



▶ **PROGRAM 2012**



**14th RESEARCH
DAYS**

DECEMBER **13th TO 15th**, 2012

**BASIC AND CLINICAL RESEARCH
CONFERENCES, PAPERS, FAST PAPERS AND POSTERS**

DEPARTMENT OF OPHTHALMOLOGY
FEDERAL UNIVERSITY OF SAO PAULO - UNIFESP

ORGANIZATION



SUPPORT





December 13th to 15th, 2012

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 post docs. All the papers/posters are presented in English and discussed by Visiting Professors and the staff. The best scientific works in each category are awarded.

Approximately 50% of the papers presented at Research Days are submitted and accepted at the Annual Meeting of the Association for Research in Vision and Ophthalmology (ARVO) in the US, considered the most prestigious scientific meeting in the ophthalmological world and where traditionally our Institution is among the more represented.

The fourteenth edition will be held in São Paulo from December 13th to 15th, 2012. The complete program is available on this site. During the Meeting we have also the honor to host the First Sao Paulo Chantalimaud Foundation Symposium and celebrate our Department as on C-Tracer Center.

Welcome

INDEX

Organization

Special Guests

Program

01

| Paper Presentation | Page | Poster | Page |
|---|-------------|---|-------------|
| Retina and Vitreous (Sessions 01 and 02) | 01 | Retina and Vitreous (Session 01) | 09 |
| Uveitis (Session 02) | 02 | Uveitis (Session 01) | 09 |
| Tumors and Pathology (Session 02) | 02 | Tumors and Pathology (Session 01) | 09 |
| Refractive Surgery (Sessions 03 and 05) | 03 | Refractive Surgery (Session 01) | 10 |
| Bioengineering (Session 03) | 03 | Bioengineering (Session 01) | 10 |
| Cornea and External Diseases (Sessions 04 and 05) | 03 | Cornea and External Diseases (Session 01) | 10 |
| Cataract (Session 05) | 07 | Cataract (Session 02) | 11 |
| Oculoplastic Surgery (Session 05) | 07 | Orbit (Session 02) | 11 |
| Lacrimal System (Session 05) | 07 | Strabismus (Session 02) | 11 |
| Strabismus (Session 05) | 07 | Low Vision (Session 02) | 11 |
| Electrophysiology (Session 06) | 07 | Glaucoma (Session 02) | 11 |
| Epidemiology (Session 06) | 07 | | |
| Low Vision (Session 06) | 07 | | |
| Glaucoma (Session 07) | 08 | | |

1o ANNUAL SÃO PAULO CHAMPALIMAUD SYMPOSIUM

05 and 06

Abstracts

13

| Paper Presentation | Page | Poster | Page |
|--|-------------|---|-------------|
| Retina and Vitreous (Session 01 and 02) | 13 | Retina and Vitreous (Session 01) | 67 |
| Uveitis (Session 02) | 32 | Uveitis (Session 01) | 81 |
| Tumors and Pathology (Session 02) | 34 | Tumors and Pathology (Session 01) | 83 |
| Refractive Surgery (Session 03) | 35 | Refractive Surgery (Session 01) | 86 |
| Bioengineering (Session 03) | 37 | Bioengineering (Session 01) | 88 |
| Cornea and External Diseases (Session 04 and 05) | 40 | Cornea and External Diseases (Session 01) | 90 |
| Cataract (Session 05) | 52 | Cataract (Session 02) | 97 |
| Oculoplastic Surgery (Session 05) | 53 | Orbit (Session 02) | 100 |
| Strabismus (Session 05) | 55 | Strabismus (Session 02) | 102 |
| Lacrimal System (Session 05) | 56 | Low Vision (Session 02) | 103 |
| Electrophysiology (Session 06) | 58 | Glaucoma (Session 02) | 112 |
| Epidemiology (Session 06) | 59 | | |
| Low Vision (Session 06) | 60 | | |
| Glaucoma (Session 07) | 62 | | |

e-mails

124

Information

Department of Ophthalmology - Federal University of São Paulo

821 Botucatu St. 1st floor – São Paulo – SP Brasil

Phone / Fax: (55-11) 5085-2003

<http://www.unifesp.br/doftalmo/rd/home.html>

ORGANIZATION

Post-Graduation Program Coordination

Mauro Silveira de Queiroz Campos

Program Director

Norma Allemann
José Álvaro Pereira Gomes

Scientific Committee

Adriana Berezovsky
Ana Luisa Hofling de Lima Farah
Augusto Paranhos Jr.
Cristina Muccioli
Denise de Freitas
Élcio Hideo Sato
Ivan Maynard Tavares
José Alvaro Pereira Gomes
Juliana Maria Ferraz Sallum
Luciene Barbosa de Souza
Luis Alberto Vieira de Carvalho
Maria Cristina Martins
Marinho Jorge Scarpi
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
Wallace Chamon
Walton Nosé

Awards Committee

Eduardo Büchele Rodrigues
Flávio Eduardo Hirai
Paula Yuri Sacai Munhoz

SPECIAL GUESTS CHAMPALIMAUD SYMPOSIUM

Prof^a. Ana Luísa Höfling-Lima (EPM-UNIFESP)
Prof. Antonio Carlos Lopes – (EPM-UNIFESP)
Prof. Balasubramanian (Prasad Eye Institute, Hyderabad – India)
Dr^a. Cecília Martinho (AIBILI, Portugal)
Prof^a. Denise de Freitas (EPM-UNIFESP)
Dr. Fernando Henrique Cardoso (Ex-presidente do Brasil)
Prof Helena Nader (Presidente Sociedade Brasileira para o Progresso da Ciência)
Prof. Jacó Palis (Presidente Academia Brasileira de Ciências)
Prof. Joaquim Murta (AIBILI and Coimbra University, Portugal)
Prof. José Álvaro Pereira Gomes (EPM-UNIFESP)
Prof. José Cunha-Vaz (AIBILI and Coimbra University, Portugal)
Dr^a Leonora Beza (Presidente da Fundação Champalimaud)
Prof Marcos Moraes (Presidente Academia Nacional de Medicina)
Prof. Michel Eid Farah (EPM-UNIFESP)
Dr. Rodrigo Brant (EPM-UNIFESP)
Prof^a Solange Salomão (EPM-UNIFESP)
Prof^a. Soraya Soubhi Smali (EPM-UNIFESP)
Prof. Walter Albertoni (Reitor- UNIFESP)



PROGRAM

December 13th - Thursday

13:00-13:10 **OPENING REMARKS** – *Denise de Freitas, Ana Luisa Hofling-Lima and Rubens Belfort Jr.*

13:10-13:20 **PROGRAM HEADLINES AND POST-GRADUATION PROGRAM** - *Mauro Campos*

PAPER PRESENTATION – SESSION 1

Retina and Vitreous

Moderators: Michel Farah and Maurício Maia

13:20-13:27 Effect of brilliant blue, methyl blue, acid violet and indocyanine green on cell viability and apoptosis in a human retinal pigment epithelial cell line: Implications for vitreoretinal surgery – *Fernando Marcondes Penha, Post-DOC*

13:30-13:37 Investigative line in retinopathy of prematurity (ROP) - *João Borges Fortes Filho, Post-DOC*

13:40-13:47 Lutein as a new dye for chromovitrectomy - *Bruno de Albuquerque Furlani, PG1*

13:50-14:57 Subretinal implantation of retinal pigment epithelial cells derived from human embryonic stem cells - improved survival when implanted as a monolayer – *Bruno Diniz, PG1*

15:00-15:07 The combination of bevacizumab and 3,4 dihydroxyphenyl ethanol reduces angiogenin in retinal pigment epithelial cells – *Cristina Miyamoto, PG1*

15:10-15:17 Toxicity analysis of lutein and zeaxanthin associated to brilliant blue or trypan blue in cell culture model – *Diogo de Sousa Martins, PG1*

15:20-15:27 Optical coherence tomography in retinitis pigmentosa patients study - Final Results – *Douglas Yanai, PG1*

15:30-15:37 Development of a score in order to predict retinopathy of prematurity (ROP) in very low birth weight preterm infants – *Gabriela Unchalo Eckert, PG1*

15:40-15:47 A randomized trial to compare the efficacy and safety of intravitreal injection of triamcinolone acetonide and bevacizumab separated and combined for diabetic macular edema – *Hermelino Lopes de Oliveira Neto, PG1*

15:50-16:10 **COFFEE BREAK**



PAPER PRESENTATION – SESSION 2

Retina, Vitreous, Uveitis and Tumors and Pathology

Moderators: Juliana Sallum e Cristina Muccioli

- 16:10-16:17 Vitreomacular traction syndrome: a new approach for classification and associated maculopathies – Juliana Mantovani Bottós, PG1
- 16:20-16:27 Evaluation of mutation P23H in Rhodopsin (RHO) gene in patients with autosomal dominant retinitis pigmentosa – Karita Antunes Costa, PG1
- 16:30-16:37 Comparison of 20-, 23- and 25-gauge air infusion forces – Leonardo Martins Machado, PG1
- 16:40-16:47 Analysis of refractive errors from UNIFESP ambulatory care clinic for premature infants – Rafael Lourenço Magdaleno, PG1
- 16:50-16:57 Age-related changes in macular pigment optical density values as measured by dual-wavelength autofluorescence imaging – Verônica Franco de Castro Lima, PG1
- 17:00-17:07 Efficacy of systemic complement inhibition with eculizumab in age-related macular degeneration patients with drusen (6 months results): The COMPLETE study – Carlos Alexandre de Amorim Garcia Filho, PG0
- 17:10-17:13 Has microperimetry a prognosis value in central serous chorioretinopathy? – Luiz Roisman, PG0
- 17:15-17:18 Posterior hyaloid detachment and internal limiting membrane peeling using 10 natural vital dyes: experimental study in post-mortem eyes – Magno Antônio Ferreira, PG0
- 17:20-17:23 Correlation between phenotype and genotype in patients with Stargardt's Disease – Mariana Vallim Salles, PG0
- 17:25-17:28 Lutein as a new dye for chromovitrectomy in epiretinal membrane – Oswaldo F. M. Brasil do Amaral, PG0
- 17:30-17:33 Real-time PCR as a complementary diagnosis in infectious uveitis – Fabio Felipe dos Santos, PG-1
- 17:35-17:42 Cep/Conep System: Assessment of pending issues found in informed consent forms used in clinical trials sponsored by Pharmaceutical Industries – Luci Meire Pereira da Silva, PG1
- 17:45-17:48 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 - Preliminary results - Simone R. Araújo de Almeida, PG0
- 17:55 END OF SESSION**



PROGRAM

December 14th - Friday

PAPER PRESENTATION – SESSION 3

Refractive Surgery and Bioengineering

Moderators: Paulo Schor, Wallace Chamon

- 8:00-8:07 VEGF trapR1R2 suppresses experimental corneal angiogenesis – Hailton Barreiros de Oliveira, PG1
- 8:10-8:17 Evaluation of ocular biomechanical indices to distinguish normal from keratoconus eyes – Allan Cezar da Luz Souza, PG1
- 8:20-8:27 Assistive design for visually impaired people – Fernanda Jordani Barbosa Harada, PG1
- 8:30-8:37 Validation of a new computerized visual acuity measurement system prototype – Josenilson Martins Pereira, PG1
- 8:40-8:47 Molecular level characterization of crosslinked rabbit corneas – Patrícia Alessandra Bersanetti, Post-doc

PAPER PRESENTATION – SESSION 4

Cornea and External Diseases

Moderators: Ana Luísa Hofling-Lima, José Alvaro P. Gomes, Denise de Freitas

- 8:50-8:57 Microbiota evaluation of patients with a Boston Type I Keratoprosthesis treated with topical 0.5% moxifloxacin and 5% povidone-iodine – Fernanda Pedreira Magalhães, PG1
- 9:00-9:07 Immunohistochemistry expression of tyrosine kinase receptors C-Kit and PDGF in pigmented lesions of the conjunctiva – Gustavo Amorim Novais, PG1
- 9:10-9:17 Prospects on corneal endothelial cell transplantation experimental models – Gustavo Teixeira Grottone, PG1
- 9:20-9:27 Evaluation of the riboflavin and ultraviolet light effect on keratocytes cultivated in vitro – Joyce Luciana Covre, PG1
- 9:30-9:37 Comparison of different culture media for limbal epithelial cells cultivated ex vivo – Renata Ruoco Loureiro, PG1
- 9:40-9:47 Correlation between aging related skin alterations and dysfunctional tear syndrome - Rossen Mihaylov Hazarbasanov, PG1



- 9:50-10:00 High-throughput molecular diagnostics for the rapid detection of pathogens in corneal ulcers – Lauro Augusto de Oliveira, Post-doc
- 10:00-10:07 Comparative study of different stem cells sources for ocular surface reconstruction in animal model of limbal stem cell deficiency (LSCD) – Priscila Cardoso Cristovam, Post-doc
- 10:10-10:17 Classification of the ocular surface manifestations in patients with Stevens-Johnson’s syndrome – Tais Hitomi Wakamatsu, Post-doc
- 10:20-10:23 Corneal and retinal damage after chemical burn - the effect of infliximab prophylaxis – Fabiano Cade Jorge, PGO
- 10:25-10:50 COFFEE BREAK**
- 10:50-12:45 1st ANNUAL SÃO PAULO CHAMPALIMAUD SYMPOSIUM**
- Complete Program on pages 05 and 06**
- 12:45-13:30 LUNCH**
- 13:30-15:00 POSTER - SESSION 1**
- Retina (15), Uveitis (02), Tumors and Pathology (03), Refractive Surgery (03), Bioengineering (02), Cornea and External Diseases (07)**
- 15:00-19:30 1st ANNUAL SÃO PAULO CHAMPALIMAUD SYMPOSIUM**
- Complete Program on pages 05 and 06**

1st ANNUAL SÃO PAULO CHAMPALIMAUD SYMPOSIUM

- 11:00 – 11:10 Opening words
Program Coordinator Prof Rubens Belfort Jr. (EPM – UNIFESP)
- 11:10 – 11:20 Graduate Program of Ophthalmology and Visual Sciences at Escola Paulista de Medicina
Prof. Mauro Campos (EPM-UNIFESP)
- 11:20 – 11:30 Epidemiology of Eye Diseases and Eye Health in Brazil
Profª Solange Salomão (EPM-UNIFESP)
- 11:30 – 12:40 *Drª Leonora Beleza, Presidente da Fundação Champalimaud, Lisbon, Portugal*
Fundação Champalimaud e o Brasil
- Dr. Fernando Henrique Cardoso – Ex-presidente do Brasil, Membro do Conselho Curador da Fundação Champalimaud*
- Official Recognition of the Department of Ophthalmology Escola Paulista de Medicina-UNIFESP as the C3 Champalimaud Center*
Prof Jacó Palis - Presidente Academia Brasileira de Ciências
Prof Marcos Moraes - Presidente Academia Nacional de Medicina
Prof Helena Nader - Presidente Sociedade Brasileira para o Progresso da Ciência
Prof Walter Albertoni - Reitor- Universidade Federal de São Paulo
Prof Antonio Carlos Lopes - Diretor - Escola Paulista de Medicina-UNIFESP
Profª. Soraya Soubhi Smaili – Universidade Federal de São Paulo
- 12:45-15:00 LUNCH**
- 15:00 – 15:20 The Hyderabad Efforts on Understanding and Managing Retinopathy of Prematurity (ROP) in Infants
Prof. Balasubramanian (Prasad Eye Institute, Hyderabad – India)
- 15:25 – 15:45 New perspectives of cell therapy for corneal diseases: the UNIFESP experience
Prof. José Álvaro Pereira Gomes (EPM-UNIFESP)
- 15:50 – 16:10 Update on our stem cellwork
Prof. Balasubramanian (Prasad Eye Institute, Hyderabad – India)
- 16:15 – 16:35 Retinal Pigmented Epithelial cells Transplant
Dr. Rodrigo Brant (EPM-UNIFESP)
- 16:40 – 17:00 Posterior Lamellar Transplant – Thickness is really an issue?
Prof. Joaquim Murta (AIBILI and Coimbra University, Portugal)

17:05 – 17:25 COFFEE BREAK

17:25 – 17:45 Molecular Biology and Exogenous Ocular Inflammation
Profs. Ana Luísa Höfling-Lima and Denise de Freitas (EPM-UNIFESP)

17:50 – 18:10 Infrastructures for Clinical Research Networking
Dr^a. Cecília Martinho (AIBILI, Portugal)

18:15 – 18:35 Automatized Fundus Image Analysis for Screening and
Teleophthalmology
Prof. José Cunha-Vaz (AIBILI and Coimbra University, Portugal)

18:40 – 19:00 Teleophthalmology at EPM/UNIFESP/IPEPO/SPDM
Prof. Michel Eid Farah (EPM-UNIFESP)

19:05 – 19:25 Translational Research in Ophthalmology
Prof. Rubens Belfort Jr. (EPM-UNIFESP)

19:30 CLOSURE



PROGRAM

December 15th - Saturday

PAPER PRESENTATION – SESSION 5

Refractive Surgery, Cornea, External Diseases, Cataract, Oculoplastic Surgery, Lacrimal System, Strabismus

Moderators: Walton Nosé, Luciene B. Sousa, Elcio Sato, Norma Allemann

- 8:00-8:07 Pachymetric mapping with Fourier-Domain Optical Coherence Tomography – Camila Haydée Rosas Salaroli, PG1
- 8:10-8:17 Amniotic membrane transplantation versus anterior stromal puncture in bullous keratopathy: a randomized comparative trial – Fabiana dos Santos Paris, PG1
- 8:20-8:27 Congenital cataract surgery outcomes using intraoperative intracameral triamcinolone versus postoperative oral prednisolone – Marcelo Carvalho Ventura, PG1
- 8:30-8:37 Orbital development as a function of age in indigenous North American skeletons – Tammy Hentona Osaki, PG1
- 8:40-8:47 Evaluation of the topographic changes after application of botulinum toxin-A in patients with facial dystonia – Teissy Hentona Osaki, PG1
- 8:50-8:57 The use of amniotic membrane to limit restrictions after strabismus surgery: experimental study in rabbits – David Kirsch, PG1
- 9:00-9:03 Comparison between deep anterior lamellar keratoplasty with endothelium and without endothelium in donor corneas - Tatiana Moura Bastos Prazeres, PG0
- 9:05-9:08 Lacrimal recanalizer – recanalization of the nasolacrimal duct with high frequency (RNLD) – Eduardo Alonso Garcia, PG0

PAPER PRESENTATION – SESSION 6

Electrophysiology, Epidemiology, Low vision

Moderators: Solange Abraão Jana, Adriana Berezovsly, Marinho J. Scarpi

- 9:10-9:17 Interocular differences in pattern-reversal visually evoked potentials parameters in children with amblyopia – Eric Pinheiro de Andrade, PG1
- 9:20-9:27 Visual outcomes and self-reported quality-of-life in cataract operated patients – Márcia Regina Kimie Higashi Mitsuhiro, Post-doc



9:30-9:37 Quality of life and psychological aspects related to retinopathy of prematurity
– Alcione Aparecida Messa, PG1

9:40-9:47 Reading performance in low-vision patients: a study using the Portable Reading
System Prototype (PRS) – Vagner Rogério dos Santos, PG1

PAPER PRESENTATION – SESSION 7

Glaucoma

Moderators: Augusto Paranhos Jr., Ivan Maynard Tavares, Paulo Augusto Arruda Mello

9:50-9:57 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-Jose Senra, PG1

10:00-10:07 Comparative assessment of Standard Automated Perimetry and Frequency-
doubling Technology versus Time-Domain and Fourier-Domain OCTs with two
structure-function correlation models - Luciano Moreira Pinto, PG1

10:10-10:17 Brazilian refractory pediatric glaucoma project - Christiane Regina Rolim de
Moura Souza, Post-doc

10:20-10:23 Comparison of silicone Ahmed and Baerveldt implants in combined ophthalmic
surgeries - Maria Vitória Oliveira Moura Brasil, PG0

10:25-10:28 Occipital fMRI response is associated with structural ocular findings and
psychophysics tests In glaucoma patients - Vanessa Miroski Gerente, PG0

10:30-10:50 COFFEE BREAK

10:50-12:00 POSTER - SESSION 2

Cataract (03), Orbit (02), Strabismus (01), Low vision (09), Glaucoma (12)

12:00-12:20 DRAWINGS

12:20-12:40 FINAL REMARKS AND AWARDS ANNOUNCEMENT

José Alvaro P. Gomes and Mauro Campos

12:45 ADJOURN

Organizing Committee



POSTERS

December 14th - Friday

13:30-15:00 POSTER - SESSION 1

**Retina (16), Uveitis (01), Tumors and Pathology (03), Refractive Surgery (03),
Bioengineering (02), Cornea and External Diseases (07)**

SESSION 1

Retina (15)

1. Retinopathy in Machado-Joseph Disease - Ana Carolina Almeida Britto Garcia, R3
2. A Comparison of Panretinal Photocoagulation Laser Therapy for Diabetic Retinopathy using Slit Lamp Biomicroscopy vs. Indirect Ophthalmoscopy - Daniel Colicchio, R3
3. Development of Proliferative Retinopathy Experimental Model By Intravitreal Injection of VEGF, Emmerson Badaró Cardoso, F
4. Endophthalmitis following intravitreal injection: spectrum of causative organisms and antimicrobial susceptibility – Grace Peng, R1
5. 810-nm Diode Micropulse Photocoagulation for Acute Central Serous Chorioretinopathy with Low Macular Sensitivity: Initial Results of a Randomized Controlled Trial – João Crispim Moraes Lima Ribeiro, R3
6. Evaluation of macular status using Optical Coherence Tomography (SD - OCT) – Juliana Moura Bastos Prazeres, R3
7. Evaluation of optical density of xanthophylls in patients with age-related macular degeneration using MPD (macular pigment density) software of Visucam – Mariana de Andrade Coelho, R2
8. Daily OCT examination after first intravitreal anti-VEGF injection: Implication for drug pharmacokinetics – Paula Leal dos Santos Barros, R3
9. Analysis of a 23-gauge ultra high-speed cutter with duty cycle control. – Renan Braido Dias, R1
10. Drusen measurements comparison by fundus photograph manual delineation versus optical coherence tomography retinal pigment epithelial segmentation automated analysis - Roberta Andrade e Nascimento, R1
11. Investigation of new dyes for chromovitrectomy: histopathological analysis of Trisodium, Orangell and Methyl Violet - Rodrigo Arantes de Souza Lima, R3
12. Clinical evaluation of safety and efficacy of a new lidocaine gel for intravitreal injection – Hélio Francisco Shiroma, F
13. (Euterpe Oleracea): A post-mortem pilot study – Jane Chen, F
14. Retinal Structures with Spectral Domain Optical Coherence Tomography in pigmented Rabbits – Julia Lima Farah, PIBIC
15. Early neural retinal changes in type 2 diabetes - Mikael Chun, PIBIC

