.

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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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	 98. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R3 Last Name: thays Middle: moreira First Name: albhy Service: GLAUCOMA and CORNEA AND EXTERNAL DISEASE CEP Number:
A. 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" Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EP) EPIDEMIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (IV) UMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 5. ABSTRACT (REQUIRED): Title: Conjunctival thickness OCT-measurements in glaucoma patients Author and Co-authors: Thays Moreira Albhy, Laércio da Silva Gonçalves, Huber Martins Vasconcelos Junior, Mauro Campos Purpose: To evaluate thickness of the conjunctival epithelium of patients in use of multiple antiglaucomatous drugs. Methods: An spectral domain OCT (Cirrus-HD) is being used for this measurements. Patients are classified according to the time and class of anti ocular hypertensive topical medications. An aged-paired control group is included. Cross-sectional conjunctival images using the Anterior Segment 5 Line Raster scanning protocol is obtained from all patients Results: Preliminary analysis shows a consistent measurement of the conjunctival epithelium. The total conjunctival thickness shows more variable measurements Conclusion: This image technology allows the visualization of the conjunctival structures. Data is being obtained. Keywords: glaucoma , conjunctiva ,OCT, glaucoma drugs
Deadline: 10/2013	
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	

Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R3 Last Name: Vitor
3. PRESENTATION PREFERENCE	Middle: Gomes First Name: Prado
(REQUIRED) Check one:	Service: GLAUCOMA
Poster	CEP Number: 32733
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"	 5. ABSTRACT (REQUIRED): Title: Correlation Between In Vivo Laminar and Pre-laminar Tissues Measurements and Visual Field Status in Glaucomatous Patients Author and Co-authors: Vitor G Prado, MD; Paula C Prudente Silva, MD; Paula D Borba, MD; Augusto Paranhos Jr, MD, PhD; Roberto M Vessani, MD, PhD; Tiago S Prata, MD, PhD Purpose: To correlate different optic nerve head (ONH) parameters measurements obtained by enhanced depth imaging spectral-domain optical coherence tomography (EDI-OCT) with visual function status as determined by the Visual Field Index (VFI) in glaucomatous patients. Methods: We prospectively enrolled glaucomatous patients (glaucomatous optic neuropathy and reproducible visual field defect). Exclusion criteria were the
(EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	presence of significant media opacity or any ocular disease besides glaucoma. All participants underwent EDI-OCT (SD-OCT; Spectralis®, Wavelength: 870nm; Heidelberg Engineering Co., Heidelberg, Germany) and visual field assessment using the Humphrey Visual Field Analyzer (24-2; SITA-Standard). The following ONH parameters were evaluated: lamina cribrosa and pre-laminar neural tissue thicknesses, scleral canal diameter (Bruch?s membrane opening) and cup depth. Two independent examiners assessed all EDI-OCT images (poor quality images were not included in the analysis). Multiple regression analysis (accounting for age effect) was used to investigate the correlation between the ONH parameters measurements and VFI values. In addition, the reproducibility of these measurements was also determined. Results: in progress
Deadline: 10/2013	Keywords: lamina cribrosa;
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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99. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	100. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Rossen
3. PRESENTATION PREFERENCE	Middle: Mihaylov First Name: Hazarbassanov
Poster	Service: REFRACTIVE SURGERY and CORNEA AND EXTERNAL DISEASE
	CEP Number: 1346/08
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors berehv	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Osmoprotective lubricant application for the management of post- refractive surgery induced dry eye symptoms
	Author and Co-authors: Rossen M. Hazarbassanov, Renata Loureiro, Joyce Covre, Jeison N. Barros, Jose Alvaro P. Gomes
Scientific Section Descriptions (two-letter code):	Purpose: To compare the efficacy of an osmoprotective eye drop (Optive®) to an eye drop without osmoprotectant components (FreshTears®) for prevention of induced dry eye disease in refractive surgery patients
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT	Methods: In this double-masked study 22 patients referred for LASIK or PRK were randomized post-surgically to receive topical administration four times daily of FreshTears® (FT; n=13) or Optive®(Op; n=9). Eye exams were performed before surgery (T0), 1 month (T1) and 3 months (T3) follow-up, and consisted of: best spectacle corrected visual acuity (BSCVA), tear film osmolarity, Schirmer 1 test, tear film breakup time (TBUT), fluorescein staining, ocular surface disease index (OSDI) and patient symptoms questionnaires, lissamine green staining, impression cytology processed by periodic acid schiff-hematoxylin (PAS-H) and anti-HLA-DR immunocytochemistry.
(PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: Pain increased significantly for FT at T3 (p <0.05). It was observed a reduction in osmolarity at T1 and T3 for Op group (p <0.01), and at T3 for FT (p <0.05). TBUT showed a decrease between T0 and T1 for FT (p <0.05), but not for Op. Impression cytology scores increased at T3 for FT group (p =0.013) in the temporal conjunctival region. A higher percentage of HLA-DR positivity was verified at T3 for Op in the upper region (p =0.0137) and both superior and temporal regions (p =0.0065).
Deadline: 10/2013	Conclusion: Op was superior to FT in regards to pain, osmolarity, TBUT, and impression cytology scores, whereas FT has shown to be superior to Op when considering HLA-DR cell positivity. Osmoprotective lubricants could be effectively applied for prevention of refractive surgery related dry eye symptoms and signs.
	Keywords: refractive surgery, dry eye, osmoprotectant
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postar quidalinas:	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	101. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	R1 Last Name: Rafael Middle: Freire First Name: Kobayashi Service: REFRACTIVE SURGERY CEP Number: 4025012
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	5. ABSTRACT (REQUIRED): Title: Corneal Thickness Among in Individuals with Myopia.
Ethical Committee"	Author and Co-authors: Rafael Kobayashi, Maria Flavia Ribeiro, Flavio E. Hirai, Eliane M. Nakano, Claudia Francesconi, Mauro Campos Purpose: to evaluate corneal thickness across corneal meridians in individuals with myopia
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Methods: One hundred and fifteen individuals had both eyes evaluated. Examinations included refraction and corneal thickness measured by pentacam. Myopes were categorized as low (spherical equivalent between zero and -3.00); moderate (-3.00 to -6.00); and severe (higher than -6.00). Corneal thickness were compared across groups and corneal meridians with the Wilcoxon signed rank test and p-values < 0.05 were considered statistically significant. Results: 44 (38.3%) were male and mean (sd) age was 33.8 (8.7). Mean (sd) corneal thickness across low, moderate, and severe groups were 603.5 (34.4), 601.3 (36.3), and 592.8 (33.3), respectively, at 90 degrees, p=0.956. At 270 degrees, mean (sd) values were 579.2 (31.8), 574.7 (33.9), and 574.5 (33.7), respectively, p=0.569. Comparing opposite meridians (90 vs. 270), mean values were different in all myopic groups studied (p<0.001). Conclusion: Corneal thickness did not differ across different levels of myopia. However, it showed to be thinner at 270 degrees when compared to the 90 degree meridian. Keywords: Corneal Thickness, Myopia
Deadline: 10/2013	
FORMAT	
Abstract should contain:	
Title Author, Co-authors (maximum 6).	