Uveitis (02)

16. Clinical research in the Department of Ophthalmology of Federal University of São Paulo: a retrospective analysis, Luci Meire Pereira da Silva, PG1
17. Pale-yellowish dots in the retina: a finding of ocular syphilis? Case Report – Renan Albert Mendonça Rodrigues, R1

Tumors and Pathology (03)

18. Endoresection Surgery for Intra Ocular Choroidal Tumors - André Alexis Corazza Vidoris, F
19. A histopathological review of 205 evisceration specimens - Eduardo Amorim Novais, F



20. Plaque radiotherapy for choroidal melanoma observational study in 19 patients – Márcio Augusto Nogueira Costa, F

Refractive Surgery (03)

21. Variability of central corneal thickness (CCT) between ultrasound and 4 optical pachymetries - Huber Martins Vasconcelos Júnior, R2
22. Analysis of the variability of corneal topographies among seven different devices - Ramon Antunes de Oliveira, R2
23. Real-time analysis of pupil size of candidates for refractive surgery: a pilot study - Vinícius Silbiger de Stefano, R2

Bioengineering (02)

24. The impact of the scratched visor in the peripheral visual field - Thays Moreira Albhy, R2
25. New approach for rock hard cataracts: Retro-chop technique - Paulo Falabella, F

Cornea and External Diseases (07)

26. The use of sclera in the Eye Bank of Hospital São Paulo UNIFESP/EPM from February 2006 to August 2012 - Adriano Bogar, R1
27. Treatment of corneal hydrops secondary to keratoconus with intracameral C3F8: case report and review of the literature – Adriano de Moraes Ferreira, R1
28. Comparative study of ophthalmological and serological manifestations, and the therapeutic response of patients with isolated scleritis and scleritis associated with systemic diseases - Jacqueline Martins de Sousa, R1
29. Ten years of fungal keratitis in a referral center in Brazil - Luis Henrique Lopes Lira, R1
30. Cost-effectiveness study of Descemet stripping endothelial keratoplasty versus penetrating keratoplasty for the treatment in Brazil - Patrícia Kakizaki, R2
31. Prospective Analysis of Clinical and Microbiological Features of Infectious Keratitis Cases - Rodrigo Teixeira Santos, F
32. Immunocytochemistry by impression cytology of patients with dry eye - Aléx Martins Nasaré, PIBIC



POSTERS

December 15th - Saturday

10:50-12:00 POSTER - SESSION 2

Cataract (03), Orbit (02), Strabismus (01), Low vision (09), Glaucoma (12)

SESSION 2

Cataract (03)

33. Effect of different keratometric data sources on the intraocular lens power calculation - Adriana Rainha Mascia, R3
34. Quality of life evaluation after implantation of an aspheric foldable intraocular lens after cataract extraction through microincision - Fábio Ribeiro Colombo, R1
35. Comparison of endothelial cell count in patients who were submitted to longitudinal and torsional phacoemulsification - Mariana Kaori Yasuta, R3

Orbit (02)

36. Epidemiology of Graves' ophthalmopathy patients treated at the orbit sector of UNIFESP - Diego Monteiro Verginassi, R1
37. Orbital tumors: incidence from 2009 to 2012 at the Orbit Sector of UNIFESP-EPM - Lucas Valadão de Brito Soares, R1

Strabismus (01)

38. Evaluation of reliability and concordance measures of deviations between strabismus specialists and camera system with eyetracking - Julia Dutra Rossetto, R2

Low Vision (09)

39. Relationship between head posture and functional vision in children with low vision – Ana Carla Ramos Vieira da Costa, F
40. Service group with children in visual rehabilitation: Contributions for Social Development. - Andrea Oliveira da Silva, F
41. The importance of early visual stimulation in quality of life and functional vision in children with congenital bilateral cataract – Fábio Ferreira da Silva, F
42. Scheduling judgment by psychophysical of distance – Fabrizio Petroni Cecchele, F
43. Description of the functional vision of children with retinopathy of prematurity evaluated in the early visual stimulation clinic of the Federal University of São Paulo - Merinaide Cavalcante de Araujo, F
44. Description of the behavior of sound localization in visually impaired children aged 0 to 24 months - Milene Zanini Rodrigues, F
45. Evaluate the answers for recognition of patterns of faces in children with visual impairment - Nayara Francez Batagini, F
46. Protocol for evaluation of patients with congenital cataract - Telma de Araújo Souza, F
47. Social support network of mothers of children with visual impairment attended at the Early Visual Stimulation Outpatient Service at UNIFESP - Vanessa Paola Povolo Gaspari, F

Glaucoma (12)

48. The influence of Spectral Domain Optical Coherence Tomography results in the diagnostic ability of glaucoma specialists and general ophthalmologists – Carlos Eduardo Barbosa Filho, R2
49. The effects of glaucomatous optic neuropathy in visual system - Geraldine Ragot de Melo, R1



50. Association of median deviation in FDT and SAP (10.2) with glaucomatous damage seen in OCT – Ibraim Viana Vieira, R2
51. Correlation between preferred sleeping side and optic nerve head appearance in glaucomatous patients – Igor Rodrigo Lins da Silva, R3
52. Correlation between glucose levels and intraocular pressure: a pre and post-prandial analysis in diabetic and non-diabetic patients – Luis Guilherme Milesi Pimentel, R3
53. Eyes with large optic disc cupping and normal intraocular pressure: clinical and epidemiological differences between those with and without glaucoma - Marina Costa Carvalho de Sousa, R3
54. Correlation between visual field defects and paripapillary retinal nerve fiber layer thickness in patients with primary open angle glaucoma – Moacyr Amaral Campos, R3
55. Correlation between preferred sleeping side and optic nerve head appearance in healthy patients - Natália Yumi Valdrighi, R3
56. In Vivo identification of laminar and pre-laminar ONH structures using enhanced depth imaging Spectral-Domain Optical Coherence Tomography. - Paula de Campos Prudente Silva, R2
57. Reproducibility of peripapillary choroidal thickness measurements with enhanced depth imaging Spectral-Domain Optical Coherence Tomography – Paula Delegregio Borba, R1
58. New adjustable suture technique for trabeculectomy – Vespasiano Nunes Rebouças dos Santos, R3
59. Reproducibility of in vivo laminar and pre-laminar tissues measurements with enhanced depth imaging Spectral-Domain Optical Coherence Tomography (EDI-OCT) - Vítor Gomes Prado, R2

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

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

PÓS-DOC

Last Name: FERNANDO
First Name: MARCONDES
Middle: PENHA

Service: (RE) RETINA AND VITREOUS

CEP Number: 1755/07

5. ABSTRACT (REQUIRED):

Title: Effect of brilliant blue, methyl blue, acid violet and indocyanine green on cell viability and apoptosis in a human retinal pigment epithelial cell line: Implications for vitreoretinal surgery

Author and Co-authors: Fernando M Penha, Maria Marin-Castaño, Eduardo B Rodrigues, Nilana Barros, Elaine P F Costa, Mauricio Maia, Michel E Farah

Purpose: To investigate in vitro effect of four vital dyes on toxicity and apoptosis in a human retinal pigment epithelial (RPE) cell line.

Methods: Human RPE cells (ARPE-19) were exposed to brilliant blue (BriB), methyl blue (MetB), acid violet (AcV) and indocyanine green (ICG). Balanced salt solution was used as the control. Five different concentrations of each dye were tested: 1, 0.5, 0.25, 0.05 and 0.005 mg/mL. All dyes and concentrations were also evaluated using two exposure times: 3 and 30 minutes. For the safety profile, cell viability by MTS assay was performed. For apoptosis analysis, cells were exposed for 3 minutes at 0.05 mg/ml, and expression of BAX protein was determined by Western blotting. To investigate the apoptosis pathway real-time PCR and Western blot was done for Bcl-2, caspase-9 and cytochrome c.

Results: ICG significantly reduced cell viability after 3 minutes of exposure at all concentrations ($p < 0.05$). BriB and MetB were safe at concentrations up to 0.25 mg/mL, while AcV was safe up to 0.5 mg/ml after 3 minutes of exposure. However, when the cells were exposure for 30 minutes, all dyes showed higher toxic effects. With longer exposure time, MetB was still safe up to 0.05 mg/mL, while BriB and AcV did not induce cell damage up to 0.005 mg/ml. Expression of BAX protein was significantly higher after exposure to ICG. BriB, AcV and MetB caused similar BAX expression as BSS. The apoptosis pathway results are under analyzing.

Conclusion: The safest dye to RPE cells was MetB followed by BriB and AcV. ICG was toxic at all concentrations and exposure times tested. Moreover, ICG was the only dye that produced a higher level of BAX protein expression, an early apoptosis marker.

Keywords: chromovitrectomy; indocyanine green; brilliant blue; macular hole; apoptosis

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

2. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PÓS-DOC

Last Name: João

First Name: Borges

Middle: Fortes Filho

Service: (RE) RETINA AND VITREOUS

CEP Number: 90450140

5. ABSTRACT (REQUIRED):

Title: Investigative line in retinopathy of prematurity (ROP)

Author and Co-authors: João Borges Fortes Filho, Mauricio Maia

Purpose: To present an overview of the main investigative studies presented by this investigative line in the last 10 years.

Methods: A retrospective review on the main studies in ROP presented to the scientific literature by the PROROP investigative group from UFRGS and UNIFESP.

Results: Will be presented some aspects of:

- 1) Prevalence of ROP
- 2) Risk factors for ROP
- 3) Low weight gain and ROP
- 4) ROPScore to detect ROP

Conclusion: 31 articles concerned with the main aspects in ROP were published by this investigative line in a collaborative way between UFRGS and UNIFESP.

Keywords: Retinopathy of prematurity, prevention of blindness

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

3. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: BRUNO
First Name: ALBUQUERQUE
Middle: FURLANI

Service: (RE) RETINA AND VITREOUS

CEP Number: 0589/10

5. ABSTRACT (REQUIRED):

Title: Lutein as a new dye for chromovitrectomy

Author and Co-authors: Bruno Furlani, Mauricio Maia, Acácio Alves Souza Lima, Diogo Martins, Rodrigo Navarro Milani, Rubens Belfort Jr

Purpose: To evaluate the feasibility, advantages and safety of using a novel dye based on lutein crystals 0.3%+brilliant blue(BB) 0.025% in order to improve the identification and removal of the vitreous, internal limiting membrane(ILM) and epiretinal membrane(ERM) during chromovitrectomy in humans.

Methods: We prospectively evaluated 12 eyes of 12 consecutive patients who underwent pars plana vitrectomy using the combination of 0.3% lutein crystals and 0.025% of BB. The inclusion criteria were: eyes with macular hole, ERM or proliferative diabetic retinopathy/tractional diabetic macular edema with indication of ILM removal and age > 18 years-old. Exclusion criteria were: glaucoma, an history of intraocular infection. The standardized surgical procedures were performed by the one experienced surgeon in chromovitrectomy who completed a postoperative questionnaire that compared the capability of this new dye to stain the intraocular structures with the current available dyes. Histological evaluation of the peeled ERM or ILM was performed. The follow-up visits were performed at days 1, 7, 30 and 90 after surgery. Optical coherence tomography (OCT) and fluorescein angiogram (FA) were performed.

Results: 6 eyes with proliferative diabetic retinopathy, 4 eyes with ERM and 2 eyes with macular holes were evaluated. The dye solution had a green color and it deposited onto the posterior pole due its higher density than BSS; there was no necessity to flush it. The dye was able to show both the posterior hyaloid/vitreous base by deposition of the golden crystals of L/Z as well as the ILM staining by a marked blue color from the BB; the ERM was poorly stained. BCVA improved in all eyes from baseline mean of 20/100 (20/25-20/400) to 20/30 (20/20-20/60) at the 90th day. No signs of toxicity were observed clinically or through OCT as well FA analyses. Histological evaluation showed effective removal of ILM in 8 eyes and ERM in 4 eyes.

Conclusion: A new dye based on lutein crystals 0.3%+BB 0.025% was able to improve the intraoperative identification of both the ILM and the posterior hyaloid/vitreous base through the gentle deliver of this solution during chromovitrectomy. No toxicity effects were observed at 90 days follow-up.

Keywords: internal limiting membrane; macular hole; chromovitrectomy; vitreoretinal surgery

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

4. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Bruno

First Name:

Middle: Diniz

Service: (RE) RETINA AND VITREOUS

CEP Number: CEP 0289/12 USC 11456

5. ABSTRACT (REQUIRED):

Title: Subretinal implantation of retinal pigment epithelial cells derived from human embryonic stem cells - improved survival when implanted as a monolayer.

Author and Co-authors: Bruno Diniz, Ramiro Ribeiro, Rodrigo Brant, Mauricio Maia, David R. Hinton, Mark S. Humayun

Purpose: To evaluate cell survival and tumorigenicity of human embryonic stem cell-derived retinal pigment epithelium (hESC-RPE) transplantation in immunocompromised nude rats; cells were transplanted as a cell suspension (CS) or as a polarized monolayer plated on a parylene membrane (PM).

Methods: Sixty-nine rats (38 male: 31 female) were surgically implanted with CS (n=33) or PM (n=36). Cohort subsets were sacrificed at 1, 6, and 12 months after surgery. Both ocular tissues and systemic organs (brain, liver, kidneys, spleen, heart, and lungs) were fixed in 4% paraformaldehyde, embedded in paraffin, and sectioned. Every fifth section was stained with hematoxylin and eosin and analyzed histologically. Adjacent sections were processed for immunohistochemical analysis (as needed) using the following antibodies: anti-RPE65 (RPE-specific marker), anti-TRA-1-85 (human cell marker), anti-Ki67 (proliferation marker), anti-CD68 (macrophage) and anti-cytokeratin (epithelial marker).

Results: . The implanted cells were immunopositive for the RPE65 and TRA-1-85. Cell survival (P=0.006) and the presence of a monolayer (P<0.001) of hESC-RPE were significantly higher in eyes that received the PM. Gross morphological and histological analysis of the eye and the systemic organs after the surgery revealed no evidence of tumor or ectopic tissue formation in either group.

Conclusion: hESC-RPE can survive for at least 12 months in an immunocompromised animal model. Polarized monolayers of hESC-RPE show improved survival compared to cell suspensions. The lack of teratoma or any ectopic tissue formation in the implanted rats bodes well for similar results with respect to safety in human subjects.

Keywords: age-related macular degeneration, retinal pigment epithelium, human embryonic stem cells.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

5. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Cristina

First Name:

Middle: Miyamoto

Service: (RE) RETINA AND VITREOUS

CEP Number: 0665/10

5. ABSTRACT (REQUIRED):

Title: The combination of bevacizumab and 3,4 dihydroxyphenyl ethanol reduces angiogenin in retinal pigment epithelial cells

Author and Co-authors: Miyamoto C, Granner TJ, Maloney SC, Di Cesare S, Briccoli T, Burnier MN Jr.

Purpose: To evaluate if 3,4 dihydroxyphenyl ethanol (DPE) reduces secretion of pro-angiogenic cytokines from a human retinal pigment epithelial cell line (ARPE-19), and to study the effects of the combination of DPE with bevacizumab.

Methods: ARPE-19 cells were cultured for 24 hours under normoxic conditions or with a hypoxia-mimicking agent (100 μ M cobalt chloride [CoCl₂]). After 24 hours, all media was removed and replaced with one of the following serum-free conditions: control media, DPE (100 μ M), or combination of DPE (100 μ M) and bevacizumab (0.25 mg/mL). Media was harvested after 24 hours for sandwich ELISA-based angiogenesis arrays. The secretion of the following ten pro-angiogenic cytokines was measured: angiogenin, ANG2, EGF, bFGF, HB-EGF, PDGF-BB, leptin, PIGF, HGF and VEGF-A. Statistical significance was evaluated using a Student's t-test with $p < 0.05$ as a cutoff for significance.

Results: Of the ten cytokines assayed, three (angiogenin, ANG2, and VEGF-A) were secreted by ARPE-19 cells under normoxia and all three were significantly increased under CoCl₂-simulated hypoxia. HB-EGF and PIGF were not secreted under normoxia, but secretion was induced under simulated hypoxia. Following treatment with DPE, levels of angiogenin and VEGF-A significantly decreased under normoxia while all five detectable cytokines significantly decreased under simulate hypoxia compared to the control. The combination of bevacizumab with DPE significantly reduced secretion of angiogenin and ANG2 under normoxia. Angiogenin was significantly downregulated by the combination under simulated hypoxia compared to bevacizumab alone.

Conclusion: This study demonstrated that DPE significantly reduced the secretion of multiple pro-angiogenic cytokines to varying degrees under normoxia and simulated hypoxia. Further, the combination of DPE and bevacizumab proved to be a more effective approach to reduce angiogenin than bevacizumab alone. Therefore the combination of DPE and bevacizumab may represent a valuable therapeutic option for the wet form of AMD.

Keywords: age-related macular degeneration, pro-angiogenic cytokines, bevacizumab, 3,4 dihydroxyphenyl ethanol

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

6. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Diogo

First Name: de

Middle: Sousa-Martins

Service: (RE) RETINA AND VITREOUS

CEP Number: 0589/10

5. ABSTRACT (REQUIRED):

Title: TOXICITY ANALYSIS OF LUTEIN AND ZEAXANTHIN ASSOCIATED TO BRILLIANT BLUE OR TRYPAN BLUE IN CELL CULTURE MODEL

Author and Co-authors: Sousa-Martins, D., Casaroli, R., Lima Filho, A.A.S., Rodrigues, E., Maia, M., Belfort Jr, R.

Purpose: To evaluate the safety profile of solutions containing lutein and zeaxanthin (L/Z) in isolated formulations or associated to brilliant blue (BB) or trypan blue (TB) in culture cells model.

Methods: The dye solutions were developed using pharmaceutical technology. Retinal pigment epithelial cells (ARPE-19, CRL-2302) and Human Corneal Epithelial (HCE) cells were obtained. Four different dye solutions containing lutein and zeaxanthin isolated or associated to brilliant blue or trypan blue (L/Z 2%, L/Z 1%+BB 0,025%, L/Z 0,3%+BB 0,025%, L/Z 1%+TB 0,04%) were added to the cell growth plates. The assessment of ?in vitro? cellular toxicity was carried out with WST-1 colorimetric assay and cell proliferation experiments were conducted according to the Crystal Violet Dye Elution procedure, both after 24h, 48h and 72h contact time. The absorbance of the medium was estimated by using an ELISA reader (ELx800; Bio-Tek Instruments Inc, USA) with a 450nm and 590nm filter. Statistical significance was determined by one-way factorial repeated measurements analysis of variance (ANOVA). P-values ? 0.05 were considered statistically significant.

Results: No statistical significant differences were observed in cytotoxic profile and cellular proliferation of ARPE19 as well as HCE cell lines after the addition of each dye solution tested at the cell medium in all time periods. The IC50 was above 1,35mg/ml (p?0.05).

Conclusion: Solutions of natural dyes from lutein and zeaxanthin associated to brilliant blue or trypan blue showed a safe profile in this ?in vitro? cell culture model. Additional studies are necessary in order to use these natural dyes in human subjects for cataract and vitreoretinal surgery.

Keywords: Lutein; Zeaxanthin; Brilliant Blue; Trypan Blue

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

7. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Douglas

First Name:

Middle: Yanai

Service: (RE) RETINA AND VITREOUS

CEP Number: 1474/05

5. ABSTRACT (REQUIRED):

Title: Optical Coherence Tomography in Retinitis Pigmentosa Patients Study ?
Final Results

Author and Co-authors: Douglas Yanai, Luiz Lima, Adriana Berezovsky, Maurício Maia, Michel E. Farah, Juliana M. F. Sallum

Purpose: To study OCT findings regarding retinal nervous fiber layer (RNFL) and retinal thickness, comparing this data to visual acuity and control non-RP subjects.

Methods: 29 RP eyes were examined. 19 of those eyes were compared to 19 non-RP eyes. After a mean follow up of 5.5 years 11 RP eyes were re-examined. OCT scans around the optic disc, complete ophthalmological exam and electrophysiological tests were performed. The Stratus OCT (Zeiss, USA) scans were analyzed manually using the caliper under the RNFL thickness single eye protocol; 7 eyes in the follow up group were also examined using the Spectralis OCT scans (analyzed automatically using the OCT software). Statistical analysis was performed using the SPSS versions 12 and 15 software.

Results: The electrophysiological tests confirmed RP diagnosis in all patients. RP eyes presented thinner retina than non-RP eyes ($p < 0.05$). There was an increase in the retinal thickness in the temporal quadrant ($r = 0.64$; $p < 0.005$) and in the general mean ($r = 0.43$; $p < 0.05$) as the visual acuity decreases if we consider eyes with visual acuity better than 20/800. Also the follow up exams showed an increase in the retinal thickness over time ($p < 0.05$). The OCT scans presented different RNFL thickness measurements when the two OCTs machines were compared; the measurements were significantly higher (thicker) in the Spectralis OCT compared to Stratus OCT considering the general mean.

Conclusion: RP eyes have thinner retina than non-RP eyes. In RP eyes the retinal thickness increases over time and as the visual acuity decreases. Different results in different OCT manufacturers regarding the RNFL measurements were observed. It is suggested that thickness comparisons in RP patients should be performed using the same type of OCT machine between different patients and to follow them up. RNFL may not be a good predictive value in the RP progression. Increase in retinal thickness in RP eyes may be caused by changes in other layers than RNFL.

Keywords: Retinitis pigmentosa; Optical Coherence Tomography; retinal degeneration

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

8. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Gabriela

First Name: Unchalo

Middle: Eckert

Service: (RE) RETINA AND VITREOUS

CEP Number: 2049/09

5. ABSTRACT (REQUIRED):

Title: Development of a score in order to predict retinopathy of prematurity (ROP) in very low birth weight preterm infants

Author and Co-authors: Gabriela Unchalo Eckert, João Borges Fortes Filho, Renato Procianoy and Maurício Maia

Purpose: We developed a new score of cumulative risk factors for ROP by the 6th week of life in order to predict the occurrence of any stage of ROP or severe ROP among very low birth weight (VLBW) preterm infants in order to reduce the number of ophthalmological examinations of the VLBW in the group of risk for ROP.

Methods: A prospective cohort study including infants weighing \geq 1,500 grams and/or gestational age (GA) \geq 32 weeks at birth was conducted. The score was established based on the birth weight (BW), GA at birth, weight gain (WG) proportion from birth to the 6th week of life (defined as the birth at 6 weeks of life minus the BW; the result was divided by the BW), use of oxygen therapy under mechanical ventilation, and necessity of blood transfusion after birth until the 6th week of life. The scoring system was created from a linear regression considering the impact of each variable for any stage of ROP and for severe ROP. The receiver operating characteristic (ROC) curves were used to determine the best discriminative values of sensibility and specificity for all of the continuous values of the score, named ROPscore. The selected variables were entered in an Excel (Microsoft) table for practical use by ophthalmologists during the screening sessions to detect ROP

Results: A total of 487 VLBW babies were included in this study. The area under the ROC curve of the score in order to predict any stage or severe ROP (a measure of the accuracy), was 0.77 (P<0.001; 95% CI: 0.72-0.82) and 0.87 (P<0.001; 95% CI: 0.81-0.93), respectively. This value was significantly greater to predict the occurrence of ROP than BW (0.71; P<0.001; 95% CI: 0.65-0.76) or GA (0.69; P<0.001; 95% CI :0.63-0.75) alone, showing that ROPscore is a better predictor for the occurrence of ROP than BW or GA.