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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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	102. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R3 Last Name: Huber Middle: Martins First Name: Vasconcelos Junior Service: REFRACTIVE SURGERY CEP Number: 14527	
4. The signature of the First (Presenting)		
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''	5. ABSTRACT (REQUIRED): Title: Comparison of keratometry among 5 topographers in patients with keratoconus Author and Co-authors: Huber Martins Vasconcelos Junior, Ramon Antunes de Oliveira, Luis Felipe Brenner, Claudia M. Francesconi	
	Purpose: This study correlates the corneal keratometry in 5 different	
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EP) EPIDEMIOLOGY (EA) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PL) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Purpose: This study correlates the correlative correlation teratometry in 3 different topographers, either from placid disk, scheimpflug or optical interferometry keratometry, in patients with keratoconus Methods: 12 volunteers with keratoconus were included. None of them had history of corneal surgery. Both eyes were evaluated in five different devices in a single visit: one optical interferometry biometers (Haag-streit Lenstar); two scheimpflug topographers (Oculus Pentacam, Wavelight Allegro Topolyzer) and two placid disk topographers (Wavelight Allegro Oculyzer, Atlas Corneal Topography). Flat corneal curvature (K1), steep corneal curvature (K2) and mean simulated keratometry (Sim K) were evaluated. Statistical analysis with Bland Altman was performed. Results: in progress Conclusion: in progress Keywords: keratoconus; keratometry 	
Deadline: 10/2013		
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results,		

Doctor quidalinas:

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific Section Descriptions. Select and enter the two-letter Code for the	103. FIRST (PRESENTING) AUTHOR (REQUIRED):Must be the author listed first in abstract body.R3
one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE	Last Name: Ibraim Middle: Viana First Name: Vieira
(REQUIRED) Check one:	Service: REFRACTIVE SURGERY
	CEP Number:
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was	5. ABSTRACT (REQUIRED):
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	astigmatism greater than 2.00D
	Author and Co-authors: Ibraim V Vieira, Amanda C Paz, Claudia M Francesconi, Mauro
Scientific Section Descriptions (two-letter code):	S. Q. Campos, Paulo Schor, Eliana M Nakano
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY	Purpose: Evaluate one year follow up of patients who undertook refractive surgery in EX500 and evaluate:-Visual acuity with and without correction;
(EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY	 Residual spherical equivalent refractive error; Residual astigmatism; Induced spherical aberration, coma and high order aberration
(LS) LACKIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY	Methods: We retrospectively enrolled patients who were submitted to LASIK or PRK surgery with EX500 laser in the one-year period between november 2012 and november 2013. We selected the patients whose astigmatic refractive errors were higher then 2.0 diopters. We measured visual acuity with and without correction and refractive error after cycloplegia. We realized pentacam and OPD examinations to evaluateobjectively the refractive patterns and optical aberrations of the eyes.
(UV) UVEITIS (US) OCULAR ULTRASOUND	Results: in progress
[]	Conclusion: in progress
Deadline: 10/2013	Keywords: refrative surgery refractive LASIK PRK astigmatism aberration EX500 residual
FORMAT	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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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. 3. PRESENTATION PREFERENCE (UPED) UPED) Charactering	104. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R3 Last Name: Vinícius Middle: Silbiger First Name: De Stefano
(REQUIRED) Check one:	Service: REFRACTIVE SURGERY and OCULAR BIOENGINEERING
	CEP Number : 214971
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" Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) EDIDEMIOLOGY (EF) EDIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LY) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (RE) RETINA AND VITREOUS	 5. ABSTRACT (REQUIRED): Title: REAL-LIFE LOW-TECH ANALYSIS OF VISUAL BEHAVIOUR BASED IN SCENE AND EYE IMAGE FOR REFRACTIVE SURGERY PLANNING Author and Co-authors: VINÍCIUS S DE STEFANO; PAULO SCHOR Purpose: Pupil diameter is one factor affecting outcomes and patient satisfaction in keratorefractive surgery. The present methods to evaluate pupil size do not take into account the common activities of the candidates neither their visual demand. The purpose of this study is to evaluate pupil size variation due to light exposition in relation to daily activities and its visual importance. Methods: Measures of different illuminance ranges were obtained, using a highly accurate luximeter and an iPhone application: Whitegoods® Light Meter. Subjects? pupil were pictured eight times (every 2 hours) during a regular day; at the same moment another picture from the viewed scene was obtained, using the same device. Subjects were also asked to evaluate the importance their vision had for them at that specific time and place, giving a grade that ranged from 1 (not important) to 5 (very important). Correlation between iPhone and Luximeter data was assessed by Pearson correlation test; evaluation of pupil size was made with graphic analysis of linear regression.
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Groups A, B and C. Individual graphics show great variance between each subject, regarding the importance they gave to their vision in relation to their pupil?s size. Pearson correlation test between the illuminance levels obtained with the luximeter and the iPhone app was 0.985 (p<0.001).
	Conclusion: For the first time we used mobile technological instruments to access routing activities of potential refractive surrouv candidates. We found that the
Deadline: 10/2013	importance of vision, when related to the pupil size, had diverse levels of variation amongst subjects, making it clear that different practical results might show up in patients with similar clinical aspects, but unlike behavior regarding their everyday perception of vision. It is possible to infer that a specific type of surgery or IOL could have better visual outcomes in one group than in the other. It is relevant to
FORMAT: Abstract should contain: Title	that with simple gadgets used in our everyday life we could acquire important information of patients? needs and, therefore, achieve better surgical planning and results.
Purpose, Methods, Results, Conclusion.	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	105. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R1 Last Name: Cristiane
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Okazaki
Poster	Service: OCULAR BIOENGINEERING
	CEP Number: 1506/11
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	5. ABSTRACT (REQUIRED): Title: Visual neuroadaptation in blurring conditions.
Ethical Committee"	Author and Co-authors: Cristiane Okazaki, Olival Cardoso do Lago, Paulo Schor
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: Objectives: The purpose of this study is to assess the central discriminative capacity (visual acuity) in professional divers and non-divers varying the target luminosity (low contrast) and visual blurring.
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY	Methods: Methods: Visual acuity of divers and non-divers was tested with an ETDRS table in high and low contrast and through turbidity. The refraction of all eyes was measured by an autorefractor.
(GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (DD) ORDIT	Results: Results: No statistical difference was noticed between the right eye and left eye vision in any situation in any group (p>0,01) and for statistical comparisons, both eyes values were considered.
(PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA	Conclusion: Conclusion: Although we have not found results in which the divers were more adapted to see in blurring or low contrast situations, it is important to highlight that there was a significant vision loss in both groups in turbidity and low contrast. This instrument can be interesting if applied to other study situations.
(TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Keywords: Keywords: Visual optics, Blurring, Visual neuroadptation
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidelines:	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	106. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R2 Last Name: Jacqueline
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Sousa
Poster	Service: OCULAR BIOENGINEERING and LACRIMAL SYSTEM
	CEP Number : 926721
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was	5. ABSTRACT (REQUIRED): Title: Effect of ophthalmic cream used as a lubricant in the resistance of
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	silicone tubes
	Author and Co-authors: Jacqueline M. Sousa, Mirtha Dittrich, Patrícia A. Bersanetti, Regina F. Nogueira, Simone Bison, Paulo Schor Purpose: Biomaterials have been studied and used in Medicine since 1880
Scientific Section Descriptions (two-letter code):	currently being used in several areas. Silicone tubes were used to probe the lacrimal system the first time in 1967 and since then have been indicated in the treatment of oninbera secondary to obstruction of the lacrimal drainage system.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY	treatment of epiphora secondary to obstruction of the lacrimal drainage system. During the procedure of lacrimal probing is described the use of lubricants to help the process. However, the choice of this material varies between services and there are no studies comparing the different types of lubricants. One of the complications of intubation of the lacrimal system is the rupture of the probe, which may be related to changes in resistance of silicon, caused either by intubation time (up to 6 months) and by modifications of the material itself. This paper aims to be the first experimental study in the scientific literature to assess the effect of a lubricant cream (Epitezan®), chosen to be the most used in our service, in the traction resistence of the silicone tube in an experimental model of mechanical traction.
REÍ RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Methods: Mechanical experimental model, performed by the traction, with the universal device Shimadzu EZ, to determine the breaking point of silicone tubes used for probing the lacrimal system. Nineteen tubes were tested, nine were exposed to the ophthalmic lubricant Epitezan® for 2 hours, before being exposed to traction. The nine remaining tubes received no treatment, being used as the control group.
	Results: The control group had a mean tensile strength of 9.91 N/mm2 (SD \pm
Deadline: 10/2013	0.77), while the group that used Epitezan® 8.40 N/mm2 (SD \pm 1,23). After statistical analysis of tensile strength (N/mm2) of each tube studied, there was statistically significant difference between the control group and the group submitted to the lubricant (P <0.01). Thus, it was showed that the lubricant studied caused a decrease of the tensile strength of the silicone material.
FORMAT:	
Abstract should contain:	Conclusion: The group that used the lubricant Epitezan® showed lower tensile mechanical strength than the control group, showing that one or more of its
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	components alter the structure of the material used in silicon probes for lacrimal intubation facilitating the rupture during after it is implanted in the lacrimal pathways.
Postor quidalinas:	Keywords: Silicone tubes, lacrimal probing, lubricant