Conclusion: The ROPscore is a robust index of initial neonatal risk factors for ROP. It is easy to registry and more accurate than BW and GA to predict any stage of ROP and severe ROP among VLBW preterm infants. It is simple enough for routine use among ophthalmologists during the screening sessions to detect ROP.

Keywords: Retinopathy of prematurity, score, ROPscore

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

9. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: HERMELINO

First Name: LOPES DE

Middle: OLIVEIRA NETO

Service: (RE) RETINA AND VITREOUS

CEP Number: 0108/2008

5. ABSTRACT (REQUIRED):

Title: A Randomized Trial to Compare the Efficacy and Safety of Intravitreal injection of Triamcinolone Acetonide and Bevacizumab separated and combined for Diabetic Macular Edema.

Author and Co-authors: HL Oliveira Neto, MD; RE Andrade, MD; C Muccioli, MD; M Casella, MD; MJ Nobrega, MD; R Belfort Jr, MD

Purpose: To evaluate the efficacy and safety of Intravitreal Triamcinolone and Bevacizumab in separate and combined for Macular Edema due to Diabetic Retinopathy (DR).

Methods: Multicenter clinical study with randomized injection of 0.05ml (1.25 mg) of bevacizumab (AVA group); 0.1 ml (4mg) of triamcinolone acetonide (TAAC group); and the association of both drugs with the same concentration (AVA+TAAC group). Patients were randomized 1:1:1 to monthly injection for 6 months. Parameters BCVA, IOP and OCT were evaluated monthly. Patients were eligible for enrollment if they presented diabetic macular edema (DME), BCVA 20/400-20/40 and macular thickness $\geq 275\mu\text{m}$ by OCT. Patients were excluded if had prior proliferative diabetic retinopathy or laser photocoagulation or injection of intraocular corticosteroid or anti-VEGF therapy in the previous 3 months. Failure was determined by the indication to laser treatment.

Results: A total of 142 patients were selected for the survey, which: 52 from the NE (36.7%) and 90 (63.3%) in the S/SE. Of the 111 cases completed, the groups were examined: 39 (35.1%) patients in the AVA group, 38 (34.2%) patients in the TAAC group and 34 patients each in groups AVA + TAAC (32.8%). The AVA group was the most re-injected in three or more injections. (p -value = 0.008). The TAAC group presents average OCT significantly higher than the AVA group (p = 0.001) in the OCT. Patients in the NE region have average OCT significantly lower than patients in the S/SE. The increase in IOP was the most frequent cause of exclusion. Causes of exclusions are 31 cases. The group AVA excludes all patients by criteria of the protocol, while the triamcinolone groups and AVA + TAAC exclude patients from both criteria (protocol and protocol). No systemic reactions were observed in the groups.

Conclusion: The group AVA was the most re-injected. The TAAC group has an average variation in OCT significantly higher than the group AVA. The group AVASTIN excludes all patients by criteria of the protocol, while the triamcinolone groups and AVA + TAAC exclude patients from both criteria.

Keywords: Intravitreal injection, Triamcinolone, bevacizumab, Macular Edema, Diabetic Retinopathy

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

10. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Juliana
First Name: Mantovani
Middle: Bottós

Service: (RE) RETINA AND VITREOUS

CEP Number: 0181/11

5. ABSTRACT (REQUIRED):

Title: Vitreomacular Traction Syndrome: a new approach for classification and associated maculopathies

Author and Co-authors: Juliana Bottós, Javier Elizalde, Eduardo Rodrigues, Michel Farah, Maurício Maia

Purpose: The primary purpose of this study was to analyze a variety of VMT morphologies to establish a major classification that better reflects preoperative predictive factors of postoperative visual and anatomic outcomes. The secondary aim of the study was to correlate the morphological findings of VMT syndrome with specific maculopathies.

Methods: Thirty-six eyes (36 patients) were categorized by VMT pattern (V- or J-shaped) and diameter (focal, $\leq 1500 \mu\text{m}$ or broad, $>1500 \mu\text{m}$) based on the specific measurements of maximum vitreomacular adhesions performed by optical coherence tomography (OCT) using spectral domain technology with 3-D reconstruction.

Results: We compared different classifications of VMT. Focal VMT (n=18) led to macular hole formation (61.1%), tractional cystoid macular edema (88.9%), and foveal retinal detachment (16.6%); broad VMT (n=18) was associated with epiretinal membranes (94.4%), diffuse retinal thickening (72.2%), and poorer recovery of the foveal depression (22.2%). Despite similar postoperative best-corrected visual acuity (BCVA) (focal, 0.28 and broad, 0.23 logarithm of the minimum angle of resolution; $P=0.393$), the focal cases showed greater improvement of vision (Δ : focal, 0.25; broad, 0.11; $P=0.027$), since the preoperative BCVA was significantly lower in the focal group (BCVA: focal, 0.54; broad, 0.34; $P=0.007$). However, BCVA improvement did not differ between the groups regarding the classic VMT morphological patterns (Δ : V-shaped, 0.21; J-shaped, 0.14; $P=0.235$).

Conclusion: Postoperative outcomes and macular disorders are closely related to VMT size. The adhesion diameter and not the classic VMT morphological pattern may better reflect the specific macular changes and predict the postoperative anatomic and functional outcomes.

Keywords: vitreomacular traction syndrome, vitreoretinal interface, macular hole, epiretinal membrane, cystoid macular edema

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

11. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Kárita
First Name: Antunes
Middle: Costa

Service: (RE) RETINA AND VITREOUS

CEP Number: 8427

5. ABSTRACT (REQUIRED):

Title: Evaluation of Mutation P23H in Rhodopsin (RHO) Gene in Patients with Autosomal Dominant Retinitis Pigmentosa

Author and Co-authors: Kárita Antunes Costa, Juliana Maria Ferraz Sallum.

Purpose: Identify if mutations on the rhodopsin (RHO) gene are present in Brazilian patients with clinical diagnosis of Autosomal Dominant Retinitis Pigmentosa, and correlate with the phenotypic manifestations.

Methods: Peripheral blood samples will be collected from 50 patients with autosomal dominant retinitis pigmentosa diagnosis and 50 controls. The DNA will be extracted for gene analyze. Specific primers for exon one of RHO gene will be used to amplify this region using PCR technique. All PCR fragment will be direct sequenced for capillary sequencing method. The sequence will be analyzed with Geneius Pro 5.5.7 software. The results of this study will be compared with databases like ?National Center for Biotechnology Information? (NCBI) to search for the presence of Pro23His mutation.

Results: 9 patients had their DNA extracted. 5 patients have been completed sequenced and no mutation was found. The other 4 patients analyze are being processed.

Conclusion: In this initial phase no mutations was found in the analyzed patients. More patients will be included.

Keywords: autosomal dominant retinitis pigmentosa, Pro23His mutations, genetic disease, and DNA mutational analysis.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

12. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Leonardo

First Name: Martins

Middle: Machado

Service: (RE) RETINA AND VITREOUS

CEP Number: 0197/10

5. ABSTRACT (REQUIRED):

Title: Comparison of 20-, 23- and 25-gauge air infusion forces

Author and Co-authors: Leonardo M. Machado, Octaviano Magalhães Jr., Mauricio Maia, Eduardo B. Rodrigues, Michel Eid Farah, Kamal A. R. Ismail

Purpose: To determine and compare 20-, 23- and 25-gauge retinal infusion air jet impact pressure (force per area unit) in an experimental setting.

Methods: Design - Experimental laboratory investigation. Methods - Infusion cannulas were connected to a compressed air system. A controlled valve mechanism was used to obtain increasing levels of infusion pressure. Each infusion tube was positioned in front of a manual transducer to measure force. Impact pressure was calculated using known formulas in fluid dynamics.

Results: The 20-gauge infusion jet showed similar impact pressure values compared to the 23-gauge. Both showed higher levels than the 25-gauge. This was due to the smaller jet force for the 25-gauge system.

Conclusion: In this experimental study, both the 23- and 20- gauge air infusion jet showed higher impact pressure values compared to the 25-gauge. This could be of concern regarding air infusion during 23-gauge vitrectomy, since retinal damage has been shown in standard gauge surgeries.

Keywords: vitrectomy, 23 gauge, 25 gauge, infusion, fluid?air exchange, macular hole.

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

13. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: Rafael

First Name: Lourenço

Middle: Magdaleno

Service: (RE) RETINA AND VITREOUS

CEP Number: 01230-000

5. ABSTRACT (REQUIRED):

Title: Analysis of refractive errors from UNIFESP ambulatory care clinic for premature infants

Author and Co-authors: Rafael Lourenço Magdaeleno

Nilva Simeren de Moraes

Denise de Freitas

Purpose: To report a description of refractive errors in premature-born children aged 1 yo 12, and test the hypothesis that myopia frequency is higher than the non-premature population.

To investigate the different cycloplegic effects of 1% cyclopentolate and 1% tropicamide in preterm pediatric patients.

Methods: In a retrospective study, 101 children with gestacional birth age < 37 weeks were given 2 drops of 1% tropicamide with 5' intervals between them. An objective clinical refraction was measured 20'-30' after the last drop. A second refractive exam was performed with 1 drop of 1% cyclopentolate 40'-60' after applying the solution.

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 refraction exam was performed after tropicamide solution, myopia was noticed at 8,9% in the right and left eyes. 5,0% of right eyes and 4,0% of left eyes had compound myopic astigmatism. The most frequent ametropia in this group was hiperopia.

There was a significant difference ($P < 0,001$) between the effects of the drugs in both eyes. The statistical analysis showed that Kappa (Measure of Agreement) between the drugs was partial in the right eye ($Kappa = 0,495$) as well as in the left eye ($Kappa = 0,525$).

Conclusion: Myopia is not the most frequent ametropia in this sample. Cyclopentolate has a higher cycloplegic effect on this population than tropicamide.

Keywords: ametropia, prematurity, cyclopentolate, tropicamide

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

14. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Verônica

First Name: Franco

Middle: de Castro Lima

Service: (RE) RETINA AND VITREOUS

CEP Number: 0818/11

5. ABSTRACT (REQUIRED):

Title: "Age-related Changes in Macular Pigment Optical Density Values as Measured by Dual-Wavelength Autofluorescence Imaging?"

Author and Co-authors: Lima VC, Rosen RB, Prata TS, Dorairaj S, Spielberg L, Maia M, Sallum J

Purpose: While macular pigment may play a protective role against age-related macular degeneration, the influence of age on its density levels remains unclear. This study aimed to investigate the relationship between age and the normal distribution of macular pigment optical density (MPOD) values surrounding the fovea.

Methods: We prospectively enrolled consecutive healthy subjects for this study. After inclusion, values of MPOD were measured at specific eccentricities from the foveal center using a dual-wavelength autofluorescence method employing a modified confocal scanning laser ophthalmoscope. Whenever both eyes were eligible, one was randomly selected for analysis. The correlation between age and MPOD values was investigated using regression analysis.

Results: A total of 30 subjects (30 eyes) were included (mean age, 48.6±16.4 years). Significant differences were found for MPOD values measured at 0.5, 1 and 2° from the center of the fovea (0.49 ± 0.12 DU; 0.37 ± 0.11 DU; 0.13 ± 0.05 DU, respectively; p<0.05). Significant correlations between age and MPOD values at 0.5 and 1° were found (p?0.02). Values measured at 2° showed a marginally significant correlation (p=0.06).

Conclusion: In normal subjects, higher MPOD values were found closer to the center of the fovea. These values seem to increase during adulthood (peak between 45-50 years old), followed by a gradual reduction after 60 years old that continues with aging.

Keywords: macular pigment, autofluorescence imaging, age

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

15. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: CARLOS ALEXANDRE

First Name: DE AMORIM

Middle: GARCIA FILHO

Service: (RE) RETINA AND VITREOUS

CEP Number: NCT00935883

5. ABSTRACT (REQUIRED):

Title: Efficacy of systemic complement inhibition with eculizumab in Age-related macular degeneration patients with drusen (6 months results): The COMPLETE study

Author and Co-authors: Carlos Alexandre de Amorim Garcia Filho, MD; Zohar Yehoshua, MD, MHA; Giovanni Gregori, PhD; Fernando M. Penha, MD, PhD; Renata P. Nunes, MD; Michel Eid Farah, MD, PhD; William Feuer, MS; Philip J. Rosenfeld, MD, PhD

Purpose: To evaluate the effect of eculizumab on drusen volume in patients with age-related macular degeneration (AMD).

Methods: Prospective, double-masked and randomized clinical trial.

Patients with drusen secondary to AMD with a volume of at least 0.03mm³ within a 3mm diameter circle centered on the fovea using SD-OCT were included. Patients were randomized 2:1 to receive intravenous (IV) eculizumab or placebo over a six month period. 50% of patients in the eculizumab group received a low dose regimen of 600 mg weekly for 4 weeks followed by 900 mg every two weeks until week 24. The other 50% received a high dose of 900 mg weekly for 4 weeks followed by 1200 mg every two weeks until week 24. The placebo group was infused with saline solution. Main outcome measures: Change in drusen volume measured by SD-OCT over six months.

Results: 30 eyes of 30 patients were enrolled in the study, and randomized 10:10:10 into each group. Mean (SD) ages of patients were 70.7 (7.8) and 70.7 (7.8), in the eculizumab and placebo groups ($p=0.99$), respectively. For the 30 study eyes, 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 of follow up, mean drusen cube root volumes were 0.51 mm (0.01) and 0.42 mm (0.15) in the eculizumab and placebo groups, respectively ($p = 0.17$). 2 eyes in the placebo group had a decrease in the drusen volume over time. One eye in the placebo group converted to wet AMD. No drug-related adverse events were identified.

Conclusion: Systemic complement inhibition with eculizumab was well tolerated through 6 months. Although the effect of the treatment over the drusen volume was not significant, the conversion rate to wet AMD was higher in the placebo group suggesting an effect of the complement system in the development of CNV

Keywords: Age-related macular degeneration; AMD; eculizumab

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

16. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: LUIZ

First Name:

Middle: ROISMAN

Service: (RE) RETINA AND VITREOUS

CEP Number: 1469/08

5. ABSTRACT (REQUIRED):

Title: Has Microperimetry a Prognosis Value in Central Serous Chorioretinopathy

Author and Co-authors: Luiz Roisman, João Crispin, Daniel Lavinsky, Michel Eid Farah

Purpose: To investigate the relationship between sensitivity and macular thickness in central serous chorioretinopathy (CSC) and then analyze if the initial macular sensitivity would be an early predictor of chronic CSC.

Methods: 14 eyes of 14 patients presenting with acute CSC were enrolled in this prospective observational study. All individuals underwent ocular examination, SD-OCT and microperimetry with MAIA(TM). After 3 months of follow-up, without any treatment, the visual acuity (VA), SD-OCT and macular microperimetry were repeated. Main outcome measures were improvement in logMAR VA, mean central macular sensitivity and relationship between sensitivity and thickness of the macula. The ROC curve was calculated to determine the best cutoff of macular sensitivity that could predict whether patients with acute CSC would progress to chronicity. Then, the sensitivity, specificity, positive and negative predictive value (PPV, NPV) were calculated.

Results: Significant moderate correlation was found between sensitivity and acute CSC in macular thickness ($r = -0.57$, $P = 0.03$). Based on the ROC curve we obtained cutoff of less than 20 dB sensitivity macular as the best balance between sensitivity and specificity to predict chronicity. With this cutoff, the method had a sensitivity of 71% and specificity of 100% with a PPV of 100% and NPV of 78%. Furthermore, it was found that eyes with microperimetry of less than 20 dB and acute CSC had a relative risk of 4.5 to develop into chronic form.

Conclusion: It was noted that the microperimetry with a cutoff of 20 dB is good test to predict whether the acute serous retinal detachments will evolve into chronicity. This can help the ophthalmologist to indicate early treatment to prevent CSC chronicity

Keywords: To investigate the remacular thickness, central serous chorioretinopathy, macular sensitivity, microperimetry

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

Author, Co-authors (maximum 6),

Purpose, Methods, Results,

Conclusion.

Poster guidelines:

90cm x 120cm

17. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: Magno

First Name: Antonio

Middle: Ferreira

Service: (RE) RETINA AND VITREOUS

CEP Number: 0379/10

5. ABSTRACT (REQUIRED):

Title: POSTERIOR HYALOID DETACHMENT AND INTERNAL LIMITING MEMBRANE PEELING USING 10 NATURAL VITAL DYES: EXPERIMENTAL STUDY IN POST-MORTEM EYES

Author and Co-authors: MAGNO ANTÔNIO FERREIRA, MD, 1,3 RAQUEL EUSTÁQUIO ALVES FERREIRA, MD, MICHEL EID FARAH, MD, PHD, 1 ACÁCIO ALVES SOUZA LIMA-FILHO, PHD, 1,2 CRISTIANE SIQUEIRA PERIS, 1 MAURÍCIO MAIA, MD, PHD1

Purpose: To determine whether natural dyes facilitate posterior hyaloid detachment and retinal internal limiting membrane (ILM) peeling in human eyes.

Methods: Open sky-vitreotomy with posterior hyaloid and ILM removal was performed in 80 cadaveric eyes. 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.

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 comparable to triamcinolone-assisted posterior hyaloid detachment performed 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%) stained the ILM best. Light microscopy confirmed ILM removal in all cases.

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.

Keywords: Chromovitrectomy, natural dyes, posterior vitreous detachment, internal limiting membrane peeling

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

18. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: Mariana

First Name: Vallim

Middle: Salles

Service: (RE) RETINA AND VITREOUS

CEP Number: 6159

5. ABSTRACT (REQUIRED):

Title: Correlation between phenotype and genotype in patients with Stargardt's Disease

Author and Co-authors: Mariana Vallim Salles, Kárita Antunes Costa, Juliana Maria Ferraz Sallum.

Purpose: Identify genetic mutations in patients with clinical diagnosis of Stargardt disease and correlate with the phenotypic manifestation.

Methods: Select 20 patients with clinical diagnosis of Stargardt disease. The fundus picture of these patients will be taken to register their phenotypic manifestation. 4ml peripheral blood will be collected for DNA extraction. The PCR of ABCA4 gene will be done with 50 primers combinations for all 50 exons. The PCR products will be studied by capillary sequence. 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 look for the pathogenic potential related with the phenotypic and gene mutation.

Results: The primers to gene sequence had already been selected and the annealing temperature has been determinate.

Conclusion: The primers and temperature had been tested and proved to amplify the DNA in the PCR reaction. A control sample sequence test is being done to standardize the test. The 20 patients are being selected and soon they will be invited to participate in the study.

Keywords: retinitis pigmentosa, retina, Stargardt disease, genetic disease, DNA mutational analysis.

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

19. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: Oswaldo
First Name: Ferreira Moura
Middle: Brasil

Service: (RE) RETINA AND VITREOUS

CEP Number: 0589/10

5. ABSTRACT (REQUIRED):

Title: Lutein as a new dye for chromovitrectomy in epiretinal membrane

Author and Co-authors: Oswaldo Ferreira Moura Brasil, Acácio Alves Souza Lima, Rubens Belfort Jr, Diogo Martins, Bruno Furlani, Mauricio Maia

Purpose: To evaluate the feasibility, advantages and safety of using a novel dye based on lutein crystals 0.3% + brilliant blue 0.025% in order to improve the identification and removal of the epiretinal membrane (ERM) and internal limiting membrane (ILM) in human eyes

Methods: Prospective clinical trial based on the evaluation of the surgical treatment of epiretinal membranes. 30 eyes of 30 consecutive patients will be submitted to pars plana vitrectomy using the combination of 0.3% lutein crystals + 0.025% of brilliant blue followed by prospectively evaluation.

Inclusion criteria: eyes with epiretinal membrane, best corrected visual acuity (BCVA) from 20/30-20/200 and age > 18 years-old.

Exclusion criteria: glaucoma and history of previous intraocular infection.

Surgical technique: The standardized surgical procedures will be performed by 8 different surgeons experienced in chromovitrectomy. The surgeries will be performed by staining the ERM with 0.3% lutein crystals + 0.025% brilliant blue to remove the ERM; after this surgical step, a re-injection of the same dye will be performed in order to stain the ILM for peeling procedure. Surgeons will complete a postoperative questionnaire that will compare the capability of this new dye to stain the int

Results: Recruiting patients

Conclusion: Study in progress

Keywords: Epiretinal Membrane, Chromovitrectomy, Lutein

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

20. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: FABIO

First Name: FELIPE

Middle: SANTOS

Service: (UV) UVEITIS

CEP Number: 0094/09

5. ABSTRACT (REQUIRED):

Title: Real-time PCR as an complementary diagnosis in infectious uveitis

Author and Co-authors: Fabio Felipe dos Santos, Alessandra Commodaro ,Luiz Claudio Lottenberg, Heloisa Nascimento, Cristina Muccioli, Luiz Vicente Rizzo, Rubens Belfort Jr

Purpose: To evaluate the utility of real-time polymerase chain reaction (real-time PCR) for the diagnosis of uveitis infectious, especially when serology fails and clinical symptoms are not evident. Samples 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) and T. gondii (TOXO)

Methods: 39 patients (17 men and 22 women) were recruited from the Department of Ophthalmology of the UNIFESP and tests were performed on Hospital Albert Einstein (HIAE). The technique of real-time PCR was used for the detection of HSV-1, HSV-2, VZV, CMV, TB and TOXO in blood, plasma, aqueous and vitreous humor samples from patients with probable infectious uveitis.

Results: Our results showed that the aqueous humor detected presence of TOXO, CMV, VZV and HSV-2 in 18,75% samples(n=32), while the vitreous was positive for TOXO, HSV-1, HSV-2 and VZV in 29,63% samples (n=27). In the plasma was possible to detected only CMV in 8,33% samples (n=36). The same was observed in the blood that was positive for CMV in 2,94% samples(n=34).

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.

Keywords: Real time PCR, diagnosis, infectious uveitis, blood, plasma, aqueous humor, vitreous humor.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

21. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.