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	107. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R2 Last Name: RENAN Middle: ALREAT MENDONCA
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: RODRIGUES
Poster	Service: OCULAR BIOENGINEERING
	CEP Number: 13368913.4.0000.5505
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	5. ABSTRACT (REQUIRED): Title: A Teleophthalmology System to Improve Emergencies Screening in
Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Resource-poor Settings
	Author and Co-authors: Renan A. M. Rodrigues, Anna G. C. D. Ribeiro, Ana M. G. Guerreiro, Caio V. S. Regatieri
	Purpose: Identify ophthalmologic emergencies using a mobile platform (Smartphone and lens adapted)
code):	Mothods: A questionnaire was developed with most relevant onbthamologic signs
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EF) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) UN VISION	and symptoms and it was implanted on a Smartphone. A special lens (+60D) was developed too and connected to the device. The system was applied between November and December 2012 at the Ophthalmologic ER of Sao Paulo Hospital (UNIFESP). Both data and pictures from the anterior segment were sent to a server via web secure platform, an ophthalmologist accessed the data base to classify as an emergency or no emergency, and the possible diagnose of anterior segment.
(NÓ) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY	Results: We compare the local and distant diagnose to validate the screening system. From 28 emergencies only 2 were not detected (1 case of ocular toxoplasmosis, in which the patient did not complained of low vision acuity, only to the local doctor, and one case of phlyctenulosis, which needed eye drops). The sensibility was 92.85%, specificity 81.94%, predictive positive value of 66.66%, predictive negative value 96.72% and accuracy of 85%.
(UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: Screening tools need high sensitivity and predictive negative value in order to prevent missing a possible emergency. Using questionnaire and photos, the system was capable of identify also posterior segments emergencies, although it was not possible to suggest the specific diagnose. Health Systems suffer with
Deadline: 10/2013	staff shortage, budget cuts, among others. In this scenario, telemedicine can offer a tool with potential to organize demand, mainly in rural areas. It is not our
	intention to substitute the face to face ophthalmologic consultation, but we found that the transmission of ophthalmologic data was effective in establish priorities and, being low cost, can improve system efficiency, decreasing the waiting time and unnecessary spending.
FORMAT:	Keywords: Teleophthalmology mHealth emergencies triage
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Postor quidalinas:	

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	108. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	PIBIC Last Name: Thiago
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: França
Poster	Service: OCULAR BIOENGINEERING and CORNEA AND EXTERNAL DISEASE
	CEP Number : 0242/11
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was	5. ABSTRACT (REQUIRED):
conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	with Dry eye Desease.
	Author and Co-authors: Thiago Henrique de Toledo França, Vagner Rogerio Santos, Paulo Schor, Wallace Chamon, Rossen Mihaylov Hazarbassanov, Jose Alvaro Pereira Gomes
Scientific Section Descriptions (two-letter code):	Purpose: Determine the rates of evaporation of the tear film measured by a us, in determining the diagnosis of Dry Eye Desease (DED).
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) REFINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY	Methods: This study include 22 patients with DED, 11 patients with aqueous deficiency dry eye (ADDE) and 11 patients with evaporative dry eye (EDE), recruited for DEOC, Department of Ophthalmology, UNIFESP. Also, was included 11 patients without such conditions which were considered as controls. The patients are qualified to be part of the test, participants of each group was randomized to measure evaporation rates with eyes closed, opened with blinking and flashing natural forced every 5 seconds, twice the normal rate. The rates of evaporation and moisture peaks are compared between the groups. All patients with DED were diagnosed as the ADDE and for the EDE, as defined by the following criteria: Schirmer test 1 without anaesthetic in 5 min; tear film break-time (BUT) in seconds; corneal staining for fluorescein and conjunctival staining for lissamina green; Ocular Surface disorder index (OSDI) and Sintomatológico patient Questionnaire. The descriptive statistics analysis ware summarize all c
(UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: Will be presented on the poster presentation
	Keywords: evaporimetry, dry eye,
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	109. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Milton Middle: Seivu
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Yogi
Poster	Service: OCULAR BIOENGINEERING and CATARACT
	CEP Number: 0091/11
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the	Title: Phaco-catch technique: extremely low vacuum phacoemulsification.
Ethical Committee"	Author and Co-authors: Milton Seiyu Yogi, Paulo Falabella, Fernando Jopetibe, Anderson Teixeira, Paulo Schor
	Purpose: To describe a novel phacoemulsification technique that applies extremely low hydrodynamic parameters and uses a new instrument named
Scientific Section Descriptions (two-letter code):	phaco-catcher.
 (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RS) REFRACTIVE SURGERY (RK) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (IX) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND 	 Methods: The Bioengineering Laboratory and its Rapid Prototyping Center developed a new instrument (phaco-chatcher), in association with the author MSY, that enables the surgeon to perform phacoemulsification with extremely low vacuum setting. The phaco-catcher is an innovative auxiliary cataract instrument and its main function is to hold the nucleus and bring it slightly toward the phaco tip. The device presents no cutting tip and has a wider surface of contact with blunt borders (Figure 1A, 1B, 1C). It is designed to enter the subcapsular space in a horizontal position, without the risk of inadvertent capsule tear (Figure 2A, 2B). The phaco-catch maneuver provides the division of the nucleus with low aspiration flow and vacuum because the lens is stabilized by the instrument (Figure 2C). The phaco tip is then buried deep into the mass, moving forward until the fracture is created (Figure 2D, 2E, 2F). The instrument not only holds the lens but also protects the capsule from an accidental to Results: The combination of the newly designed instrument (phaco-catcher) and a modified fracture technique provided a safe and effective approach to phacoemulsification while using low hydrodynamic parameters (Vacuum: 50 to 100 mmHg).
Deadline: 10/2013	Conclusion: The phaco-catch technique represents a safe, effective and reproducible way to perform phacoemulsification with extremely low vacuum settings. It is recommended for expert surgeons as well as trainees, since it is not technically demanding.
FORMAT:	
Abstract should contain:	Keywords: phacoemulsification, technique, cataract surgery, instrument
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