PG1

Last Name: Luci
First Name: Meire Pereira
Middle: Silva

Service: (UV) UVEITIS

CEP Number: 1372/08

5. ABSTRACT (REQUIRED):

Title: CEP/CONEP SYSTEM: ASSESSMENT OF PENDING ISSUES FOUND IN INFORMED CONSENT FORMS USED IN CLINICAL TRIALS SPONSORED BY PHARMACEUTICAL INDUSTRIES

Author and Co-authors: Luci Meire P. Silva, Larissa R. Nogarol, Roberta A. Antônio, Cristina Muccioli

Purpose: To evaluate and compile the pending issues related to informed consent in different clinical trials, identifying the main problems and propose corrective measures

Methods: It was analyzed 28 opinions issued by CONEP related to studies sponsored by pharmaceutical industries and conducted in the Department of Ophthalmology of Hospital São Paulo, from April/ 2002 to June/2012. The outstanding issues identified in the opinions were grouped into 11 different groups in order to facilitate data discussion

Results: The most frequent pending issues group was "inappropriate language", occurring in 50% of the analyzed studies. The pending matters related to "assistance in case of pregnancy" and "description of risk benefit" occurred in 42.85% of the studies, followed by the "lack of essential information" group which represented 32.14%. The outstanding issues observed in the 'procedures' and 'confidentiality' groups corresponded to 17.85% of the analyzed studies. Pending matters regarding the presence of the placebo group in studies as well as lack of information about providing adequate contraception method were observed in 10.71% of the studies. The need for informed consent with appropriate language for research subjects underage and the presence of incorrect information were found in 7.14% of the analyzed documents. There were no pending issues in 17.85% of the opinions issued by CONEP.

Conclusion: Some authors suggest the ICF as a major reason for the return of protocols for modifications (Castilho; Kalil, 2005). This trend was also observed in this study, since 82.15% of the ICFs were considered inadequate and received pending issues. Therefore, it was requested clarifications or modifications by CONEP, aiming to make them ethically acceptable. These data suggest insufficient adherence of pharmaceutical industries and investigators to the regulatory compliance and justify the development of a standard ICF that could guide the development of these documents and minimize pending issues during the ethical review system conducted by CEP / CONEP

Keywords: Informed Consent Form, CEP, CONEP, Resolution196/96

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

22. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: Simone
First Name: Ribeiro Araújo
Middle: de Almeida

Service: (TU) TUMORS AND PATHOLOGY

CEP Number: 0534/07

5. ABSTRACT (REQUIRED):

Title: Cytology impression findings in normal conjunctiva submitted to interferon a2b and normal conjunctiva submitted to mitomycin C 0,02% in rabbits eyes. Comparative experimental study- Preliminary results

Author and Co-authors: Almeida, SRA; Barros, JN; Lowen, MS; Junior, MA; Andrade RFA; Martins, MC

Purpose: To compare the IC and histopathological findings of normal conjunctiva submitted to INF a2b to the findings of normal conjunctiva submitted to mitomycin C 0,02%.

Methods: Four (04) New Zealand albino rabbits were submitted to 4 different treatment regimens. Rabbit I received mitomycin C 0,02% for 14 days Rabbit II received INF a2b for 14 days, Rabbit III received INF a2b for 30 days and Rabbit 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. Enucleation was performed on day 61th and the eye processed for histopathological study.

Results: In progress and will be shown on presentation.

Conclusion: will be shown on presentation

Keywords: Impression cytology, interferon a2b, mitomycin C, conjunctiva

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

23. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Hailton
First Name: Barreiros
Middle: Oliveira

Service: (RS) REFRACTIVE SURGERY

CEP Number: 937/04

5. ABSTRACT (REQUIRED):

Title: VEGF trapR1R2 suppresses experimental corneal angiogenesis

Author and Co-authors: HAILTON B. OLIVEIRA¹, TOHRU SAKIMOTO¹, JOEL A.D. JAVIER¹, DIMITRI T. AZAR^{1,2}, STANLEY J. WIEGAND³, SANDEEP JAIN^{1,2}, JIN-HONG CHANG^{1,2}

Purpose: To determine the effect of vascular endothelial growth factor (VEGF) TrapR1R2 on bFGF-induced experimental corneal neovascularization (NV).

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.

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 mm² and 1.53 ± 0.27 mm² at days 4 and 7, respectively. This was significantly greater than that of mice treated with VEGF Trap (0.24 ± 0.11 mm² and 0.35 ± 0.16 mm² at days 4 and 7, respectively; $p < 0.05$).

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: Angiogenesis, bFGF, Cornea, VEGF TrapR1R2

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

24. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Allan

First Name: Luz

Middle: Souza

Service: (RS) REFRACTIVE SURGERY

CEP Number: 2012/10

5. ABSTRACT (REQUIRED):

Title: Evaluation of Ocular Biomechanical Indices to Distinguish Normal from Keratoconus Eyes

Author and Co-authors: Allan Luz, Bruno Fontes, Isaac Ramos, Paulo Schor, Renato Ambrosio Jr.

Purpose: To compare and assess the ability of pressure-derived parameters and corneal deformation waveform signal-derived parameters of the Ocular Response Analyzer (ORA) measurement to distinguish between keratoconus and normal eyes, and to develop a combined parameter to optimize the diagnosis of keratoconus.

Methods: One-hundred and seventy-seven eyes (177 patients) with keratoconus (Group KC) and 205 normal eyes (205 patients) (Group N) were included. One eye from each subject was randomly selected for analysis. Patients underwent a complete clinical eye examination, corneal topography (Humphrey ATLAS), tomography (PENTACAM Oculus), and biomechanical evaluations (ORA Reichert). Differences in the distributions between the groups were assessed using the Mann-Whitney test. The receiver operating characteristic (ROC) curve was used to identify cutoff points that maximized sensitivity and specificity in discriminating keratoconus from normal corneas. Logistic regression was used to identify a combined linear model (Fisher 1.0).

Results: Significant differences in all studied parameters were detected ($p < 0.05$), except for W2. For the corneal resistance factor (CRF): area under the ROC curve (AUROC) 89.1%; sensitivity 81.36%; specificity 84.88%. For the p1area: AUROC 91.5%; sensitivity 87.1%; specificity 81.95%. Of the individual parameters, the highest predictive accuracy was for the Fisher 1.0, which represents the combination of all parameters (AUROC 95.5%; sensitivity 88.14%; specificity 93.17%).

Conclusion: Waveform-derived ORA parameters displayed greater accuracy than pressure-derived parameters for identifying keratoconus. A diagnostic linear model that combines different parameters provided the greatest accuracy for differentiating keratoconus from normal corneas.

Keywords: Keratoconus, Biomechanical indices, Waveform

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:
90cm x 120cm

25. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Fernanda

First Name: Jordani Barbosa

Middle: Harada

Service: (BE) OCULAR BIOENGINEERING

CEP Number: 0512/11

5. ABSTRACT (REQUIRED):

Title: Assistive design for visually impaired people

Author and Co-authors: Fernanda J. B. Harada; Paulo Schor

Purpose: The designer creates solutions based on the costumer's needs to the largest number of people, and assistive design supports people with limitations in their daily life activities. Life expectation is increasing around the world, and this senior population claims for a greater support. The IBGE forecasts that in 2022 18% of Brazil's population will be elderly, in 2050 there will be 2 billion people over 60 in the world. According to WHO among the new 2 million cases of blindness in the world, 80% will be in people over 50. After heart and joint diseases, the ones that lead to visual impairment are the third prevalent chronic condition. A great part of these diseases has chronic degenerative nature, then related to aging process. Other point is the wide range of this population using multiple drugs, and the misuse of those is the main cause of visual worsening. The objective of this research is to improve self-administration of multiple drugs in elderly people with visual impairment. An integrated system of silicone rings were designed to stimulate their remaining senses, which will help them to overcome barriers.

Methods: The research is based on a qualitative method through a modality case study to analyze the use of the assistive product. The inclusion criteria for the researched population were: age over 60; multiple drug user; moderate or severe low vision (from 20/80) in the better eye are (caused by diabetic retinopathy or Age-Related Macular Degeneration). The problem was defined as the handling of multiple medications by the elderly population; while the premises were set for the development of assistive product. After the proposal of a solution, prototypes will be manufactured and their efficiency evaluated through analyzes of their usage in the population. This analysis includes the initial interaction between user and device and two follow-up interviews, which will occur in the first week and in the fourth week of the first month of usage. In both interviews, we will apply the same questions to evaluate the evolution of the relationship patient-device.

Results: Concepts of universal design were applied in device development through the sensorial residual capacity in a simple and intuitive solution.

Conclusion: The use of multiple drugs in elderly with low vision is a complex problem; therefore it demands a multidisciplinary approach.

Keywords: elderly, low vision, assistive design, drug therapy

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

26. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

PG1

Last Name: Josenilson
First Name: Martins
Middle: Pereira

Service: (EF) ELECTROPHYSIOLOGY

CEP Number: CAAE: 02412812.8.0000.5505

5. ABSTRACT (REQUIRED):

Title: Validation of a new computerized visual acuity measurement system prototype

Author and Co-authors: Pereira JM 1; Rocha DM 1; Wieczynski WC 2, Maia A 1; Salomão SR 1; Berezovsky A 1;
1 Departamento de Oftalmologia, Universidade Federal de São Paulo; 2. Iway Brasil.

Purpose: Visual acuity (VA) is acuteness or clearness of vision. VA is a measure of the spatial resolution of the visual processing system. VA is tested by requiring the person whose vision is being tested to identify characters (like letters) on a chart from a set distance. Chart characters are represented as black symbols against a white background (for maximum contrast). The purpose of the study was to validate the performance of the computerized visual acuity measurement system.

Methods: This study was approved by the Committee on Ethics in Research of UNIFESP. Presenting visual acuity (PVA) measurement was recorded in 2 groups: Normal group - 20 Normal volunteers aging from 15-49 years (mean= 32.5±10.8 yrs; median= 29.0; 13 females) and Patient group - 17 patients with visual acuity impairment, aging from 30-87 years (mean= 52.4±15.9 yrs; median= 48.5; 9 females). All subjects were their habitual spectacle correction if used and viewed the acuity tests from a distance of 4 m. Visual acuity was measured in a darkened room at a distance of 4 m from each eye with a ETDRS tumble 'E' chart retro-illuminated acuity and with the computerized visual acuity measurement system prototype (iVAS). The prototype consisted of a Apple computer, a 21.5 inch Full HD LED flat panel and a software programme running within the Objective-c language.

Results: In the normal group PVA (logMAR) measured with the ETDRS chart ranged -0.2 to +0.12 (median= -0.10) and from -0.2 to +0.14 (median= -0.09) using the prototype. In patients PVA ranged -0.02 to +1.78 (median= +0.24) logMAR and from -0.02 to +1.80 (median= +0.22) logMAR with the computerized logMAR. A significant positive correlation between both VA methods was found for the right eye in the normal group (r= 0.90; P=0.00001) was well as in left eye (r=0.79; P=0.00003). Similar results were detected for the patient group for both right (r= 0.99; P=0.00000) and left eyes (r= 0.99; P=0.00000).

Conclusion: There was a strong correlation between ETDRS Chart and the computerized visual acuity system measurement prototype in this small cohort of normal subjects and patients. This new instrument seems to be an alternative for ophthalmology practice and research.

Keywords: Visual Acuity, ETDRS

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

27. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PÓS-DOC

Last Name: Patrícia
First Name: Alessandra
Middle: Bersanetti

Service: (BE) OCULAR BIOENGINEERING

CEP Number: 0580/10

5. ABSTRACT (REQUIRED):

Title: MOLECULAR LEVEL CHARACTERIZATION OF CROSSLINKED RABBIT CORNEAS

Author and Co-authors: Patrícia A Bersanetti, Regina F. Nogueira, João Paulo E. Copertino, Jivaldo R. Matos, Paulo Schor

Purpose: To evaluate crosslinking between the collagen fibrils of rabbit corneas by differential scanning calorimetry (DSC).

Methods: Cornea samples were prepared from freshly enucleated rabbit eyes from local slaughterhouses (Coelho Real, Salto de Pirapora, Brazil) less than 6 hours postmortem. In the treated group, the eyes were deepithelized and instilled for 30 minutes with 0.1% riboflavin (Ophthalmos, Sao Paulo, Brazil), followed by 30 minutes of ultraviolet A irradiation at 365 nm using a solid-state device (X-Link; Opto Electronics, Sao Carlos). Control samples were also deepithelized but didn't receive any treatment. The eyes were then trephined and the cornea samples were kept in BSS and refrigerated until time of testing. DSC curves were obtained in a DSC-50 cell (Shimadzu, Japan) in the temperature range from 25 to 110°C using heating rate of 10 °C min⁻¹, under dynamic nitrogen atmosphere (100 mL. min⁻¹) and with aluminium crucibles containing 2-4 mg of samples. In all cases the samples were reheated. Prior to experiments, the DSC cell was calibrated in temperature axis with indium and zinc and in heat

Results: The control cornea sample showed an endothermic peak around 60°C. There was an increase in denaturation temperature of the samples of rabbit cornea, following treatment with riboflavin/ultraviolet-A radiation. The crosslinking leads to approximation of collagen fibers, reducing its hydration, and causing thus an increase in temperature stability. The DSC curve of a dry sample cornea also was obtained. The denaturation temperature (97.6°C) was much higher than that obtained for the wet sample, due to dehydration of the fibers.

Conclusion: Our results showed endothermic events that correspond to denaturation process of collagen in rabbit corneas. The temperature of the process increases in the riboflavin/UVA group compared to control group. In addition was observed that the loss of corneal hydration is responsible for increase in denaturation temperature.

Keywords: Crosslinking, rabbit cornea, differential scanning calorimetry, collagen denaturation

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

Author, Co-authors (maximum 6),

Purpose, Methods, Results,

Conclusion.

Poster guidelines:

90cm x 120cm

28. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Fernanda

First Name: Pedreira

Middle: Magalhães

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 1179/07

5. ABSTRACT (REQUIRED):

Title: Microbiota Evaluation of Patients with a Boston Type I Keratoprosthesis Treated with Topical 0.5% Moxifloxacin and 5% Povidone-iodine.

Author and Co-authors: Fernanda Pedreira Magalhães, Heloísa Moraes do Nascimento, David J. Ecker, Mark I. Rosenblatt, Luciene Barbosa de Sousa, Lauro Augusto de Oliveira

Purpose: To evaluate the efficacy of a prophylactic regimen of daily topical 0.5% moxifloxacin and 5% povidone-iodine (PI) in patients with Boston type I keratoprosthesis (KPro) and to assess the applicability of a novel molecular diagnostic technique to analyze the ocular surface microbiota in these patients.

Methods: Ten patients had their inferior conjunctival fornix sampled for standard culture methods before the addition of topical 5% PI to the prophylactic regimen and were considered the control group (group 1). The inferior conjunctival fornix and the KPro-donor cornea interface of 10 patients treated with the mentioned prophylactic regimen were sampled and analyzed by standard culture methods and using a polymerase chain reaction/electrospray ionization mass spectrometry assay (group 2).

Results: Samples from the inferior conjunctival fornix were positive for coagulase-negative staphylococcus in 3 patients and for *Aerobasidium pullulans* in 1 patient in group 1. The inferior conjunctival fornix and the KPro-donor cornea interface scrapings were positive for coagulase-negative staphylococcus in 2 patients and 1 patient, respectively, in group 2. No bacteria and fungi growth were detected in any patient from group 2 with the molecular diagnostic approach. None of the patients with culture-positive results developed keratitis or endophthalmitis during the study.

Conclusion: Topical 0.5% moxifloxacin associated with topical 5% PI is an effective prophylactic regimen in patients with Boston type I KPro. The molecular diagnostic approach using serial polymerase chain reaction and mass spectrometry was comparable with standard microbiologic techniques as a surveillance tool in these patients.

Keywords: Keratoprosthesis, polymerase chain reaction, keratitis.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

29. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Gustavo

First Name: Amorim

Middle: Novais

Service: (TU) TUMORS AND PATHOLOGY

CEP Number: 0390/09

5. ABSTRACT (REQUIRED):

Title: Immunohistochemistry expression of tyrosine kinase receptors C-Kit and PDGF in pigmented lesions of the conjunctiva.

Author and Co-authors: Gustavo Novais, M.D; Maria Eugenia Orellana, M.D; Bruno Fernandes, M.D, PhD; Sebastian Dicesare; Emilia Anteckka, M.D, PhD; and Miguel N. Burnier, M.D, PhD.

Purpose: To evaluate the expression of C-Kit, PDGF α and PDGF β receptors by immunohistochemistry in pigmented lesions of the conjunctiva and the effect of the tyrosine kinase receptor inhibitor Imatinib mesylate on in vitro proliferation and invasion assays in a conjunctival melanoma cell line.

Methods: Forty- five (45) melanocytic conjunctival lesions were evaluated. Immunohistochemistry was performed in benign nevi (22), primary acquired melanosis (17) and malignant melanoma (6) of the conjunctiva and Tyrosine kinase receptors C-Kit, PDGF α and PDGF β expression was analyzed. Proliferation and invasion assays were performed in a conjunctival melanoma cell line (CM 2005.1) to evaluate the effect of tyrosine kinase receptor inhibitor imatinib mesylate (Gleevec) on in vitro cell proliferation and invasion.

Results: C-Kit receptor expression was positive in 90.5% of nevi, 64.7 % of PAM and 100% of the conjunctival melanomas cases. PDGF α receptor was positive in 85.7 % of nevi, 94.1% and 83.3 % of melanomas. All PAM cases were negative for PDGF α receptor expression. PDGF β receptor was expressed in 100% of nevi, only 5.9 % of PAM and 83.3% of the melanomas studied. Imatinib mesylate (10 μ M) was able to significantly decrease in vitro cell proliferation and invasion rates of the CM2005.1 melanoma cell line.

Conclusion: Most of the pigmented lesions of the conjunctiva evaluated expressed C-Kit. PDGFR α expression was positive in the majority of nevi and melanoma, but negative in PAM. PDGFR β receptors were positive in most nevi and melanoma cases, but expressed only in a low percentage of cases of PAM. Imatinib mesylate was effective in decreasing in vitro melanoma cell proliferation and invasion rates. Further in vivo studies are warranted to evaluate the role of these receptors as therapeutic targets in premalignant and malignant pigmented lesions of the conjunctiva.

Keywords: Nevi; Primary acquired melanosis; conjunctival melanoma; C-kit; PDGF receptors

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

30. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.

PG1

Last Name: Gustavo
First Name: Teixeira
Middle: Grottone

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 276/08

5. ABSTRACT (REQUIRED):

Title: Prospects on corneal endothelial cell transplantation experimental models

Author and Co-authors: Grottone, GT; Gomes, JAP; Couvre, J;Cristovam,P; Loureiro,RR.

Purpose: Validate two different models of endothelial cell damage in rabbits and optimize a one-way endothelial cell preparation for anterior chamber injection.

Methods: Six Neozeland rabbits were divided on three groups and proceeded with mechanical or thermo-oxidative injuries of the corneal endothelial cells and a control group. We made a descemetorhexis the same way in DMEK to create the mechanical injure. To provide the thermo-oxidative injure we injected 0.5 mg/ml ICG at the rabbits' anterior chamber of the eye and fired confluent spots of 4.3 mm² as with the same doses used for iMP treatment. The samples were examined on light microscope and scanning electron microscope. At the one-way endothelial cell preparation protocol, we tested a novel compound directly on the endothelial corneal surface. After incubation, tissue was washed and Endothelial/Descemet layer peeled. Overnight collagenase digestion was performed and cells were evaluated with prussian blue staining, transmission electron microscopy and magnetic field attraction test.

Results: In comparison to the controls, after 1 month follow-up, the corneas at the testing groups were swallowed and opaque. At the light microscope, we checked that mechanical injure group thickness was more homogeneous than in thermo-oxidative injure. It was evident that the mechanical injure group totally removed the descemet membrane with the underlying endothelial cells. In the other hand, thermo-oxidative injure group had an almost intact descemet except for some detachment zones. At the scanning electron microscopy, it was possible to see nude areas of stromal collagen at mechanical injure group and a detached descemet underlying the stroma at the thermo injure. Regarding the one-way protocol, we achieved a successful internalization of the protamine-heparine-ironoxide compound after 4 hour-incubation. After digestion the cells were attracted to a magnet and stained. Cells kept the same spheroidal shapes showed on previous pilot study of our group, keeping the potential for adhesion and migration.

Conclusion: This study gave us a background on new and more effective ways of damaging endothelial cells on rabbits. One-way step is effective and time saving when compared to previous methods involving primary culture and harvesting.

Keywords: Endothelial Cells; Cornea

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

31. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Joyce
First Name: Luciana
Middle: Covre

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0419/10

5. ABSTRACT (REQUIRED):

Title: Evaluation of the riboflavin and Ultraviolet light effect on keratocytes cultivated in vitro

Author and Co-authors: Joyce Luciana Covre, Priscila Cardoso Cristovam, Renata Ruoco Loureiro, Yara M. Michelacci, Mauro Silveira de Queiroz Campos, José Álvaro Pereira Gomes, Élcio Hideo Sato.

Purpose: Evaluate the riboflavin and ultraviolet light effect on human keratocytes cultivated in vitro.

Methods: Keratocytes were obtained from human corneal rims remnants of tissue previously used in corneal transplants at the Department of Ophthalmology of UNIFESP/EPM, and cultured in DMEM/F12 medium with 2% FBS until confluence. The cell cultures were characterized by immunofluorescence with antibodies to K3 (epithelial marker), Thy 1 (fibroblast marker), α -SMA (myofibroblast), Lumican and Keratocan (keratocyte markers). Other cell cultures were covered with collagen (200 μ L and 500 μ L) and 0.1% of riboflavin and were exposed to ultraviolet light (UV). After 30 minutes of UV exposure, cell viability analysis was determined by MTT method.

Results: Cell cultures reached confluence in about 20 days. Immunofluorescence were positives for Lumican and Keratocan markers and negative for K3, Thy 1 and α -SMA markers. After crosslinking, MTT analysis showed that cells had greater viability in all groups that contained collagen.

Conclusion: Keratocytes cultures were successfully obtained and characterized by immunofluorescence to Lumican and Keratocan. Collagen proved protective effects against UV light. Further experiments will be made to determine whether the crosslinking interferes with the production of proteoglycans.

Keywords: cornea, keratocytes, crosslinking

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

32. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Renata

First Name: Ruoco

Middle: Loureiro

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 1637/08

5. ABSTRACT (REQUIRED):

Title: Comparison of different culture media for limbal epithelial cells cultivated ex vivo

Author and Co-authors: Renata Ruoco Loureiro, Priscila Cardoso Cristovam, Joyce Luciana Covre, Rossen Hazarbassanov, José Álvaro Pereira Gomes, Mauro Nishi.

Purpose: To compare the effectiveness of three different culture media for growth, proliferation, differentiation and viability of ex vivo cultured limbal epithelial progenitor cells.

Methods: Limbal epithelial progenitor cells cultures were established from 10 human corneal rims and grew on plastic wells in three different culture media: Supplemental Hormonal Epithelial Medium (SHEM), Keratinocyte Serum-Free Medium (KSFM) and Epilife®. The performance of culturing limbal epithelial progenitor cells in each medium was evaluated according to the following parameters: growth area of epithelial migration; immunocytochemistry for ATP-binding cassette member 2 (ABCG2), p63, Ki67, cytokeratin 3 (CK3), and vimentin (VMT); real-time reverse transcription polymerase chain reaction (RT-PCR) for CK3, ABCG2 and p63, and cell viability using Hoechst staining.

Results: Limbal epithelial progenitor cells cultivated in SHEM showed a tendency to faster migration, compared to KSFM and Epilife®. Immunocytochemical analysis pointed that proliferated cells at SHEM medium had lower expression for markers related to progenitor epithelial cells (ABCG2), and putative progenitor cells (p63); and higher percentage of positive cells for differentiated epithelium (CK3) when compared to KSFM and Epilife®. In PCR analysis, ABCG2 expression was statistically higher for Epilife® compared to SHEM. Expression of p63 was statistically higher for Epilife® compared to SHEM and KSFM. On the other hand, CK3 expression was statistically lower for KSFM compared to SHEM.

Conclusion: Based on our findings, we concluded that cells cultured in KSFM and Epilife® media presented higher percentage of limbal epithelial progenitor cells, compare to SHEM.

Keywords: corneal epithelium, stem-cells, transplantation, cell culture, corneal limbus

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

33. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Rossen

First Name: Mihaylov

Middle: Hazarbassanov

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0742/10

5. ABSTRACT (REQUIRED):

Title: CORRELATION BETWEEN AGING RELATED SKIN ALTERATIONS AND DYSFUNCTIONAL TEAR SYNDROME

Author and Co-authors: Hazarbassanov RM,Gomes JAP,Vasquez-Pinto LCM,Amaral MM,Campos M.

Purpose: To evaluate if aging skin alterations are correlated to dysfunctional tear syndrome(DTS).

Methods: Fifty seven women, from 45 to 59 years old, were enrolled in this prospective, non-interventionist study. Voluntaries were divided in 3 groups, each with 19 subjects: control group(1),dysfunctional tear syndrome(DTS) by aqueous deficiency(2) or evaporative dry eye(3). All patients were submitted to the following tests, for DTS diagnose:Ocular Surface Disease Index (OSDI),symptomatology questionnaire,biomicroscopy,Schirmer 1 test,tear osmolarity,break up time(BUT),fluorescein and lissamine green staining(LGS) and impression cytology(IC). For dermatological evaluation,the following exams were performed:hydration (corneometry),firmness and elasticity(Cutometry), transepidermal water loss(TEWL) and oiliness(Sebumetry) of the skin.

Results: OSDI and Schirmer 1 test values were statistically different between group 1 and 2, and 1 and 3 (Kruskal-Wallis, $p<.0001$ and $p<.05$,respectively), likewise for BUT, between controls and group 2 (Kruskal-Wallis, $p<.01$).Dryness and photophobia were significantly different between all groups(Kruskal-Wallis, $p=.0002$, control vs. group 2; $p=0.0464$,control vs. group 3).LGS differed significantly between groups(?2, $p=.0109$), as well as IC signs of superior and inferior areas(?2, $p<.0001$).TEWL mean value for group 3 was significantly lower than that of group 2(ANOVA, $p=.006$).Control group presented a higher mean of skin oiliness than group 2(ANOVA, $p=.027$). ROC curves were plotted and Sebumetry area under the curve(AUC=0.738; $p=.012$)presented good accuracy and discrimination ability for group 2. Incontrast, TEWL(AUC=0.689; $p=.05$) possesses good diagnostic ability, but low accuracy for group 3.Linear regression analysis noted that inflammation is negatively correlated to TEWL(beta=-0.259; $p=.041$) and Corneometry(beta=-0.335; $p=.011$).Furthermore, dryness was also negatively correlated to Cutometry(beta=-0.315; $p=.017$),and similarly between LGS and TEWL(beta=-0.307; $p=.016$).

Conclusion: Sebumetry is an accurate dermatological evaluation to discriminate aqueous deficient DTS, while skin characteristics such as hydration, firmness, elasticity and water loss appear to worsen when DTS signs and symptoms, such as dryness and inflammation, are higher.

Keywords: Skin, aging, dysfunctional tear syndrome

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

34. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PÓS-DOC

Last Name: Lauro

First Name: Augusto

Middle: Oliveira

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0333/06

5. ABSTRACT (REQUIRED):

Title: High-Throughput Molecular Diagnostics for the Rapid Detection of Pathogens in Corneal Ulcers

Author and Co-authors: Lauro A Oliveira, MD; Renata T Kashiwabuchi, MD; Maria C Yu; Mark J Mannis, MD; Luciene B de Sousa, MD; David J Ecker, PhD; Mark I Rosenblatt, MD, PhD

Purpose: To evaluate a novel molecular diagnostic technique to identify bacterial pathogens in patients with bacterial keratitis.

Methods: Standard cultures and smears and an extra corneal scraping were obtained from each subject. Nucleic acids were extracted from thawed samples and subjected to PCR using 16 primer pairs designed against genetic regions broadly conserved across bacterial species. PCR amplicons were then analyzed and quantified using electrospray ionization mass spectrometry (PCR/ESI-MS) and base compositions of each amplicon were determined. Bioinformatics analysis allowed identification and quantification of bacterial species present in samples.

Results: Three out of 35 patients enrolled had culture proven fungal infection and were excluded from the study. Bacteria were identified in 28 of 32 (87.5%) corneal specimens by standard culture methods. Coagulase-negative Staphylococcus (CoNS) was identified by culture in 16 of the 28 culture-positive specimens; CoNS was not detected in these samples by PCR/ESI-MS. Nine of the remaining 12 culture positive non-CoNS corneal specimens were correctly identified using the PCR/ESI-MS method. Excluding the CoNS positive samples, sensitivity, specificity, positive predictive value, and negative predictive value of the PCR/ESI-MS method, considering the culture methodology as the gold standard technique, were 75% (9/12), 100% (4/4), 100% (9/9), and 57% (4/7), respectively.

Conclusion: The molecular diagnostic approach utilizing serial PCR and mass spectrometry effectively identified the most virulent pathogens in a series of patients with culture-positive bacterial keratitis.

The molecular approach did not detect less virulent bacteria identified by culture; these may have been non-pathogenic bacteria due to skin contamination. This method may rapidly identify virulent pathogens in the cornea, and allow for the early implementation of tailored therapy.

Keywords: Infectious keratitis, bacterial keratitis, protein chain reaction, mass spectrometry.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

35. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PÓS-DOC

Last Name: Priscila

First Name: Cardoso

Middle: Cristovam

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 5567/12

5. ABSTRACT (REQUIRED):

Title: Comparative Study of Different Stem Cells Sources for Ocular Surface Reconstruction in Animal Model of Limbal Stem Cell Deficiency (LSCD)

Author and Co-authors: Priscila Cardoso Cristovam, Renata Ruoco Loureiro, Bábyla Gerales Monteiro, Joyce Luciana Covre, Irina Kerkis, José Álvaro Pereira Gomes.

Purpose: Expression profile comparison of limbal, conjunctival and oral mucosa epithelial stem cells and their potential for ocular surface reconstruction.

Methods: Biopsies of human limbus, conjunctival and oral mucosa will be obtained and cultivated in specific culture media. After cultures confluence, the expression profile of limbal, conjunctival and oral mucosa stem cells will be analyzed by RT-PCR and immunocytochemistry using epithelium and stem cells markers. After cells obtained and characterization, these human cells will be used to ocular surface reconstruction in animal model of limbal stem cell deficiency, to define the best strategy to be used for the treatment of bilateral limbal stem cell deficiency.

Results: : Immunocytochemistry results showed that oral mucosa present similarities with limbal stem cells, which expressed epithelium (CK3/12), limbal (p63, ABCG2) and mesenchymal (SH2, SH3 and SH4) stem cell markers. The conjunctival cells also expressed CK3/12, ABCG2, SH3 and SH4 but in lower intensity, and not expressed p63 and SH2.

Conclusion: We concluded that all of these cells present gene expression profile of stem cells, and suggest that they are strong candidates to be used in corneal epithelium reconstruction in cases of limbal stem cell deficiency. In the next step, we will study and compare the use of these cells for the treatment of limbal stem cell deficiency induced in rabbit eyes.

Keywords: stem cells, limbus, oral mucosa, conjunctival

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

36. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PÓS-DOC

Last Name: Tais

First Name: Hitomi

Middle: Wakamatsu

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 01672/06

5. ABSTRACT (REQUIRED):

Title: Classification of the ocular surface manifestations in patients with Stevens-Johnson Syndrome

Author and Co-authors: Tais Hitomi Wakamatsu, Myrna Serapião dos Santos, Telma Pereira Barreiro, Charles Costa de Farias, Flavio Hirai, José Álvaro Pereira Gomes.

Purpose: To evaluate and grade the extent and severity of ocular surface manifestations in patients with Stevens-Johnson Syndrome (SJS).

Methods: Thirty four eyes of 22 patients with SJS that underwent ocular surface surgery and twenty nine eyes of 19 patients with SJS without previous ocular surface surgery were studied. Ocular surface manifestations were categorized as corneal, conjunctival, eyelid complications and presence of dry eye disease and 9 components were evaluated and graded on a scale from 0 to 3 according to their severity. This grading system comprises of corneal (epitheliopathy, opacity and limbal stem cell deficiency), conjunctival (inflammation and cicatrization), eyelid (keratinization and eye lashes alterations) complications and dry eye status (Shirmer Test and corneal cicatrization). Interobserver agreement in grading the severity of SJS ocular surface findings was evaluated.

Results: The proposed grading system for assessing ocular surface manifestations demonstrated a moderate agreement. When each feature was analyzed separately the data shows a strong agreement for limbal stem cell deficiency ($\kappa=0.67$) and corneal opacity ($\kappa=0.75$) and moderate agreement for conjunctival inflammation ($\kappa=0.40$), conjunctival cicatrization ($\kappa=0.54$), corneal and conjunctival keratinization ($\kappa=0.52$), eyelid keratinization ($\kappa=0.42$), eye lashes alterations ($\kappa=0.47$). The most severely affected complication components were limbal stem cell deficiency (26 eyes; 41,2%) and dry eye (Shirmer Test ? 15 eyes; 23,8%). The severity of corneal and conjunctival alterations and dry eye disease were significantly correlated with logarithm of the minimum angle of resolution (logMAR) visual acuity.

Conclusion: The authors describe a new classification for grading the severity of ocular surface findings in patients with SJS. This grading system provides a more objective method for evaluating SJS patients and may be adapted for use in the analysis of surgery indications.

Keywords: Classification; Ocular Surface Manifestations; Stevens-Johnson Syndrome; Interobserver Agreement

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

37. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: Fabiano

First Name:

Middle: Cade

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 10-033A IRB-Mass Eye and Ear Infirmary

5. ABSTRACT (REQUIRED):

Title: Corneal and Retinal Damage after Chemical Burn -
The Effect of Infiximab Prophylaxis

Author and Co-authors:

Fabiano Cade MD MSc 1,3, Eleftherios Paschalis PhD 1, Caio Regatieri MD PhD 2,3, Demetrios Vavvas MD PhD 1, Reza Dana MD MSc MPH 1,2, Claes H. Dohlman MD PhD 1

1 Department of Ophthalmology, Massachusetts Eye & Ear Infirmary, Harvard Medical School, Boston, USA.

2 Schepens Eye Research Institute, Harvard Medical School, Boston, USA.

3 Department of Ophthalmology, Federal Sao Paulo University.

Purpose: To identify the mechanisms of cornea and retina damage after severe alkali burns. Protective effect of infliximab was also explored.

Methods: First, posterior diffusion of alkali after a corneal burn was measured on pig eyes ex vivo, by inserting a pH microelectrodes into the anterior chamber (AC) and into the vitreous. Second, a 20-second alkali burn was performed to the cornea of anesthetized Balb/c mice, followed by lavage for 15 minutes. After irrigation, they were divided in 2 groups. Group 1 received an intra-peritoneal (i.p.) injection of isotype-matched IgG and Group 2 received infliximab i.p.. Corneal opacity and neovascularization were evaluated over 14 days. Histopathologic and TUNEL staining were performed to assess retina

Results: In the pig eyes, the pH showed a rapid increase in the AC whereas it remained normal in the vitreous over 75 minutes. In the mice, the burns resulted in the expected corneal opacity with no difference between the groups. Corneal neovascularization, however, was significantly less in the infliximab-treated group. TUNEL assay showed massive apoptosis in the ganglion cell layer (GCL) in Group 1 but it was greatly reduced in Group 2 after infliximab.

Conclusion: This study demonstrates early damage to the GCL, possibly caused by cytokines originated in the anterior segment, rather than from a direct pH effect. Additionally, the data suggest that suppression of TNF α can drastically reduce both corneal and retinal damage.

Keywords: Chemical Burn, Alkali, Cornea, Retina, Infiximab

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

38. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Camila
First Name: Haydee Rosas
Middle: Salaroli

Service: (RS) REFRACTIVE SURGERY

CEP Number: 1454/08

5. ABSTRACT (REQUIRED):

Title:

Pachymetric Mapping with Fourier-Domain Optical Coherence Tomography

Author and Co-authors: Camila H. R. Salaroli, MD, Yan Li, PhD, Norma Allemann, MD, Maolong Tang, PhD, David Huang, MD, PhD

Purpose: To evaluate the repeatability of Fourier-domain optical coherence tomography (FD-OCT) pachymetric mapping and compare OCT central corneal thickness (CCT) measurements with those of ultrasound pachymetry and Orbscan II and compare OCT peripheral corneal thickness measurements with those of Orbscan II.

Methods: An RTVue-CAM FD-OCT system was used to map the corneal thickness of 54 participants without corneal abnormalities. The scans were centered on either the corneal vertex or pupil. The repeatability of central and pericentral map sectors was assessed by pooled standard deviation (SD). The CCT measured by OCT was compared with those measured by ultrasound and Orbscan II by paired t-test and Pearson correlation. The peripheral corneal thickness measured by OCT was compared with those measured by Orbscan II by paired t-test.

Results: Pupil centration from 64 eyes (SD: 1.27 μm central, 1.73-6.60 μm pericentral) provided better repeatability than vertex centration from 42 eyes (1.65 μm central, 2.45-9.50 μm pericentral) in all sectors ($P < 0.029$). The CCT measured by OCT, ultrasound, and Orbscan II (acoustic factor 0.92) was 537.9 ± 26.9 , 557.1 ± 30.0 , and 537.1 ± 32.0 μm , respectively. The peripheral corneal thickness measured by OCT was significantly thinner than Orbscan II pachymetric readings ($P = 0.000$). Analyzing the quality of the coefficient factor used by Orbscan, the 0.95 factor would be more confident than the 0.92 factor regularly used.

Conclusion: Pachymetric mapping with FD-OCT was highly repeatable in normal corneas. The repeatability was better with pupil-centered scans than with corneal vertex-centered scans.

Keywords: Pachymetric mapping, central corneal thickness, optical coherence tomography.

2012 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:

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
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

39. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.

PG1

Last Name: Fabiana
First Name: dos Santos
Middle: Paris

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0728/02

5. ABSTRACT (REQUIRED):

Title: Amniotic Membrane Transplantation versus Anterior Stromal Puncture in Bullous Keratopathy: A randomized comparative trial.

Author and Co-authors: Fabiana dos Santos Paris; Eliana Domingues Gonçalves; Mauro Silveira de Queiroz Campos; Élcio Hideo Sato; Harminder S Dua, José Álvaro Pereira Gomes.

Purpose: To compare amniotic membrane transplantation (AMT) and anterior stromal puncture (ASP) in the management of pain in patients with symptomatic bullous keratopathy (BK).

Methods: Design: Prospective randomized comparative study.
Participants: Forty eyes of 40 institutional patients with symptomatic BK were randomized and divided into 2 groups (group AMT and group ASP).
Intervention: Groups were named AMT and ASP as defined by the technique used to treat symptomatic BK. The patients were followed on the days 1, 14, 30, 90 and 180 postoperatively.
Main outcome measures: Questionnaire for assessing pain, clinical ophthalmologic examination (biomicroscopy), central corneal thickness and corneal esthesiometry.
Inclusion criterion: Chronic pain related to BK.
Exclusion criteria: Age under 18 years old, presence of concurrent infection, raised eye pressure and absence of pain.

Results: At 180 days follow-up, there was no statistical difference between the two groups in the severity ($p=0.391$) and duration ($p=0.715$) of pain.

Conclusion: AMT is similar to ASP in the relief of pain in symptomatic BK. However, ASP is a simple outpatient procedure and should cost less than AMT.

Keywords: amniotic membrane, anterior stromal puncture, bullous keratopathy, corneal edema

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

40. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Marcelo
First Name: Carvalho
Middle: Ventura

Service: (CA) CATARACT

CEP Number: 1091/09

5. ABSTRACT (REQUIRED):

Title: CONGENITAL CATARACT SURGERY OUTCOMES USING INTRAOPERATIVE INTRACAMERAL TRIAMCINOLONE VERSUS POSTOPERATIVE ORAL PREDNISOLONE

Author and Co-authors: Marcelo C. Ventura, Bruna V. Ventura, Camila V. Ventura, Liana O. Ventura, Walton Nosé

Purpose: To assess the outcomes of congenital cataract surgery when injecting intracameral triamcinolone at the end of the procedure versus the postoperative use of oral prednisolone.

Methods: This is a prospective, randomized clinical trial. Sixty children submitted to congenital cataract surgery younger than 2 years of age were randomly divided in two groups. The study group received an intracameral injection of preservative-free triamcinolone acetonide at the end of the procedure. The control group received prednisolone syrup postoperatively. Visual axis obscuration, posterior synechiae, cell deposits, intraocular pressure (IOP) and central corneal thickness (CCT) were assessed 1 year after surgery.

Results: The study group consisted of 31 eyes and the control group of 29. None of the eyes developed visual axis obscuration postoperatively. One (3.2%) eye in the study group had cell deposits on the lens. Two (6.4%) eyes of the study group and 5 (17.2%) eyes of the control group had posterior synechiae. There was no statistically significant difference between the groups concerning the incidences of cell deposits ($P = 0.517$) and posterior synechiae ($P = 0.247$). In both groups the mean IOP and CCT did not change significantly after one year of surgery (Study group: $P = 0.922$ and 0.149 ; control group: $P = 0.483$ and 0.416 , respectively).

Conclusion: After one year of congenital cataract surgery, similar surgical outcomes were attained when injecting triamcinolone acetonide in the anterior chamber intraoperatively and when using postoperative oral prednisolone.

Keywords: Congenital cataract; Congenital cataract surgery; Triamcinolone; Corticosteroid

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

41. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Tammy
First Name: Hentona
Middle: Osaki

Service: (PL) OCULAR PLASTIC SURGERY

CEP Number: 0277/12HE

5. ABSTRACT (REQUIRED):

Title: Orbital development as a function of age in indigenous North American skeletons

Author and Co-authors: Tammy H. Osaki, Aaron Fay, Manisha Mehta, Nambi Nalassami, Rubens Belfort Jr

Purpose: Infants with orbital hemangiomas and vascular malformations often develop expanded orbits or regional hyperostosis. Treatment in these cases depends, in part, on the stage of orbital development at the time of intervention, yet orbital development with respect to age is not well known. We sought to determine the rate of orbital development and age of orbital maturation in a single ethnic population.

Methods: Skeletons recovered in North America and housed at the Peabody Museum of Archaeology and Ethnology, Harvard University were inspected. Specimen age was determined by dentition. Orbital volume was measured using 1mm glass beads and a graduated cylinder. Linear measurements were taken with calipers and paper rulers. The measurements were plotted against age, and statistical analysis was performed. Relevant literature was reviewed.

Results: Of the hundreds of skeletons examined, 42 were sufficiently intact for orbital measurement. Thirty-two were pediatric (defined prenatal to 18 years) and 10 were adults. Mean adult orbital volume was 26.2 cc. Based on the regression analysis, 60% of adult orbital volume was achieved at 4.35 years, 75% at 9.36 years and 90% at 17.13 years of age. Linear dimensions progressively increased with age.

Conclusion: This single population study suggests that the orbit grows most rapidly until 4 years of age, slows significantly until 17 years, and reaches maturity at 22 years. Fifty percent of growth occurs by 16 months of age, suggesting that surgical removal of vascular anomalies after that age should also include appropriate skeletal management.

Keywords: Orbital development; orbital volume; skulls.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

42. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Teissy
First Name: Hentona
Middle: Osaki

Service: (PL) OCULAR PLASTIC SURGERY

CEP Number: 0295/11

5. ABSTRACT (REQUIRED):

Title: Evaluation of the topographic changes after application of botulinum toxin-A in patients with facial dystonia

Author and Co-authors: Teissy H. Osaki, Midori H. Osaki, Tammy H. Osaki, Mauro Campos

Purpose: To determine if the involuntary contractions of the orbicularis oculi muscle caused by facial dystonias may have any effects on the development of corneal astigmatism.

Methods: Patients with blepharospasm and hemifacial spasm treated with botulinum toxin-A were submitted to corneal topography and pentacam exams. The exams were performed before, 15 days and 3 months after the application of the botulinum toxin-A.

Results: We evaluated 18 patients with either essential blepharospasm or hemifacial spasm. Initial analysis of corneal topography and pentacam have shown that, before treatment with botulinum toxin-A, patients with hemifacial spasm presented increased astigmatism at the affected side. After treatment, initial results have shown decrease in the amount of astigmatism for both eyes in patients with blepharospasm and for the affected eye in patients with hemifacial spasm.

Conclusion: It seems that involuntary contractions of the orbicularis oculi muscle may induce topographic changes in patients with facial dystonia. A longer follow-up and a larger number of patients are necessary to confirm this hypothesis.

Keywords: Topography, Astigmatism, Facial Dystonia

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

43. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: DAVID

First Name:

Middle: KIRSCH

Service: (ST) STRABISMUS

CEP Number: 0446/09

5. ABSTRACT (REQUIRED):

Title: The use of Amniotic Membrane to limit restrictions after strabismus surgery: experimental study in rabbits.

Author and Co-authors: David Kirsch, Marcia Lowen, Monica Fialho Cronemberger, Elcio Hideo Sato.

Purpose: To evaluate the efficiency of human amniotic membrane in limiting the formation of adhesions and consequently restrictions after strabismus surgery.

Methods: A prospective two phase trial was done. In the first phase, 20 rabbits suffered a bilateral recession of the superior rectus. In one eye, a human amniotic membrane was placed stromal side up on the exposed sclera under the recessed muscle and then it was folded to wrap the muscle, without sutures just behind the muscle insertion. In the contralateral eye the same procedure was done, but without using the amniotic membrane. Fifteen days later, the animals were anaesthetized and submitted to a forced duction test using a dynamometry to measure how much of force (kg/F) was necessary to move the eye. On the second phase, the same procedure was done in more 10 rabbits, but the animals were submitted to the forced duction after 30 days.