	2013 Research Days Abstract Form
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	110. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R1 Last Name: Bruno
3. PRESENTATION PREFERENCE	Middle: Rebello First Name: Godoy
Poster	Service: CATARACT and GLAUCOMA
	CEP Number: 0
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
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"	Title: Prevalence of cataract and glaucoma in children with Nephrotic Syndrome under systemic corticotherapy
	Author and Co-authors: Bruno Rebello de Godoy, Paula Delegrego Borba, Maria Aparecida de Paula Cançado, Nilva Simeren Bueno de Moraes Purpose: To evaluate the prevalence of cataract, glaucoma or ocular
Scientific Section Descriptions (two-letter code):	hypertension in children with Nephrotic Syndrome with history of current or previous systemic corticotherapy
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	Methods: We have evaluated 50 patients with Nephrotic Syndrome referred from the Nephropediatry Division of the Federal University of São Paulo to our Ophthalmology Departament. We have inquired them about their personal medical history and previous treatments, including the use of systemic corticosteroids and performed complete ophthalmological examination in search of signs of cataract, ocular hypertension or glaucoma. All the patients had their best correct vision acuity measured, and we also performed applanation tonometry, anterior biomicroscopy, fundus biomiocroscopy and indirect fundoscopy Results: In progress
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS	Conclusion: In progress
(TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Keywords: Nephrotic syndrom, corticotherapy, cataract, glaucoma
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	111. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R1 Last Name: Eduardo Middle: Bicalho
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Mariottoni
Poster	Service: CATARACT
	CEP Number:
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Comparison between torsional and longitudinal waves in cataract surgery
	Author and Co-authors: Diego M. Verginassi, Liang Shin Jung, Milton yogi , Flavio hirai ,Walton nose
Scientific Section Descriptions (two-letter	Purpose: Compare the data analyzed in the post-operative of two different techniques of phacoemulsification.
code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (RE) RETINA AND VITREOUS (RE) REFRACTIVE SURGERY (RS) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Methods: This prospective study comprised 98 eyes having cataract surgery with intraocular lens (IOL) implantation between July, 2011 and September, 2011, at the UNIFESP Department of Ophthalmology. All patients assigned informed consent at the preoperative examination. The study was approved by the Local Ethics Comitee, UNIFESP. The patients were randomly assigned to have torsional phacoemulsification or longitudinal phacoemulsification. To be included, patients had to have senile cataract with grade 2 or grade 3 nuclear brunescence. The nucleus density was scored according to LOCS III SYSTEM. All patient assessments were performed by examiners masked to the phacoemulsification group. Preoperatively, all patients had a complete ophthalmologic examination including slit lamp and retinal evaluation. They also answered a questionnaire before surgery. The uncorrected visual acuity (distance) was measured using an ETDRS chart. They underwent corneal topography (Atlas OCT Visante-Omni), corneal p Results: In progress
Deadline: 10/2013	Keywords: Cataract; Phacoemulsification; Torsional; Longitudinal
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

2013 Research Days Abstract Form

	2013 Research Days Abstract Form
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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Paper	112. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R2 Last Name: Diego Middle: Monteiro First Name: Verginassi Service: CATARACT CEP Number:
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"	5. ABSTRACT (REQUIRED): Title: compare the intraoperative and postoperative outcomes of conventional longitudinal phacoemulsification versus torsional phacoemulsification
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Author and Co-authors: Liang Shin Jung, Milton Yogi, Flávio Hirai, Walton Nosé Purpose: compare the intraoperative and postoperative outcomes of conventional longitudinal phacoemulsification versus torsional phacoemulsification Methods: This prospective study comprised 98 eyes having cataract surgery with intraocular lens (IOL) implantation between July, 2011 and September,2011, at the UNIFESP Department of Ophthalmology. All patients assigned informed consent at the preoperative examination. ANEXO 1 The study was approved by the Local Ethics Comitee, UNIFESP. ANEXO 2 The patients were randomly assigned to have torsional phacoemulsification or longitudinal phacoemulsification. To be included, patients had to have senile cataract with grade 2 or grade 3 neclear brunescence. The nucleus density was scored according to LOCS III SYSTEM. Exclusion criteria were previous intraocular ocular surgery, corneal disease(dystrophycorneal scarring), pseudoexfoliation syndrome or other severe ocular comorbidity, and hypermature senile cataract. Patients with an ECC lower than xxx cells/mm were also excluded. Results: in progress Keywords: cataract
Deadline: 10/2013 FORMAT:	
Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion. Poster guidelines: 90cm x 120cm	