Results: After 15 days the eyes with amniotic membrane needed less force to be moved than the eyes without amniotic membrane, Although, after 30 days there was no significant difference between the two groups.

Conclusion: Amniotic Membrane may retard the formation of adhesion and consequently restrictions in strabismus surgery, but it doesn't avoid its formation.

Keywords: strabismus, Amniotic Membrane, fibrosis

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

44. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

PGO

Last Name: TATIANA
First Name: MOURA BASTOS
Middle: PRAZERES

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 26834

5. **ABSTRACT (REQUIRED):**

Title: Comparison between deep anterior lamellar keratoplasty with endothelium and without endothelium in donor corneas

Author and Co-authors: TATIANA PRAZERES, RODRIGO MULLER, TATIANA RAYES, FLAVIO HIRAI, LUCIENE BARBOSA DE SOUZA

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

Methods: This is a randomized , clinical Trial, prospective, doble-blind study, including 59 patients with keratoconus diagnosis with indication of DALK (Deep Anterior Lamellar Keratoplasty) This study has been conducted in Sorocaba Eye Hospital. The patients were recruited and surgeries were performed between August 2011 to January 2012. Informed consent was obtained from all patients. **INCLUSION CRITERIA:** Patients with keratoconus aged over 18 years with best correct visual acuity and/or PAM better ou equal 20/30 and /or close visual acuity J1 attempting in the sector of Cornea and External Disease from Sorocaba Eye Hospital . The diagnosis of keratoconus will be based on examination under slit lamp and corneal topography according to the criteria of Mc Donnel Rabinowitz Patients also will be excluded if the dissection technique with air does not reach Descemet's membrane, leaving anterior stroma greater than 25 microns or if occurs perforation of Descemet's membrane. **EXCLUSIO**

Results: In analysis

Conclusion: In analysis

Keywords: DALK, KERATOCONUS

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

45. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: EDUARDO

First Name: ALONSO

Middle: GARCIA

Service: (LS) LACRIMAL SYSTEM

CEP Number: 0463/10

5. ABSTRACT (REQUIRED):

Title: LACRIMAL RECANALIZER - RECANALIZATION OF THE NASO LACHRYMAL DUCT WITH HIGH FREQUENCY (RNLD)

Author and Co-authors: GARCIA EA ,MACHADO MAC, SILVA JAF, NOSE W

Purpose: Analyze the technique of high frequency to restore lachrymal flow in dacriocistitis with minimum interference in lachrymal bomb, scar absence and without the necessity of carries through a osteotomy (by pass) in lachrymal system

Methods: Sixty patients with chronic dacriocistitis were selected in the clinic to perform the surgery (RNLD) with high frequency. The inclusion factors are patient with low blockage of the lachrymal way confirmed with X ray, older than 18 years. The exclusion factors are patient with 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 posoperative(PO) control were weekly in the first month, and with 45 and 60 days, when the silicone were removed. Thirty patients performed irrigation in the posoperative control, and 30 not. The results were evaluated based on the symptoms, irrigation and X ray exams

Results: Thirty six patients did the procedure with irrigation on PO control, and the rate of success is 80,5% (29 cases) and 19,5% have failde (7). In the group without irrigation , twenty patients have performed the procedure, and the rate of success is 80% (16 cases) and 20% have failed (4).

Conclusion: The techniche seems to be an interesting procedure to correct lachrymal obstruction, with no scar, low risk, no bleeding, and good results with or without irrigation on posoperative control

Keywords: lachrymal system, high frequency, dacriocistitis

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

46. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

PG1

Last Name: Eric
First Name: Pinheiro
Middle: de Andrade

Service: (EF) ELECTROPHYSIOLOGY

CEP Number: 0503/08

5. **ABSTRACT (REQUIRED):**

Title: INTEROCULAR DIFFERENCES IN PATTERN-REVERSAL VISUALLY EVOKED POTENTIALS PARAMETERS IN CHILDREN WITH AMBLYOPIA

Author and Co-authors: ANDRADE,EP, SACAI,PY, PEREIRA,JM, ROCHA,DM, BEREZOVSKY,A, SALOMÃO,SR

Purpose: The aim of this study was to investigate interocular differences by pattern-reversal visually evoked potentials (PRVEP) in children with amblyopia

Methods: Were included 40 amblyopic children (8.7 ± 2.2 years), 15 anisometropic, 21 strabismic and 4 with both conditions; 19 healthy children (8.2 ± 2.6 years) were used as controls. Visual acuity (VA) was measured with best optical correction in each eye with a ETDRS 'tumble E' retro-illuminated chart presented at a distance of 4 m. PRVEP recording was obtained with checkerboard stimuli subtending 1° , $15'$ and $7.5'$ visual angles. P100 latency in milliseconds (ms), N75-P100 peak-to-peak amplitude in microvolts (μV) was determined, as well as interocular differences in both parameters

Results: Interocular acuity differences (IAD-logMAR) ranged from -0.16 to -1.16 in the amblyopic group (-0.5 ± 0.3), without IAD in controls. P100 latency interocular differences ranged from -78.5 to 23.5 (-9.0 ± 17.6) in the amblyopic group, and from -16.5 to 12.5 (0.2 ± 4.8) in controls. In controls, an interocular P100 latency difference larger than 3.5 ms was found in 10 (17.5%) exams. However in the amblyopic group in 19 exams (15.8%). Analysis of the N75-P100 amplitude showed interocular differences larger than $2.5 \mu V$ in 8 (14%) controls exams, with the amblyopic group showing in 8 (6.7%). Overall, PRVEP amplitude and latency interocular differences were consistent with the clinically defined amblyopic eye. Weak positive Pearson correlation was found between interocular VA difference and interocular P100 latency difference for stimulus 15° ($r=0.1947$, $p=0.00436$) and 7.5° ($r=0.1449$, $p=0.0154$) with no differences between anisometropic and strabismic amblyopia. A comparison between interocular VA difference and N75-P100 amplitude disclosed a weak negative Pearson correlation only for strabismic amblyopia for stimulus 1° ($r=0.25401$, $p=0.0235$)

Conclusion: Interocular differences in both P100 latency and N75-P100 amplitude were found in a cohort of children with amblyopia. These differences were consistent with those found clinically in VA. The current findings confirm and extend previous findings that PRVEP is a sensitive method to investigate neurophysiological correlates of amblyopia in children

Keywords: electrophysiology:clinical;visual acuity;amblyopia

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

47. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

PÓS-DOC

Last Name: Marcia
First Name: Regina Kimie Higashi
Middle: Mitsuhiko

Service: (EP) EPIDEMIOLOGY

CEP Number: 0095/04

5. **ABSTRACT (REQUIRED):**

Title: VISUAL OUTCOMES AND SELF-REPORTED QUALITY-OF-LIFE IN CATARACT OPERATED PATIENTS

Author and Co-authors: Mitsuhiko, R.K.H., Berezovsky, A., Belfort Jr, R., Salomão S.R.

Purpose: To evaluate the effectiveness of cataract surgery in achieving sight restoration and vision-related quality-of-life (QOL) in a low-middle income population in São Paulo.

Methods: The São Paulo Eye Study (SPES) was a population-based study of urban, low-middle income residents of three districts of São Paulo city. Briefly, 3768 participants aged 50 years and older from 22 randomly selected clusters were recruited and had an eye exam including presenting visual acuity (PVA) measurement and best-corrected visual acuity (BCVA), refraction, and slit-lamp examination. Cataract surgery was indicated and offered free-of-charge at our local hospital for 218 subjects who had cataract as a principal cause of BCVA < 20/40 in either eye for. Two years later, a follow-up study on this group revealed 55 (25.23%) operated persons who were invited to an eye exam and also to respond to a vision-related quality of life questionnaire (VFQ-20).

Results: From the 55 participants who had been operated for cataract, 51 agreed to be examined. Most were female, 40 (78.4%) and individuals 60 years of age and older (N=51). Among the 69 cataract-operated eyes, 36.2% had PVA 20/32 or better, 36.2% had 20/40 to 20/63, 15.9% had <20/63 to 20/200, and 11.7% had <20/200 after surgery. With best correction, the percentages were 56.5%, 23.2%, 11.5%, and 8.8%. Refractive error was the main cause of visual impairment (14 out of 69 operated eyes) followed by retinal diseases (9 eyes) and glaucoma (7 eyes). Sixty-one eyes (88.4%) had been operated by phacoemulsification. Twelve eyes had any complication (17.4%). Correlation between presented visual outcome and VFQ-20 scores was analyzed. Before surgery, 7 out of 51 (13.72%) examined subjects had PVA 20/32 or better in one eye. After surgery, 25 (49.02%) had PVA 20/32 or better in at least one eye (PVA). Although VFQ-20 scores were high (score 75 by 72.55%), among the 51 cataract-operated persons, only 18 had visual benefit with cataract surgery (35.29%).

Conclusion: Although only half of operated participants had good visual outcome (VA 20/32 or better), most of them did not complain of difficulties that affected daily life activities due to impaired vision. Strategies to improve quality of surgical treatment of cataract in Brazil are needed.

Keywords: cataract surgery, quality of life

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

48. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: APARECIDA

First Name: ALCIONE

Middle: MESSA

Service: (LV) LOW VISION

CEP Number: 0374/10

5. ABSTRACT (REQUIRED):

Title: Quality of Life and Psychological Aspects related to Retinopathy of Prematurity

Author and Co-authors: Messa, Alcione Aparecida; Nakanami, Célia; Belfort, Ricardo; Sallum, Juliana

Purpose: To assess the quality of life related to vision of children with retinopathy of prematurity (ROP) and the psychological aspects of family experiences with the disease.

Methods: The CVFQ (Children Visual Function Questionnaire) will be used to collect quantitative data, a validated questionnaire to assess quality of life, divided in six subscales: general health, general vision health, competence, personality, family impact and treatment. The other instrument, a qualitative method, is a semi-directed psychological interview, which brings up information about emotional experience concerned raising a child with ROP. Both instruments will be performed in parents of children with Retinopathy of Prematurity. Included criteria: children under 3 years old with no other diagnoses than ROP.

Control Group: parents of premature children with normal vision and no other pathology associated.

Results: The ROP group presented lower CVFQ scores than control group scores. A statistically significant difference between groups in subscales and final score were observed. In the psychological interview, parents reported intense emotional impact at diagnosis, oscillating between hope and moments of uncertainty and poor understanding of the disease.

Conclusion: The results showed an impact in Quality of life in families of children with ROP when compared to control group. Impact of diagnosis of retinopathy is influenced by disease severity, support familiar, changes in routine and emotional resources.

Keywords: Psychology, retinopathy of prematurity, quality of life, parents, caregivers, vision disorders, low vision.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

49. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Vagner
First Name: Rogério
Middle: dos Santos

Service: (LV) LOW VISION

CEP Number: 1564/06

5. ABSTRACT (REQUIRED):

Title: Reading performance in low-vision patients: a study using the Portable Reading System Prototype (PRS)

Author and Co-authors: Vagner R. dos Santos; Nivea N. Cavascan; Solange R. Salomão; Adriana Berezovsky

Purpose: Reading performance is an important tool to evaluate patients with impaired vision. Reading speed, reading acuity and critical print size are factors that mainly influence reading performance in normal and low-vision subjects. The aim of this study was to investigate the impact of a recently developed low-cost electronic portable magnifier reading system (PRS) in reading performance in low-vision subjects.

Methods: Six older adult subjects (ages ranging from 51 to 92 years) with low vision and without any training for low vision devices were included. Reading performance was assessed binocularly with best optical correction with the Minnesota Reading Speed Chart version for the Portuguese language (MNREAD Portuguese). PRS apparatus is composed of a system of image capturing coupled with a 5.6 inch monitor, providing up to 15x magnification. Parameters of reading speed (words per minute), reading acuity (logMAR), and critical print size (logMAR) were determined without and with the PRS prototype. Paired t-test was used to compare results with and without PRS prototype for reading performance parameters. When normality test failed, Wilcoxon signed rank test was used. Statistical significance was set at $p < 0.05$.

Results: Mean reading speed was 52.3 ± 30.3 words per minute without PRS, decreasing to 43.7 ± 15.9 words per minute with PRS utilization without any significance. On the other hand, all subjects showed improvement in both reading acuity and critical print size with PRS prototype. Mean reading acuity without PRS prototype (0.95 ± 0.23 logMAR) was statistically poorer ($t=11.626$, $p < 0.001$) than that measured with it (0.02 logMAR ± 0.26). The same trend was found in mean critical print size, with 1.15 ± 0.15 logMAR without the PRS prototype and for values significantly better ($t=13.217$, $p < 0.001$) with prototype (0.20 ± 0.22 logMAR).

Conclusion: Considerable improvement in both reading acuity and critical print size was provided by PRS prototype use. However, reading speed results had no statistical differences with and without PRS prototype in this small cohort of patients. Further studies with large numbers of patients are recommendable to corroborate and extend the findings with this new promising technology

Keywords: Low vision; Equipment design; Reading performance

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

50. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Andrea

First Name: Cotait

Middle: kara-Jose

Service: (GL) GLAUCOMA

CEP Number: 1438/05

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, E.D. Almeida Jr., A.T.N.H. Endo, B.H.V.Escute, L.A.S.Melo Jr, I.M. Tavares.

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.

Methods: Forty-one eyes of 21 healthy subjects and 33 eyes of 17 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 deviation (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 Spearman's rank correlation coefficient (r).

Results: The Mean (Standard Deviation) for the studied parameters were: DDLS score: 3.7 (1.8), cup-to-disc ratio: 0.58 (0.20), visual field mean deviation index (dB): -3.52 (6.19), RNFL average thickness (?m) for Spectralis: 92.6 (18.1) and for Stratus: 86.5 (18.1). A strong positive correlation was found between DDLS and cup-to-disc ratio (Spearman $r = 0.82$; $P < 0.001$). Weaker correlations were found between DDLS and visual field MD index ($r = -0.51$; $P < 0.001$), Stratus RNFL average thickness ($r = -0.62$; $P < 0.001$) and Spectralis RNFL average thickness ($r = -0.63$; $P < 0.001$).

Conclusion: The present study showed that the DDLS is significantly correlated with both structural and functional parameters in normal and glaucomatous eyes.

Keywords: optic disc, nerve fiber layer, visual fields

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

Author, Co-authors (maximum 6),

Purpose, Methods, Results,

Conclusion.

Poster guidelines:

90cm x 120cm

51. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Luciano

First Name: Moreira

Middle: Pinto

Service: (GL) GLAUCOMA

CEP Number: 1556/07

5. ABSTRACT (REQUIRED):

Title: Comparative assessment of Standard Automated Perimetry and Frequency-doubling Technology versus Time-Domain and Fourier-Domain OCTs with two structure-function correlation models

Author and Co-authors: Luciano M Pinto; Luiz Alberto Melo-Junior; Elaine F Costa; Sergio H. Teixeira; André Maia; Augusto Paranhos-Junior

Purpose: Investigate the correlation between structural and functional measurements in glaucoma using Time-Domain (TD-OCT), Fourier-Domain Optical Coherence Tomography (FD-OCT), Standard Automated Perimetry (SAP), and Frequency-Doubling Technology Perimetry (FDT Matrix) using two different models.

Methods: Healthy and primary open-angle glaucoma individuals were enrolled in this observational, cross-sectional study. Peripapillary retinal nerve fiber layer (RNFL) thickness was assessed with the Stratus OCT Fast RNFL Scan, Cirrus OCT Optic Disc Cube 200x200 and Spectralis OCT RNFL protocol. Functional damage was assessed with 24-2 Humphrey SAP and 24-2 FDT Matrix. Visual field threshold and OCT RNFL data were divided into four sectors. Two different structure-function models were applied. Statistical analysis was performed by Spearman's rank correlation test.

Results: Seventy-nine eyes of 79 individuals (20 normal, 19 early, 10 moderate and 30 advanced glaucoma) were enrolled in this study. Correlations between RNFL measurements from Stratus, Cirrus and Spectralis OCTs and RNFL estimates from Simple Linear Model for SAP and FDT ranged from 0.23 to 0.75. The RGC quantities determined from the Neural Estimation Model for both visual fields as well as for the three OCTs showed correlations that ranged from 0.73 to 0.94. Both models showed better correlations between inferior sector on OCTs and superior sectors on visual fields followed by superior sector on OCTs and the corresponding sector on visual fields as well as between overall estimates.

Conclusion: Structure-function correlations were found to be different depending on the model adopted but were similar for all devices. Best correlations between structural and functional tests were found for the inferior and superior sectors as well as for the overall estimates.

Keywords: Glaucoma, Optical Coherence Tomography, Visual Field Tests

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

52. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

PÓS-DOC

Last Name: Christiane

First Name: R

Middle: Rolim de Moura

Service: (GL) GLAUCOMA

CEP Number: 1945/11

5. ABSTRACT (REQUIRED):

Title: BRAZILIAN REFRACTORY PEDIATRIC GLAUCOMA PROJECT

Author and Co-authors: Rolim de Moura, C; Netto, C; Tavares, I; Tanno, T; Esporcatte, B; Paranhos Jr. A

Purpose: Develop randomized clinical trials to answer: what is better in refractory pediatric glaucoma that needs filtering procedures: mytomicin augmented trabeculectomy or Ahmed valve implantation; and which model (pediatric or adult) is better for buphthalmic eyes.
Develop possibility to perform general anesthesia to operate and exam children with pediatric glaucoma in a ambulatorial system

Methods: 40 eyes with refractory pediatric glaucoma will be randomized to receive mytomicin augmented trabeculectomy or a Ahmed valve implant. Those that will receive valve implantation, will be once again randomized to receive a Fp7 or Fp8 Ahmed model. Inclusion criteria for the first clinical trial include uncontrolled pediatric 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. Meanwhile we will help developing the ambulatorial care for pediatric glaucoma (ambulatorial general anesthesia)

Results: 16 eyes of 16 children with refractory pediatric glaucoma were randomized to receive a valve implantation. Mean age was 5,49 years (1 to 12 years old). Nine had Primary Congenital Glaucoma, 3 had Aphakic glaucoma and 4 had other glaucomas (associated with other ocular malformation). Mean baseline IOP was 29,31 mmHg, with 2,54 medications. 9 patients completed 6 months of follow up. Eight received a Fp7 model and 8 a Fp8. Mean postoperative IOP was 14,8 mmHg with 1,1 medication. No tube displacement was observed. One serious complication occurred (panophthalmitis) and one patient lost follow up.

Two months ago we began operating and examining children with glaucoma in ambulatorial surgical center.

Conclusion: We could help developing an ambulatorial care system for children with pediatric glaucoma. Valve implantation is effective in controlling IOP in pediatric refractory glaucoma patients, but we need to increase the sample and lengthen the follow up to answer which is the best Ahmed implant model and which is the most effective first filtering surgery for these children.

Keywords: glaucoma, child, glaucoma surgery

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

53. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PGO

Last Name: Maria Vitoria
First Name: Oliveira Moura
Middle: Brasil

Service: (GL) GLAUCOMA

CEP Number: 0

5. ABSTRACT (REQUIRED):

Title: Comparison of silicone Ahmed and Baerveldt implants in combined ophthalmic surgeries

Author and Co-authors: MV Brasil, PA Mello, EJ Rockwood, SD Smith

Purpose: To compare the safety and efficacy of the silicone Ahmed (AGI) and Baerveldt Glaucoma Implant (BGI) in combined ophthalmic surgeries.

Methods: A retrospective chart review of 61 eyes that underwent combined ocular surgery with AGI and BGI placement was performed. Primary outcomes were intraocular pressure (IOP), the rate of postoperative complications, and surgical success (IOP reduction of $\geq 20\%$ from baseline and IOP > 5 mmHg and < 22 mmHg). Eyes requiring additional glaucoma surgery, implant removal or who lost light perception were also considered surgical failures.

Results: 32 eyes receiving AGIs and 29 eyes receiving BGIs were included. No significant differences were seen in baseline characteristics of patients in each group. Simultaneous cataract surgery was performed in 12 eyes of each group ($p=0.26$). Simultaneous pars plana vitrectomy was performed in 23 eyes with the AGI and 21 eyes with the BGI ($p=0.21$). Simultaneous penetrating keratoplasty was performed in 3 eyes of the AGI group and 4 eyes of the BGI group ($p=0.43$). Baseline IOP was similar in the two groups ($p=0.65$). The mean postoperative IOP was lower in the AGI group at 1-day follow-up (10.4 vs. 14.9 mmHg, $p=0.04$) and was lower in the BGI group at 1-year follow-up (11.6 vs. 16.0 mmHg, $p=0.001$). The cumulative probability of success over 5 years estimated by Kaplan-Meier survival analyses did not differ between the two groups ($p=0.82$). The number of postoperative glaucoma medications was greater in the AGI group, but the difference was not statistically significant (all $p>0.3$). The occurrence of hypotony (IOP ≤ 5 mmHg) was significantly greater in the BGI group (63.0% vs. 37.3%, $p=0.004$). Patients in the BGI group also more commonly experienced serious postoperative complications (22.3% vs. 7.5%, $p=0.01$).

Conclusion: Similar rates of surgical success were achieved with the BGI and the AGI placement combined with others ophthalmic surgeries. The BGI yielded a lower 12-month postoperative IOP. However, hypotony and other postoperative complications occurred more frequently with the BGI.

Keywords: Baerveldt glaucoma implant, Ahmed glaucoma implant, combined surgeries

2012 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:

FAST Paper

4. The signature of the First (Presenting) Author (REQUIRED) acting as the authorized agent for all authors, hereby certifies that any research reported was conducted in compliance with the Declaration of 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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

54. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PG1

Last Name: Vanessa

First Name: Miroski

Middle: Gerente

Service: (GL) GLAUCOMA

CEP Number: 1984.07

5. ABSTRACT (REQUIRED):

Title: Occipital fMRI Response Is Associated With Structural Ocular Findings And Psychophysics Tests In Glaucoma Patients

Author and Co-authors: Vanessa M. Gerente, Ruth R. Schor, Sergio H. Teixeira, Marcelo Felix, Dora F. Ventura, Claudio L. Lottenberg, Khalil T. Chaim, Edson Amaro, Augusto Paranhos Jr.

Purpose: To assess the cortical response to visual stimuli through functional magnetic resonance imaging (fMRI) and pericalcarine grey matter volume in glaucoma patients and controls, correlating with psychophysical tests and ocular findings.?