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	113. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	R2 Last Name: Fabio Middle: Ribeiro First Name: Colombo Service: CATARACT CEP Number: 122911
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"	5. ABSTRACT (REQUIRED): Title: Evaluation of visual quality with Duet technique: multifocal Sulcoflex IOL implantation plus spherical IOL in the capsular bag in cataract surgery
	Author and Co-authors: Fabio Colombo, Maria Flávia Ribeiro, Flavio Hirai,
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Milton Yogi, Denise de Freitas, Paulo Schor Purpose: To evaluate satisfaction, visual quality, contrast sensitivity and possible multifocal IOL explantation due to insatisfaction in cataract patients implanted with Sulcoflex multifocal IOL plus monofocal IOL
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	Methods: A prospective study was performed. Bilateral cataract patients underwent spherical monofocal IOL implantation in the capsular bag combined with multifocal IOL implantation in the ciliary sulcus (Sulcoflex M Rayner®) in the non dominant eye. The dominant eye was submitted to cataract surgery only with spherical monofocal IOL implantantion in the bag. The Brazilian Version of Visual Function Questionnaire from the National Eye Institute Visual Function Questionnaire (NEI-VFQ-25) was applied before and after the surgery as well as corrected and uncorrected distance and near visual acuity, Visante OCT for evaluation of anterior chamber angle and positioning of the IOL in the ciliary sulcus and Aberrometry with OPD Scan
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: 10 eyes of 5 patients were included in the study. The postoperative uncorrected visual acuity in eyes implanted with Duet was 20/40 or better in 100% of cases and 4 of 5 cases achieved near visual acuity of J1. The group which received eyes obtained spherical IOL 20/40 or better. The near visual acuity was J4 or better. The postoperative refraction in eyes undergoing additional IOL implantation was -0.1 \pm 0.122 for the spherical component and -0.45 \pm 0.291 in cylindrical component. Already in the eyes that received the monofocal spherical,
Deadline: 10/2013	the spherical refraction was -0.15 \pm 0.2 while the cylindrical refraction was -0.65 \pm 0.3
	Conclusion: The Duet implant offered, in this series of cases, satisfactory visual
FORMAT:	acuity for distance and near. No patient expressed desire to withdraw the multifocal IOL to date. All patients reported improved quality of life and visual
Abstract should contain:	quality after surgery
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	Keywords: Cataract, Quality of Life, Ophthalmology
Poster guidelines: 90cm x 120cm	

	2013 Research Days Abstract Form
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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	 114. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R2 Last Name: LUIS Middle: HENRIQUE LOPES First Name: LIRA Service: CATARACT and REFRACTIVE SURGERY CEP Number:
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"	 5. ABSTRACT (REQUIRED): Title: EVALUATION OF THE CORNEAL EDEMA PATTERN AFTER PHACOEMULSIFICATION AMONG RESIDENTS AND FELLOWSHIPS IN INSTITUTE OF CATARACT (INCAT) Author and Co-authors: Luis Henrique Lira; Renan Leonard Ferraz; Mauro Campos Purpose: Phacoemulsification has been used routinely for cataract surgery in millions of people around the world. Objective quantitative assessment of the parameters of the previous segment is limited. However, the system of rotating Scheimpflug Pentacam promises quantitative and qualitative information of the anterior and posterior surfaces of the cornea, anterior chamber depth, the anterior chamber angle, iris and lens. The purpose of this study is to analyze the pattern of corneal edema by Pentacam after Phacoemulsification surgery in patients from Institute of Cataract (Incat) of Federal University of São Paulo (Unifesp). Methods: All patients will be submitted to Phacoemulsification. Tests will be performed the day before surgery, the seventh and fifteenth postoperative days. Surgeons will respond to a questionnaire which will include your experience level (Residents of the Second and Third versus Fellowships), level of difficulty encountered in the procedure, cataract classification, Phacoemulsification equipment used, amount of saline consumed in operation, which kind of viscoelastic was used and the amount of ultrasound used during the surgical procedure. The study will compare the difference of the corneal edema pattern found between residents and fellowships. Results: In progress
Deadline: 10/2013	Conclusion: In progress Keywords: Phacoemulsification, corneal edema, Pentacam
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion. Poster guidelines: 90cm x 120cm	

2013 Research Days Abstract Form	
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.	115. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. R2 Last Name: Renan
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Dias
Poster	CEP Number:
A. 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" Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RY) RETRACTIVE SURGERY (RY) RY (RY) RY	 5. ABSTRACT (REQUIRED): Title: Analysing premium intra ocular lens implantation in public service Author and Co-authors: Renan Braido Dias, João Crispim, Rodrigo Arantes de Souza Lima Purpose: Analyse premium intra ocular lens implantation by surgeons in training in a public service Methods: Surgeons in training will learn how to operate an online calculator in order to program the implantation of a toric intra ocular len. Later the surgeons will also be performed in the patients 30 days after the surgery. Results: In progress Conclusion: In progress Keywords: toric intra ocular lens, surgeons in training
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	

2013 Research Days Abstract Form	
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	116. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	Fellow Last Name: Priscilla
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Middle: Teixeira Antas First Name: Bezerra
Poster	Service: STRABISMUS and REFRACTION-CONTACT LENSES
	CEP Number: 01225-001
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, bereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: The use of plusoptix S04 in a campaign for child ophthalmologic examination
	Author and Co-authors: Priscilla Teixeira Antas Bezerra Purpose: The main purpose is to assess the value of the instrument in predicting the need for optical correction in children, working as a screening method. And as
Scientific Section Descriptions (two-letter code):	secondary objective it aims to compare results obtained with plusoptix with those obtained with the conventional auto refractor (monocular).
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY	Methods: We evaluated children in a campaign for child ophthalmologic examination, the subjects were randomly selected, and we collected information about age, sex, previous use of spectacles, presence of strabismus or amblyopia, as well as presenting visual acuity measurements, measurement of refractometry with Plusoptix (performed without cycloplegia as an screening exam) and refractometry with conventional autorrefractor(with cycloplegia).
(LS) LACKINAL STSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT	Results: The results are in the analysis phase.
(PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Conclusion: We are waiting for the results to take conclusions. Keywords: Plusoptix, child ophthalmologic examination
Deadline: 10/2013	
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