Methods: Glaucoma patients and controls underwent complete ophthalmic examination, perimetry (SAP and FDT Matrix) and OCT. 3 Tesla MRI was performed using 4 types of reversing checkerboard visual stimuli: eccentricity (expanding ring), polar angle (rotating wedge), magno and parvo, presented bilaterally in three cycles of 60 seconds each. The response of the visual cortex was obtained through BOLD signal (blood oxygen level dependent signal), which is an indirect measure of neural activity. The increase in blood flow in a specific region generated by neural activity results in decreased concentration of deoxyhemoglobin in the microvasculature. The change in the ratio of oxyhemoglobin (non-paramagnetic) and deoxyhemoglobin (paramagnetic) leads to an increase in BOLD signal. BOLD response was analyzed in 6 different regions of interest (ROI): right and left upper and lower calcarine regions, and occipital poles. The calculation of BOLD was performed in two ways: "mean BOLD" (average of BOLD value

Results: 24 individuals performed the exams, 17 with glaucoma and 8 controls. Mean age was 56.4 years for control group and 61.8 years for glaucoma group.

Conclusion: The results are being analyzed.

Keywords: functional magnetic resonance imaging; glaucoma

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

55. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

**Last Name: Ana Carolina
First Name: Almeida Britto
Middle: Garcia**

Service: (RE) RETINA AND VITREOUS

CEP Number: Under Review

5. ABSTRACT (REQUIRED):

Title: Retinopathy in Machado-Joseph Disease

Author and Co-authors: Ana Carolina Garcia, José Luiz Pedroso, Luiz Teixeira

Purpose: To identify retinal disorders and the correlation between anatomy and function through optical coherence tomography and microperimetry in Machado-Joseph Disease (MJD).

Methods: Were selected 10 patients from the Neurology sector with previous diagnosis of MJD through molecular genetic evaluation. All patients underwent complete ophthalmologic examination that consisted of visual acuity, pupil reflexes, extraocular motility, biomicroscopy, tonometry, funduscopy, OCT, microperimetry and retinography. A correlation between anatomy and function was performed to identify retinopathy in this group of patients.

Results: It is well known that MJD has a clinical variability and these patients usually do not present low visual acuity. The patient's ages varied from 25 to 65 years old. All patients presented visual acuity around 20/30. The OCT exams showed a thinner nerve fiber layer on 6 eyes. One eye was excluded since he presented an epiretinal membrane. Microperimetry results also varied but 8 presented altered results.

Conclusion: Machado-Joseph disease is the most common spinocerebellar ataxia and has various clinical presentations. Besides the neurologic signs the patients can present nystagmus, ophthalmoplegia, ptosis. This study tried to identify retinopathy in a group of patients with MJD. Considering these patients may present a mental deficiency, the microperimetry was a limiting exam. Further exams such as electroretinogram will be performed to encounter other disorders.

Keywords: Machado-Joseph disease, spinocerebellar ataxia, retinopathy

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

56. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Daniel

First Name:

Middle: Colicchio

Service: (RE) RETINA AND VITREOUS

CEP Number: 0775/11

5. ABSTRACT (REQUIRED):

Title: Comparison of Referred Pain in Panretinal Photocoagulation Laser Therapy for Diabetic Retinopathy using Slit Lamp Biomicroscopy vs. Indirect Ophthalmoscopy

Author and Co-authors: Daniel Colicchio, Fabiana F. Gonçalves, Eduardo A. Novais, Nilva S. B. Moraes

Purpose: To compare the pain referred by the patients during panretinal photocoagulation (PRP) laser therapy to treat diabetic retinopathy using the same laser beam attached to an indirect ophthalmoscopy or to a slit lamp.

Methods: Patients with diabetic retinopathy with indication of PRP (proliferative retinopathy or severe non-proliferative retinopathy) in both eyes and treatment-naive were randomly assigned to have one eye treated by laser attached to an indirect ophthalmoscopy and the fellow eye to be treated by laser attached to a slit lamp. The PRP technique used was the same as described in the ETDRS study (1200 or more burns, separated from each other by one burn width, at 0.1 second duration, with 400µm spot size). Patients had a full ophthalmologic exam (including contrast sensitivity testing) before and after the PRP, and also performed an Angiography, Spectral-Domain OCT and Retinography in these visits. The pain referred after each laser session was evaluated through a numeric scale (0-10 – no pain, worst pain ever) and a subjective scale (severe, moderate, light and no pain). These data were compared between the two laser delivering systems using the t-test.

Results: In progress.

Conclusion: In progress.

Keywords: diabetic retinopathy, laser, panretinal photocoagulation

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

57. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Emmerson

First Name: Badaró

Middle: Cardoso

Service: (RE) RETINA AND VITREOUS

CEP Number: 0125/12

5. ABSTRACT (REQUIRED):

Title: Development of Proliferative Retinopathy Experimental Model By Intravitreal Injection of VEGF

Author and Co-authors: Emmerson Badaró, Eduardo Buchele Rodrigues, Eduardo Novais, Kalil Bueno Abdalla, Mikael Kwang Chul Chun, Michel Eid Farah

Purpose: To develop a proliferative retinopathy experimental model by intravitreal injection of VEGF in pigmented rabbits.

Methods: A prospective, controlled, comparative, interventional study. Six pigmented rabbits (Chinchilla breed) were submitted to intravitreal injection of VEGF-165 in their right eye. Left eye was used as control. In group 1, four rabbits received a 10 μ g injection and, in group 2, two rabbits received a 20 μ g injection. At the baseline all subjects were analyzed with anterior biomicroscopy, retinography, fluoresceinic angiography and OCT images. The biomicroscopy and all ancillary exam were repeated at week 1, 2 and 5. In the fifth week after the injection the rabbits were euthanized and the eyes were enucleated and submitted to a histological evaluation. The ocular examination was analyzed according to the anatomy of the retinal vessels and evaluated for: disc hyperemia, vascular dilatation and tortuosity, vitreal or retinal leakage, formation of neovascular membrane, vascular narrowing, disc pallor, abnormal vascular pattern, retinal distortion and elevation or capillary non-perfusion.

Results:

Conclusion: The pilot study for a role model of neovascularization through intravitreal VEGF-165 injection in pigmented rabbits show that both doses of 10 μ g and 20 μ g were successful efficient to develop retina and anterior segment vascular growth, and therefore can be used for evaluation of drugs efficacy in future studies.

Keywords: VEGF-165, neovascularization, retinopathy, rabbits

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

58. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R1

Last Name: Grace

First Name:

Middle: Peng

Service: (RE) RETINA AND VITREOUS

CEP Number: 1422/06

5. **ABSTRACT (REQUIRED):**

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.

Methods: Retrospective review of consecutive cases of endophthalmitis seen at university referral center between January 2005 and August 2012.

Results: Thirty one eyes from 31 patients presented clinically diagnosed endophthalmitis following intravitreal injection in the study period. Most patients were women (58%) and the mean age was 68 ± 10.34 years old. The majority of the patients received injections of bevacizumab (61.3%) followed by steroids (16.12%), ranibizumab (3.22%) and miscellaneous (19.35%). Overall, the positivity of bacterial culture was 48.4% (15 out of 31 patients). The higher culture positivity was achieved for vitreous from vitrectomy (55.5%; 5/9) and vitreous tap samples (47.8%; 11/23). Aqueous humor was culture positive in 14.3% (2/14) of the samples. At the time of sample collection, at least 9 out of 15 patients were in use of topical fluoroquinolone (for the remaining information was not available). The most common organism isolated was coagulase-negative Staphylococci - CoNS (73.3%; 11/15) followed by *S. aureus* (20%; 3/15) and viridans group Streptococci (6.6%; 1/15). Gatifloxacin (GAT) and moxifloxacin (MOX) susceptibility rate was 80% (MIC90 2 $\mu\text{g}/\text{mL}$) among all bacterial isolates. All *S. aureus* isolates were susceptible to fourth-generation fluoroquinolone, methicillin and vancomycin. For CoNS, 72.7% of isolates were susceptible to GAT and MOX (MIC90 4 $\mu\text{g}/\text{mL}$ for both). The frequency of methicillin-resistant CoNS (MRCoNS) was 36.3% (4/11). Only MRCoNS isolates demonstrated resistance to fourth-generation fluoroquinolones (75%; 3/4). All CoNS isolates were susceptible to vancomycin.

Conclusion: Culture-proven endophthalmitis following intravitreal injection was documented in the last 7 years for 15 patients in our setting. Staphylococci remained as the main causative organism and was isolated even from patients using post-injection topical fluoroquinolones. The frequency of endophthalmitis was higher among the patients that received bevacizumab intra vitreal injection, probably due to the greater number of this type of injection.

Keywords: Endophthalmitis following intravitreal injection, microbiology

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

59. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Joao
First Name: Crispim
Middle: Ribeiro

Service: (RE) RETINA AND VITREOUS

CEP Number: 1576/10

5. ABSTRACT (REQUIRED):

Title: 810-nm Diode Micropulse Photocoagulation for Acute Central Serous Chorioretinopathy with Low Macular Sensivity: Initial Results of a Randomized Controlled Trial

Author and Co-authors: Joao Crispim, Luiz Roisman, Rodrigo Souza Lima, Nilva Moraes, Mauro Campos

Purpose: To evaluate the effect of 810-nm diode micropulse photocoagulation for acute Central Serous Chorioretinopathy (CSC) with low macular sensivity (MS)

Methods: A prospective, randomized, sham-controlled, double-masked clinical trial conducted until now over a period of 10 months examined 19 eyes of 19 patients with CSC. From those, 5 were chronic, 3 lost follow-up, 2 refused treatment, and 3 had MS higher than 20, so they were not included on the trial. As previous demonstrated by our group, patients with acute CSC and MS lower than 20 had a higher risk to become chronic. 6 eyes with acute CSC and MS lower than 20 were divided in 2 groups: (a) 810-nm diode micropulse photocoagulation (n=3 eyes) or (b) sham (n=3 eyes). The main outcome measures were logMAR visual acuity (VA), MS, OCT central macular thickness (CMT) and OCT-EDI central choroidal thickness (CCT)

Results: Until now, there was a mean VA of 0.2, MS of 22.5 dB, CMT of 213,7 μ m, and CCT of 420 μ m in the micropulse therapy group. In the sham group, there was a mean VA of 0.3, MS of 16.5 dB, CMT of 409.7 μ m, and CCT of 344 μ m

Conclusion: On this on going clinical trial, 810-nm red micropulse photocoagulation therapy for acute CSC with low MS was superior than sham in the treatment of CSC, which was safe and resulted in enhanced VA, macular perimetry, and CMT

Keywords: CSC, microperimetry, OCT, micropulse photocoagulation

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

60. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Juliana
First Name: Moura Bastos
Middle: Prazeres

Service: (RE) RETINA AND VITREOUS

CEP Number: 1529

5. ABSTRACT (REQUIRED):

Title: Evaluation of macular status using Optical Coherence Tomography (SD - OCT)

Author and Co-authors: Luiz Filipe A. Lucatto, Carolina Pelegrini, Josefina Pellegrini, Nilva Bueno de Morais

Purpose: Analyze , using SD - OCT , the macular status of asymptomatic children with sickle cell disease

Methods: Transversal study conducted at Clinic of Pediatric hemoglobinopathies of Federal University of São Paulo. Selected patients had confirmation of the Hb electrophoresis (SS / SC / beta thalassemia) Initial evaluation included best-corrected visual acuity (BCVA) testing, slit-lamp biomicroscopy and fundus examination. Exclusion criteria for control subjects included: clinical evidence of maculopathy, hypertension , lens or vitreous opacity and retinopathy of prematurity. Patients underwent Optical Coherence Tomography (OCT) with spectral domain - Spectralis (Heidelberg Engineering, Germany) and fundus photograph (Visucam - Zeiss). To quantitative analysis the retinal thickness map is displayed as 9 Early Treatment Diabetic Retinopathy Study (ETDRS)-like subfields, including central, parafoveal and perifoveal superior, temporal, inferior, and nasal subfields. Qualitative analysis: focal macular thinning was defined as asymmetric decrease in retinal thickness confirmed on thickness map and B-scan. Comparisons of continuous and categorical data from these regions were performed with Student's t test and chisquare

Results: 40 children (79 eyes) who had sickle cell hemoglobinopathies and no ocular symptoms and 19 controls (36 eyes) were evaluated.

The average age of those with hemoglobinopathies was 10.0 (SD = 3.3) years compared with 10.5 (SD = 3.8) in the control group (p = 0.629).

47,4% of hemoglobinopathies group were female against 50,0% of the controls The most frequent type was SS in 80% of cases followed by SC in 15% , 2,5% had type AS (sickle cell trait) and 2,5% beta talassemia

Regarding the presence of retinopathy, 53 eyes (66.25%) had no signs of retinopathy, 20 eyes (25.0%) had vascular tortuosity, 3 peripheral ischemia (3.75%), 1 black sunburst (1.25%), 2 thinning vascular (2.5%) and 1 (1.3%) white without pressure.

Conclusion: Qualitative evaluation of SD-OCT images revealed asymmetry in macular thickness (thinning) in 2 eyes. However, In this study, we found no statistically significant difference in retinal thickness map between Sickle cell patients and controls

Keywords: sickle cell retinopathy, OCT

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

61. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R2

Last Name: Mariana
First Name: de Andrade
Middle: Coelho

Service: (RE) RETINA AND VITREOUS

CEP Number: 04301912.6.0000.5505

5. **ABSTRACT (REQUIRED):**

Title: Evaluation of optical density of xanthophylls in patients with age-related macular degeneration using MPD (macular pigment density) software of Visucam

Author and Co-authors: Coelho, MA. Farah, M. Maia, M. Novais E. Stamato, I. Rodrigues E.B.

Purpose: To describe a novel software, the macular pigment density software (MPD), for macular xanthophylls measurements. To investigate the use of MPD in patients with age-related macular degeneration (AMD) with or without oral supplementation with lutein.

Methods: An equivalent to the optical density and the distribution of xanthophylls was determined objectively by the principle of one-wavelength reflectometry. The basis for this determination is a 30° digital fundus image of the macula captured with blue light (480-500nm). A standard retinal camera was used to capture the reflected light paramacular (Rp) and reflected light macular (Rm). The optical density and the distribution of the macular pigment was calculated with a special software logarithmic function of shading correction and the measured reflection value per pixel. The software provides the results in 4 parameters: max OD - maximum optical density, mean OD - mean optical density (MOD), area - where the macular pigment could be detected and Volume - the sum of all optical densities.

Results: A cross-sectional analysis of macular pigment density was performed in 61 eyes, twenty-five normals and 36 patients with AMD and other maculopathies using the "Visucam 500". The two patients who received oral supplementation with lutein increased the values in the MPD after two months. In patients with no macular or other retinal alterations, we found similar values of MOD, maximal optical density, area, and volume among different examinations. There was variation in the MPD values (MOD, area and volume) according to the size of the pupil. The maximum value for the maximum optical density was 0,805 and the minimum 0,231 with a mean value of 0,416574 and the maximum value for the MOD was 0,337 with a minimum of 0,064 and a mean value of 0,170311.

Conclusion: The novel software MPD allows measurements of the concentration of xanthophylls in the macula and is available coupled to Visucam 500 and 200.

Keywords: macular pigment density, age-related macular degeneration, xanthophylls

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

62. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Paula

First Name: Leal dos Santos

Middle: Barros

Service: (RE) RETINA AND VITREOUS

CEP Number: 0345/10

5. ABSTRACT (REQUIRED):

Title: Daily OCT examination after first intravitreal anti-VEGF injection: Implication for drug pharmacokinetics.

Author and Co-authors: Paula Leal dos S. Barros, Eduardo A. Novais, Emmerson Badaró, Renata P. Nunes, Eduardo B. Rodrigues, Michel Eid Farah.

Purpose: To evaluate the Spectral Domain Optic Coherency Tomography (SD-OCT) changes in naive-treatment patients with the diagnosis of active exudative age related macular degeneration (AMD) during a 30-days period.

Methods: A prospective, noncomparative, interventional study was carried out. Patients with neovascular AMD were submitted to a complete ophthalmological examination, fluorescein angiography, and SD-OCT at baseline (T0). Daily SD-OCT was performed for 30 days after the first intravitreal injection of anti-VEGF. All patients were treatment-naive with a macular thickness >250 µm (OCT) with a VA between 20/25 and 20/400 (ETDRS), older than 50 years.

Results: A total of 5 eyes of 5 patients were enrolled in this study. The baseline, thinnest and final central retinal thickness (CRT) were evaluated, just like the time it has been reached the lowest retinal thickness and when it increases again. Results are still ongoing.

Conclusion: In our study, with the daily SD-OCT, we were able to identify the initial improvement of the CRT and subretinal fluid, as well as the precise timing of worsening of them. Conclusions are still ongoing.

Keywords: Anti-VEGF, Age related macular degeneration, SD-OCT

2012 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

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
(RX) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

63. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R1

Last Name: Roberta
First Name: Andrade e
Middle: Nascimento

Service: (RE) RETINA AND VITREOUS

CEP Number: PB 98865 / USC-09-00205

5. ABSTRACT (REQUIRED):

Title: Drusen measurements comparison by fundus photograph manual delineation versus optical coherence tomography retinal pigment epithelial segmentation automated analysis

Author and Co-authors: Roberta Andrade e Nascimento, Bruno Diniz, Ramiro Ribeiro, Florian M. Heussen, Mauricio Maia, Srinivas Satta.

Purpose: Compare drusen measurements obtained from color fundus and infrared retromode photographs with those derived from spectral domain optical coherence tomography (SD-OCT).

Methods: Drusen lesions identified on the planar (color and infrared) imaging modalities were manually segmented by two independent graders using previously described reading center software to produce quantitative measurements of drusen area and number. The corresponding volume Cirrus OCT datasets were analyzed using commercial retinal pigment epithelium (RPE) analysis algorithms to segment the RPE band and estimated the drusen area. Drusen numbers were extracted from RPE elevation maps. Intraclass correlation coefficients assessed agreement between graders; graders' average measurements were compared to OCT using paired T-tests.

Results: Excellent agreement between graders was observed ($r=0.951-0.974$). No statistical difference was found in the area values obtained by color ($0.85\pm 0.26\text{mm}^2$, $P=0.43$) or retromode ($1.15\pm 0.32\text{mm}^2$, $P=0.35$) compared to those obtained by OCT ($0.98\pm 0.28\text{mm}^2$). The number of drusen identified by OCT (13.15 ± 3.19) was significantly lower than determined by manual segmentation of color (53.7 ± 13.18) and retromode (100.13 ± 16.18) images.

Conclusion: Although the number of drusen individualized by commercial OCT algorithms is significantly lower than by planar fundus imaging modalities, the OCT-measured drusen area is not affected, suggesting that the algorithm counts confluent drusen as a single drusen.

Keywords: drusen; optical coherence tomography; retinal pigment epithelial; algorithm.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

64. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Rodrigo

First Name: Arantes

Middle: Souza-Lima

Service: (RE) RETINA AND VITREOUS

CEP Number: 51440

5. ABSTRACT (REQUIRED):

Title: Investigation of new dyes for chromovitrectomy: histopathological analysis of Trisodium, Orangell and Methyl Violet

Author and Co-authors: Rodrigo A. Souza-Lima, Emmerson Badaro, Milton Moraes-Filho, Eduardo B. Rodrigues, Carsten H. Meyer, Michel Eid Farah

Purpose: To investigate the retinal toxicity by histopathological analysis after intravitreal injection of the biological stains in two concentrations: Trisodium , Orangell and Methyl Violet.

Methods: Nineteen New-Zealand-Albinos rabbits were assigned in six groups (n = 3 in each group except for the group 5 n = 4). The animals in group 1 received Trisodium (8-Hydroxypyrene-1,3,6-Trisulfonic Acid Trisodium) in the dose of 0.50 g/L and group 2 received 1.00 g/L. Group 3 received Orangell in the dose of 0.25 g/L and group 4 received 1.00 g/L. Group 5 received Methyl Violet in the dose of 1.00 g/L and group 6 received 0.50 g/L. A volume of 0,1 mL of dye was injected in the right eyes, whereas the left eyes received the same volume of balanced salt solution (BSS) as control. Samples were collected from two different areas in all the dye-injected eyes in three serial sections: 500 µm inferior to the optic nerve and 4 mm from the optic nerve at the temporal-inferior quadrant. A horizontal diameter of the retinal surface of 1,100 µm was used for detailed analysis of retinal toxicity. For histological evaluation of the degree of cellular injury, cellular abnormalities such as vacuolization

Results: No major anatomic signs of toxicity were found in the histology of both experimental and control eyes. The histopathologic appearance of the retina, choroids and sclera was within normal limits without any signs of severe retinal necrosis or cystic degeneration. Choriocapillaris, retinal pigment epithelium (RPE) and the nerve fiber layer appeared normal at one and seven days in every group analyzed.

Conclusion: Trisodium, Orangell and Methyl Violet did not induce significant histopathological damage in this preliminary experimental research. Trisodium, Orangell and Methyl Violet may be promising vital dyes for ocular surgery.

Keywords: chromovitrectomy, Trisodium, Orangell and Methyl Violet, retina, toxicity

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

65. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Helio

First Name: Francisco

Middle: Shiroma

Service: (RE) RETINA AND VITREOUS

CEP Number: 0705/10

5. ABSTRACT (REQUIRED):

Title: Clinical evaluation of safety and efficacy of a new lidocaine gel for intravitreal injection

Author and Co-authors: ShiromaH, RodriguesE, Farah M, PereiraJ, PenhaF, Gruman A

Purpose: To investigate the safety to the cornea and efficacy of a novel anesthetic gel for intravitreal To investigate the safety to the cornea and efficacy of a novel anesthetic gel for intravitreal administration of anti VEGF in patients with retinal vascular diseases

Methods: After approval of the Ethics Committee, a written informed consent was obtained from all participants. 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 ten minutes before the procedure. After intravitreal injection, patients answered three questions: pain during the procedure with the Visual Analogue Pain scale (VAS); discomfort sensation compared with venous puncture; comparison to previous intravitreal injections. Corneal and conjunctival staining with lisamine and fluorescein was measured in the first post-operative day using Oxford Scale. The data were examined using the SPSS 21® package and the level for significance was $p < 0,05$

Results: One hundred fifty four patients (87 males/44 females) were allocated into 5 groups. The groups were similar in age, drug administrated, pathology and eye treated. Ranibizumab was used in 149 (97%) of the cases, while Bevacizumab in 5 (3%). We treated one hundred-nine patients (71%) with AMD, twenty-two (14%) with Diabetic macular edema, eleven (7%) with Central or Branch vein occlusion and twelve (8%) with edema secondary to other diseases. Our study didn't find a statistically significant difference between the Pain score using VAS and groups of Lidocaine gel. 130 (84%) patients answered the procedure was less painful than venous puncture, 17 (11%) said equal and 7 (5%) worst. Compared to previous injections 57% percent felt better, 32% percent similar and 11% worst than anterior. Keratitis has been found in 14 cases (9%) in Oxford Scale. The incidence of keratitis didn't demonstrated correlation with the concentration used

Conclusion: Lidocaine gel in any concentration studied induced a satisfactory anesthesia for intravitreal injection, No statistic significantly adverse effects was found in different groups. No dose-related corneal toxicity was observed

Keywords: lidocaine gel, ocular, anesthesia

2012 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

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
(RX) REFRACTION SURGERY
(RS) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

66. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: JANE

First Name:

Middle: CHEN

Service: (RE) RETINA AND VITREOUS

CEP Number: 1482/09

5. ABSTRACT (REQUIRED):

Title: (EUTERPE OLERACEA): A POST-MORTEM PILOT STUDY

Author and Co-authors: J Chen,A Carvalho,A Lima,E Rodrigues,M Maia,M Farah

Purpose: To determine whether the natural dye from the açai fruit (Euterpe oleracea), consisting of flavonoid/anthocyanins, stains and facilitates internal limiting membrane (ILM) peeling in human eyes.