2013 Research Days Abstract Form	
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. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	 117. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body. Fellow Last Name: Isabel Middle: Silveira Dias First Name: Garcia Service: STRABISMUS CEP Number: 04038-002
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"	 5. ABSTRACT (REQUIRED): Title: The use of a graded arc to evaluate ocular deviations in strabismus Author and Co-authors: Garcia, Isabel; Tabuse, Marcia; Mendonça, Tomas Purpose: To demonstrate a new method of measurement in strabismus and this could make the surgical planning easier. Methods: : We constructed a plastic arc of 180 degrees and approximately 80 centimeters of diameter to measure ocular deviations and substitute the use of
(CODE): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETRINA AND VITREOUS (RS) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 centimeters of diameter to measure occurat deviations and substitute the dse of prisms for this purpose. Patients of the ambulatory of the Strabismus Sector of the Federal University of São Paulo were examined both with the graded arc and prisms. This is a cheap and easily reproducible method. Results: The graded arc was used to measure the ocular deviations, as a support for the prisms traditionally used, and was an effective and reproducible method for this purpose. This arc makes a measure in degrees and not in prism diopters, what makes a change in the surgical planning. During the surgery we would not think about centimeters of recess and/or resection, but degrees of recess and/or resection, as the measures were preformed. Conclusion: The graded arc was useful in measuring ocular deviations and could substitute the former measure with the use of prisms. Keywords: ocular deviations; graded arc; strabismus
Deadline: 10/2013	
FORMAT: Abstract should contain: Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion. Poster guidelines:	

2013 Research Days Abstract Form	
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	118. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your	Fellow
abstract.	Last Name: Marcela Middle: de Caseia
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Barreira
Poster	Service: STRABISMUS
	CEP Number: 4120021
4. The signature of the First (Presenting) Author (REQUIRED) acting as the	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP	Title: New method of measuring diplopia: Fusion Screen
Ethical Committee"	Author and Co-authors: Barreira, Marcela C.; Shida, Silvia H.; Mendonca, Tomas S.; Tabuse, Marcia Keiko U.; Lopes, Yara C.
	Purpose: The binocular diplopia is a very disturbing complain and it has been difficult to find an effective and practical way of quantifying it. Today, the gold
Scientific Section Descriptions (two-letter code):	standard exam is Goldman Perimeter, that can be used to measure the fusion field, however it is an expensive exam, difficult to find this equipment and also
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL	difficult be performed. Some other methods of measuring fusion field have been described, but none achieved similar results as Goldman Perimeter. Our study
DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY	aims to demonstrate a new method of measuring binocular diplopia that is easy to be performed with low cost and good reproducibility.
(EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA	Methods: This study is being performed in the Strabismus sector of the Department of Ophthalmology in Sao Paulo Federal University and we have
(LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION	selected 12 patients with diplopia complains. The inclusion criteria were diplopia complains for more than a month, fusion in
(NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY	some gaze direction, capacity of understanding and execute the exam and the exclusion criteria were patients under 08 years old, incapable of understanding or
(PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY	performing the exam, intermittent diplopia or complain with less than a month.
(RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA	Results: This study is still in progress, but the partial results demonstrate that
(TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	this new diagnostic method is capable to demonstrate the fusion field of patients with diplopia in a similar way we can find when these patients are undergone Goldman Perimeter exam.
	Conclusion . This new diagnostic method can belp to demonstrate in an easy way
Deadline: 10/2013	and with low costs, the fusion area of patients with diplopia, helping in surgical planning and its results and other therapeutic decisions.
	Keywords: diplopia measurment, fusion screen
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

2013 Research Days Abstract Form	
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	119. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R3 Last Name: Mariana Middle: de Andrade
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Coelho
Poster	Service: OCULAR PLASTIC SURGERY and TUMORS AND PATHOLOGY
	CEP Number: 347618
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP	Title: Eyelid tumors: Frequency of occurrence in a tertiary care service
Ethical Committee"	Author and Co-authors: Coelho MA, Tan Oh G, Osaki T, Osaki MH, Yabumoto C
	Purpose: To report the frequency and diagnosis of eyelid tumors at the Oculoplastics division of the Department of Ophthalmology, Federal University of
Scientific Section Descriptions (two-letter code):	Sao Paulo
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Methods: Retrospective analysis of medical records of patients diagnosed with eyelid tumors that were treated at the Oculoplastic Service of the Department of Ophthalmology, Paulista School of Medicine/ Federal University of Sao Paulo between the years of 2008 and 2012. Gender, age, tumor location, treatment performed and pathological results were recorded.
	Results: Sixty medical records of 60 patients with suspected eyelid tumors were studied. Forty three (71%) of these patients were women and the average age was 63.35 years (range: 14-94 years). Twenty seven (45%) tumors were malignant and 33 (55%) were benign. Among the malignant lesions, we had 24 epidermal tumors (17 basal cell carcinomas and 7 squamous cell carcinomas). During this period, there were 2 adnexal tumors (sebaceous gland carcinoma). Among the benign lesions the most prevalent lesion was seborrheic keratosis, followed by melanocytic nevus, and chronic inflammatory process. One case of leishmaniosis infiltration was also found. The most frequent location of the malignant tumors was in the lower eyelid (89%) and in 11% of the cases, they were located in the upper eyelid. Basal cell carcinoma was the most common malignancy of the eyelid in this study, accounting for approximately 65% of eyelid
Deadline: 10/2013	Conclusion: It is always important to suspect of malignant tumors in eyelid lesions, since some of them can present in unusual ways or mimic benign lesions. Eyelid tumors must be resected surgically and sent to histopatological analysis for a definite diagnosis.
FORMAT:	Keywords: eyelid tumors, tertiary service, oculoplastic, pathological anaysis
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	

Poster guidelines: 90cm x 120cm

2013 Research Days Abstract Form	
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	120. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one:	Fellow Last Name: Milene Middle: Zanini First Name: Rodrigues
Poster	Service: LOW VISION
	CEP Number: 09635-100
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"	5. ABSTRACT (REQUIRED): Title: Description of the behavior of sound localization in visually impaired children aged 0 to 24 months.
Scientific Section Descriptions (two-letter code):	Author and Co-authors: Milene Zanini Rodrigues, Celia Regina Nakanami e Marcia Caíres Besltilleiro Lopes.
(BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY	Purpose: Evaluate the development of sound localization abilities in children with congenital blindness and low vision.
(EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS	Methods: Subjects: This study involved children aged between 0 and 24 months, of both genders, and diagnosed with low vision or blindness, all treated. Assessment instruments: Free observation of behavior, observation of behavioral responses to auditory stimuli instrumental (rattle - 60 dB SPL, bell - 80 dB SPL, Black-black - 90 dB SPL and agogo - 100dB SPL) and observation of behavioral responses to verbal stimuli.
(RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UN) UWEITS	Results: Data analysis and finalization of collections
(US) OCULAR ULTRASOUND	Conclusion: Until the moment there aren?t conclusive data.
Deadline: 10/2013	Keywords: Audiology, auditory development, low vision, blindness.
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

2013 Research Days Abstract Form	
2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	121. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	R1 Last Name: Mário Middle: Pincelli
3. PRESENTATION PREFERENCE (REQUIRED) Check one:	First Name: Netto
Poster	Service: ORBIT and TUMORS AND PATHOLOGY
	CEP Number: 09968912.0.0000.5505
4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby	5. ABSTRACT (REQUIRED):
certifies that any research reported was conducted in compliance with the Declaration of Helsinki and the 'UNIFESP Ethical Committee"	Title: Epidemiological aspects of orbital lymphomas treated in the Orbital Service of the Federal University of São Paulo in the last 6 years.
	Author and Co-authors: Pincelli-Netto M, Teixeira LF, Lowen M, Paves L, Valadão LS, Manso PG
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING	Purpose: Lymphoma is a common malignant orbital tumor in adults and elder patients. The clinicopathological features of malignant lymphomas vary according to geography. The aim of this study was to analyse the epidemiological characteristics of malignant lymphomas in patients followed in the Orbital Sector of the Enders Lymphometer (LINETEED)
(CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EP) EPIDEMIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA	Methods: Epidemiological and pathological data of patients with biopsy-proven orbital lymphoma from January 2007 to June 2013 were analysed, and described according to age, gender, type of lymphoma and immunohistochemical analysis.
(LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TR) TRAUMA (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	Results: The cases confirmed as lymphomas accounted for 20 (2%) of 944 anatomopathological examinations performed over the study period. There were 09 women and 11 men, with a median age of 54 years old (range, 11 to 78 years). Non-Hodgkin lymphoma was the most prevalent - 18 (90%), while Hodgkin lymphoma was found in only 2 patients. Ten patients (55%) were diagnosed with high-grade lymphoma, and 8 patients (45%) were found to have low-grade lymphoma. Among low-grade lymphomas, extranodal marginal zone B-cell lymphoma of mucosa (MALT) (n 5) was the most common entity, followed by small lymphocytic lymphoma, whereas diffuse large cell B-cell lymphoma.
	Conclusion: In our group of patients, orbital lymphoma was a disease of the older adults with an equal distribution among women and men. Non-Hodgkin was the most prevalent lymphoma in this study, yet, an equal distribution was seen
Deadline: 10/2013	between low and high grade lymphomas.
	Keywords: orbital lymphomas, lymphoma, orbital tumors
FORMAT:	
Abstract should contain:	
Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
Poster guidelines: 90cm x 120cm	

2013 Research Days Abstract Form

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Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract. 3. PRESENTATION PREFERENCE (REQUIRED) Check one: Poster	R2 Last Name: Lucas Middle: Valadao First Name: Soares Service: ORBIT CEP Number: 09968912.0.0000.5505
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"	 5. ABSTRACT (REQUIRED): Title: Orbital pseudotumors: epidemiologic analysis of 13 patients Author and Co-authors: Lucas Valadao de Brito Soares, Luiz Fernando Teixeira, Paulo Dois Manso Purpose: Evaluate the patients of orbit sector with histopathological diagnosis of orbital pseudomtumor
Scientific Section Descriptions (two-letter code): (BE) OCULAR BIOENGINEERING (CO) CORNEA AND EXTERNAL DISEASE (CA) CATARACT (EF) ELECTROPHYSIOLOGY (EX) EXPERIMENTAL SURGERY (GL) GLAUCOMA (LA) LABORATORY (LS) LACRIMAL SYSTEM (LV) LOW VISION (NO) NEURO-OPHTHALMOLOGY (OR) ORBIT (PL) OCULAR PLASTIC SURGERY (PH) PHARMACOLOGY (RE) RETINA AND VITREOUS (RS) REFRACTIVE SURGERY (RX) REFRACTION-CONTACT LENSES (ST) STRABISMUS (TU) TUMORS AND PATHOLOGY (UV) UVEITIS (US) OCULAR ULTRASOUND	 Methods: A retrospective chart review was carried out for 16 patients with the histopathological diagnosis of orbital pseudotumor. The patients were managed from january 2008 to july 2013 at the orbit sector. The epidemiolgy, clinical findings and anciliary exams of these patients were analised. Results: In Progress Conclusion: In Progress Keywords: orbital pseudotumor, nonspecific orbital inflammation
Deadline: 10/2013	
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Title Author, Co-authors (maximum 6), Purpose, Methods, Results, Conclusion.	
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