Methods: In this post-mortem study, open-sky vitrectomy including posterior hyaloid detachment was performed in six cadaveric eyes. Flavonoid/anthocyanins dye from the açai fruit, which main derivatives luteolin-5,7-O-dixylopyranoside, peonidin-3-O-açai fruit, which main derivatives luteolin-5,7-O-dixylopyranoside, peonidin-3-O- galactoside and peonidin-3-O-glucoside were identified by HPLC/DAD and HPLC/MS data, was injected into the vitreous cavity through the macula. The dye settled on the macula and was removed after 5 minutes by mechanical aspiration. ILM peeling was initiated and completed with intraocular forceps. The specimens were examined by light microscopy.

Results: Injection of flavonoids/anthocyanins dye resulted in light purple staining of the ILM on the retinal surface, which facilitated ILM peeling in all eyes. Light microscopy studies confirmed successful removal of the ILM in all cases.

Conclusion: Flavonoid/anthocyanins dye from the açai fruit (Euterpe oleracea) stained the ILM in human cadaveric eyes and may be a useful tool for vitreoretinal surgery.

Keywords: vital dyes, chromovitrectomy, anthocyanins, internal limiting membrane peeling

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

67. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PIBIC

Last Name: Julia

First Name: Lima

Middle: Farah

Service: (RE) RETINA AND VITREOUS

CEP Number: 4601040

5. ABSTRACT (REQUIRED):

Title: Retinal Structures with Spectral Domain Optical Coherence Tomography in pigmented Rabbits

Author and Co-authors: Farah, J.L., Farah, M.L., Novais, E., Badaró, E. , Penha, F., Rodrigues, E.B.

Purpose: To describe the retinal morphology with spectral domain optical coherence tomography (sdOCT) in pigmented rabbits.

Methods: Five rabbits were submitted to sdOCT examination (Spectralis, Heidelberg Engineering, Heidelberg, Germany). Three 6 mm scans were performed: nasal, temporal and inferior to the optic nerve. Rabbit's sdOCT images were divided in 10 layers, in order to compare with the histological characteristics. The images were analysed by six independent researchers for identification of the retinal layers including retinal pigment epithelium (RPE), nerve fiber layer (NFL), ganglion cell layer (GCL), inner plexiform layer (IPL), inner nuclear layer (INL), outer plexiform layer (OPL) and outer nuclear layer (ONL), external limiting membrane (ELM), inner segments (IS), inner and outer segments junction (IS/OS), outer segments (OS).

Results: All examiners agreed on the position of the NFL, GCL, IPL, INL, OPL and ONL layers. The majority of researchers agreed on the identification of ELM and RPE layers. NFL, ELM and RPE layers showed hyperreflectivity on sdOCT, while the GCL, IPL, INL, OPL, ONL, layers were hyporreflective. There was no agreement in the hyperreflective layer under the ELM layer (IS, IS/OS, OS, ONL). Under this hyperreflective layer there was a hyporreflective layer with no agreement as well (OS, RPE, IS/OS, IS+OS).

Conclusion: SdOCT provides valuable information regarding the retinal morphology in rabbits. The NFL, GCL, IPL, INL, OPL, ONL, ELM and RPE layers were appropriately identified, whereas the identification of the IS, OS and IS/OS were somewhat controversial.

Keywords: optical coherence tomography, retina, oct, rabbits

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

68. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

PIBIC

Last Name: MIKAEL

First Name:

Middle: CHUN

Service: (RE) RETINA AND VITREOUS

CEP Number: 1539/11

5. **ABSTRACT (REQUIRED):**

Title: EARLY NEURAL RETINAL CHANGES IN TYPE 2 DIABETES MELLITUS

Author and Co-authors: MIKAEL CHUN, MÜLLER URIAS, MICHEL E. FARAH, FERNANDO PENHA, EDUARDO NOVAIS, EDUARDO B. RODRIGUES

Purpose: To investigate neural retinal changes previous to microangiopathy on patients with type 2 diabetes mellitus (DM) with no clinical diabetic retinopathy (DR) or with mild DR.

Methods: One hundred and twenty patients were recruited and classified into three groups consisting of: (A) normal (control); (B) patients with DM and no DR; (C) patients with DM and minimal DR. Subjects were characterized according to: (1) time of diabetes, (2) use of insulin, (3) last glucose, (4) last glycosylated hemoglobin, (5) systemic hypertension, (6) nephropathy, (7) best corrected visual acuity, and (8) lens status. Patients underwent examination with fluorescein angiography with Visucam (Carl Zeiss Meditec, Dublin, CA, USA) and with optical coherence tomography (OCT) Cirrus? (Carl Zeiss Meditec, Dublin, CA, USA). OCT data was subjectively examined by two observers and objectively analysed through software, then statistically crossed to each patient's demographic variables. A literature review was made to verify the current state-of-art knowledge of neuronal alterations of DR with emphasis on findings detected on OCT.

Results: There was no significant difference in age, mean time of diabetes, and HbA1c among studied groups, while the last mean glucose measurement was higher in the group with no DR. OCT examination in twenty-eight eyes disclosed thinning of ganglion cell layer (GCL) and retinal nerve fiber layer (RNFL) in patients with minimal DR compared to controls. The pilot study showed reduction in average thickness of GCL and RNFL of patients with DM and no DR (GCL: 82,3; RNFL: 30,2) compared to controls (GCL: 85,5; RNFL: 32,0). A larger reduction in thickness of GCL (77,1) and RNFL (29,3) was observed in patients with minimal DR. Medical literature showed retinal alterations and dysfunction on the earliest stages of DR and may reflect neural apoptosis, loss of ganglion cell bodies and glial reactivity.

Conclusion: This study supports the concept that early DR is preceded by neurodegeneration.

Keywords: type 2 diabetes mellitus; diabetic retinopathy; oct; neurodegeneration

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

69. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Luci
First Name: Pereira
Middle: Silva

Service: (UV) UVEITIS

CEP Number: 1372/08

5. ABSTRACT (REQUIRED):

Title: Clinical Research in the Department of Ophthalmology of Federal University of Sao Paulo: a retrospective analysis

Author and Co-authors: Luci Meire P. Silva, Cintia S. Futino, Ronaldo R. Santos, Cristina Muccioli

Purpose: To evaluate the number of protocols submitted to Research Ethics Committee of Federal University of Sao Paulo from the Department of Ophthalmology in the period from 2001 to 2011

Methods: It was performed the review and analysis of the database of Research Ethics Committee of Federal University of Sao Paulo was reviewed and ana

Results: From 2001 to 2011, 1.263 projects from the Department of Ophthalmology were submitted to Research Ethics Committee (CEP-UNIFESP). The academic studies corresponded to 94,46% and 5,54% to sponsored trials. Classified by Sector, it was observed 19,87% corresponded to Cornea and External Disease, 10,85% to Retina, 10,29% to Glaucoma, 7,21% to Cataract, 6,49% to Uvea/HIV, 4,12% to Experimental, 3,72% to Tumors, 3,25% to Refractive, 2,85% to Ocular Plastic, 1,9% to Low Vision, 1,66% to Neurophthalmology, 1,58% to Ocular Ultrasound, 1,5% to Lacrimal System, 1,5% to Eye Bank, 1,11% to Trauma, 1,03% to Strabismus, 1,03% to Contact Lenses, 0,48% to Orbit, 19,56% to others (epidemiological, administrative and cost analysis studies)

Conclusion: After the publication of Resolution N°. 196/1996, we noted a significant improvement in quality of the clinical research in Brazil. Clinical studies play an important role to development of new drugs, treatments, diagnosis and prevention of diseases.

The increasing in the numbers of research must be accompanied by ethical principles that will reflect the quality and credibility of the study

Keywords: Clinical research, Research Ethics Committee, ophthalmology

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

70. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

R1

Last Name: Renan Albert
First Name: Mendonça
Middle: Rodrigues

Service: (UV) UVEITIS

CEP Number: under review

5. ABSTRACT (REQUIRED):

Title: Pale-yellowish dots in the retina: a finding of ocular syphilis? Case Reports

Author and Co-authors: Renan Albert Mendonça Rodrigues , Heloisa Moraes do Nascimento, Gustavo Salomão, Cristina Muccioli

Purpose: Report of three cases of ocular syphilis in which were found pale-yellowish perivascular intraretinian dots.

Methods: We present a report of three patients of our service who were diagnosed with ocular syphilis. They were selected mainly because of the manifestation of pale-yellowish perivascular intraretinian dots. We did a search in the literature and we found that other authors reported and defended this manifestation as a finding of ocular syphilis too.

Results: We present these three cases and we support the hypothesis that this finding is a manifestation of ocular syphilis.

Conclusion: In all cases were found usual manifestations of ocular syphilis, and also pale-yellowish perivascular intraretinian dots. Would they be secondary to local vasculitis? Would they be granulomas? More research is needed to clarify the origin of these finding.

Keywords: uveitis, syphilis

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

71. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Andre
First Name: Alexis Corazza
Middle: Vidoris

Service: (TU) TUMORS AND PATHOLOGY

CEP Number: 05051-030

5. ABSTRACT (REQUIRED):

Title: Endoresection Surgery for Intra Ocular Choroidal Tumors

Author and Co-authors: Andre Alexis Corazza Vidoris, MD; Rubens Belfort Matos Neto, PhD; Andre Maia, PhD; Marcia Lowen, PhD, Bruno Fernandes, PhD; Rafaelo Salas, MD

Purpose: This study aims to evaluate the endoresection technic in the treatment of intra ocular choroidal tumors.

Methods: Internal eyewall resection or endoresection has been proposed as an alternative to irradiation by Peyman et al. and Damato et al. in the past. Endoresection of choroidal melanomas is an alternative surgical resection technique where the tumor is excised by a vitreous cutter during pars plana vitrectomy providing access to tumors located posteriorly near the optic disc and/or macula. Six patients with choroidal tumor, diagnosed by indirect ophthalmoscopy, ocular ultrasonography, and fundus photography and negative systemic workup for metastasis, was selected for this study. The patients underwent endoresection surgery performed by the same surgeon. For the results the patients were evaluated by best-corrected visual acuity (EDTVRS chart), slit lamp microscopy (taking special care to the sclerotomy sites), indirect ophthalmoscopy, retinography, ocular-ultrasonography at the inclusion, at d30, d60, d90, and intervals of 3 months for at least 6 months. The systemic-workup with (hepatic functional and damage tests, abdominal ultrasonography, a chest X ray) was made in D0, D90, and in three months intervals for at least 6 months. All patients underwent pathological study. The fluid aspirated by the vitreous cutter during the pars plana vitrectomy after centrifugation and fixation in formaline, is evaluated by ocular pathologist

Results: Six (06) patients, including five (05) woman's (83,3%) and one male (16,6%) were included in the study. The age ranged from 42 to 65 years old, the mean age was 53,75. The tumor size by ultrasonography measures ranged from 4.2 to 9.7 millimeters in high, the mean high was 6.03 millimeters. In all cases the pathologist was able to make a histological diagnose. The eye retention rate was 100% in six months. In a six-month follow up, none of the patients developed metastasis.

Conclusion: The Endoresection could be a safe and eye saving treatment for patients with medium to large choroidal tumors. Besides this modality can provide pathological diagnosis in the majority of the study subjects. Future and larger series must be made to confirm this hypothesis.

Keywords: Endoresection, Choroidal Tumors, Choroidal Melanoma

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

72. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Eduardo

First Name: Amorim

Middle: Novais

Service: (RE) RETINA AND VITREOUS

CEP Number: N/A

5. ABSTRACT (REQUIRED):

Title: A histopathological review of 205 evisceration specimens

Author and Co-authors: Eduardo A. Novais, MD; Bruno F. Fernandes, MD, PhD; Sebastian Di Cesare, PhD; Emmerson B. Cardoso, MD; Miguel N. Burnier Jr., MD, PhD, FRCS.

Purpose: Evisceration and enucleation are two ophthalmic surgeries used to manage blind painful eyes. There are benefits of performing evisceration over enucleation, but this procedure is contraindicated in cases where intraocular masses are suspected. Inadvertent evisceration of an eye harboring an intraocular tumor may contribute to tumor spread. Histopathological examination of evisceration specimens is crucial to determine the final correct diagnosis of those cases. A histopathological study was performed in a large series to determine the frequency of clinically undiagnosed, unexpected findings in evisceration specimens.

Methods: During the study period (1994 to 2011), more than 16,000 human ophthalmic specimens were received at the Henry C. Witelson Ocular Pathology Laboratory and Registry. Of these, 205 were evisceration specimens. Histopathological reports were reviewed and compared with the clinical diagnosis that led to the evisceration. An unexpected finding was defined as the incidence of a histopathological feature not consistent with the clinical diagnosis.

Results: The total number of unexpected findings was 10 (4.88%) including 2 (0.97%) unexpected malignant tumors. Other surprising findings included: 5 (2.44%) cases of granulomatous uveitis within the uveal tract; 1 (0.49%) case of epithelial downgrowth; 1 (0.49%) case of ciliary body adenoma; 1 (0.49%) case of iris nevus; 1 (0.49%) case of malignant necrotic melanoma; and 1 (0.49%) case of spindle-cell melanoma. The other evisceration specimens had histopathological findings consistent with the clinical diagnosis.

Conclusion: Histopathological examination of all evisceration specimens should be mandatory as the standard procedure to confirm the clinical diagnosis and the presence of unexpected cases. The low frequency of unexpected findings in this large series supports evisceration of blind painful eyes as a safe, low cost procedure with a favorable cosmetic outcome.

Keywords: Evisceration, enucleation, histopathology, neoplasms, melanoma, phtthisis bulbi

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

73. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Márcio
First Name: Nogueira
Middle: Costa

Service: (TU) TUMORS AND PATHOLOGY

CEP Number: 0275/12HE

5. ABSTRACT (REQUIRED):

Title: Plaque Radiotherapy for choroidal melanoma observational study in 19 patients

Author and Co-authors: Márcio A. Nogueira Costa; Melina Morales; Patrícia Ferraz; Raffaello Sala; Andre vidoris; Rubens Belfort Neto

Purpose: Identify the clinical aspects and the causes related to final visual acuity in patients undergoing plaque brachytherapy for choroidal melanoma.

Methods: An observational study in 19 patients with choroidal melanoma treated with plaque radiotherapy in the period 2004 to 2012 at the Federal University of São Paulo. Will be identified the following factors: patient age, initial and final visual acuity with brachytherapy, tumor thickness before and after the brachytherapy, recurrence of the injury, risk of metastasis, complications of brachytherapy and need for further treatment.

Results: Of the 19 patients presented with choroidal melanoma treated between 2004 to 2012, 11 patients had lesions in the right eye and 8 in the left eye. Most patients were female (11 patients). The mean age was 54.1 years. Only 3 patients had previous treatment (before brachytherapy), all treated with transpupillary thermotherapy (TTT). With regard to the site of injury, six patients had lesions in the posterior pole, five patients with temporal lesion to the fovea, superior temporal 3, 3 inferior temporal, 1 and 1 patient with nasal injury upper periphery. The average thickness of the lesion before the brachytherapy was 4.27 mm, and after brachytherapy was 3, 52mm. All patients underwent only 1 session of brachytherapy. Regarding the possible complications related to plaque brachytherapy, a follow-up on average 3 years, 9 patients had cataracts, and 3 patients had a lesion in the posterior pole and 3 patients with lesions in the temporal to the fovea. Evoului only 1 patient with glaucoma. Also only 1 patient was diagnosed with radiation retinopathy after plaque brachytherapy. Regarding the risk of metastasis, only 1 patient had suspected metastasis, with a pulmonary nodule seen on chest radiographs, but patient declined further treatment.

Conclusion: conclude that the final visual acuity was correlated with age, with the older, less the final visual acuity post-brachytherapy. As differences in visual acuity or thickness were not influenced significantly by the site of injury. The site of injury was not associated with the incidence of complications after brachytherapy.

Keywords: brachytherapy, plaque radiotherapy, choroidal melanoma

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

74. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R2

Last Name: Huber

First Name: Martins

Middle: Vasconcelos Junior

Service: (RS) REFRACTIVE SURGERY

CEP Number: v2.14

5. ABSTRACT (REQUIRED):

Title: Variability of central corneal thickness (CCT) between ultrasound and 4 optical pachymetries

Author and Co-authors: Huber Martins Vasconcelos Júnior, Ramon Antunes de Oliveira, Claudia Francesconi

Purpose: To analyze the reproductibility between four different optical pachymetries and the ultrasound pachymetry (gold standard method)

Methods: Subjects were submitted to 4 different optical pachymetries: Pentacam Scheimpflug imaging system (Oculus and Ocullyzer), optical low-coherence reflectometer pachymeter (Haag-Streit Lenstar and Zeiss Atlas Corneal Topography). The ultrasound pachymetry was performed after at the same day. Statistical analysis is in progress

Results: Preliminary results are being analyzed

Conclusion: In progress

Keywords: optical pachymetry, central corneal thickness, ultrasound pachymetry

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

75. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R2

Last Name: Ramon
First Name: Antunes de
Middle: Oliveira

Service: (RS) REFRACTIVE SURGERY

CEP Number: v2.14

5. **ABSTRACT (REQUIRED):**

Title: Analysis of the variability of corneal topographies among seven different devices

Author and Co-authors: Ramon Antunes de Oliveira, Huber Martins Vasconcelos Junior, Claudia Francesconi

Purpose: To compare measurements of the seven different topographies: IOL Master Zeiss Biometer, Wavelight Allegro Topolyzer, Allegro Oculyzer, Haag-streit Lenstar, CSO Corneal Topographer, Oculus Pentacam and Atlas Corneal Topography

Methods: Each subject was examined in all devices at a single visit. We compared the variability of corneal topographies (difference between the flat and the steep curvatures, and the comparison between the medium curvature among the devices). Statistical analysis is in progress.

Results: Preliminary results are being analyzed

Conclusion: In progress

Keywords: corneal topographies, imaging analysis, refractive surgery

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

76. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R2

Last Name: Vinicius

First Name: Silbiger

Middle: De Stefano

Service: (RS) REFRACTIVE SURGERY

CEP Number: in progress

5. ABSTRACT (REQUIRED):

Title: REAL-TIME ANALYSIS OF PUPIL SIZE OF CANDIDATES FOR REFRACTIVE SURGERY: A PILOT STUDY.

Author and Co-authors: Vinicius Silbiger De Stefano, Paulo Schor

Purpose: Pupil diameter is one factor affecting outcomes and patient satisfaction in keratorefractive surgery. By limiting the entrance of light, it blocks peripheral rays, which are more likely to produce HOAs. For that reason, complaints of night vision disturbances may appear in subjects who have undergone refractive procedures, especially those with wider pupil diameters. However, the present methods to evaluate pupil before the surgery are based on artificial and often dim light, not taking into account the common activities of the candidates, which might be, individually, the most demanding time of the day regarding these patients vision.

With this fact in mind, we propose this observational study, in which the pupil size would be evaluated according to the light exposure, measured in lux.

Therefore, the objective of the present work is to evaluate pupil size variation according to light exposition, in order to try to help ophthalmologists to foresee, prevent and explain to their patients possible complaints after refractive surgery, regarding pupillary diameter size.

Methods: Measures of different types of places with different illuminance ranges were obtained, using a highly accurate luximeter (CEM® DT-2232). After that, the illuminance levels were reproduced in a controlled room. Subjects were asked to look at a target as far as 6m from their position, and measurements of the pupil were made.

Results: in progress

Conclusion: in progress

Keywords: pupil, refractive surgery,

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

77. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Paulo

First Name:

Middle: Falabella

Service: (BE) OCULAR BIOENGINEERING

CEP Number: 4126010

5. ABSTRACT (REQUIRED):

Title: New approach for rock hard cataracts: Retrochop technique.

Author and Co-authors: Paulo Falabella, Milton Seiyu Yogi, Fernando Jopetibe, Anderson Teixeira, Juliana Sartori, Paulo Schor

Purpose: To describe a novel technique to disassemble rock hard cataracts using a new instrument named retrochopper.

Methods: The Ocular Bioengineering Laboratory in association with the author MSY developed a new instrument (chopper) that enables the surgeon to effectively disassemble hard nucleus and therefore perform a safe procedure. The nucleus fracture is carried out within the capsular bag after an oval capsulorhexis (7mm x 5,5mm) is performed with its wider axis pointing towards the paracentesis. After judicious hydrodissection, the phaco tip in bevel-down position is embedded in the central nucleus, allowing it to be firmly grabbed with high vacuum. With a slight rotation of the phacoemulsification handpiece, the nucleus is then tilted to expose part of its posterior face, which creates room for the retrochopper to be placed behind the lens. This newly designed instrument presents a cutting edge (1.5mm long) right at its angled shaft, facing upwards, and when it impales the lens against the phaco tip, it creates a fracture that disrupts the posterior nuclear plate. After the lens is rotated, the sa

Results: The combination of the newly designed instrument (retrochopper) and a modified fracture technique (upward maneuver) seems to reduce the stress of the procedure and make it safe controlled, suitable as a new approach to phacoemulsification in rock hard cataracts.

Conclusion: The combination of the newly designed instrument (retrochopper) and a modified fracture technique (upward maneuver) seems to reduce the stress of the procedure and make it safe controlled, suitable as a new approach to phacoemulsification in rock hard cataracts.

Keywords: cataract; phacoemulsification; technique; hard nucleus; chopper

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

78. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

R1

Last Name: Adriano

First Name:

Middle: Bogar

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0377/09

5. ABSTRACT (REQUIRED):

Title: The Use of Sclera in the Eye Bank of Hospital São Paulo UNIFESP/EPM from February 2006 to August 2012

Author and Co-authors: Adriano Bogar, Lucas VB Rossi, Flavio E Hirai, Carla Galuzzi, Consuelo BD Adán, Elcio H Sato

Purpose: To investigate the main uses of scleral grafts distributed by the Hospital São Paulo Eye Bank during a six-year period (2006 to 2012).

Methods: Cross-sectional study. Data were collected from records from the Hospital Sao Paulo Eye Bank from February 2006 to August 2012. Information included date of use, name, gender and age of the receptor, size of the sclera, type of surgery, and institution. All data were analyzed and presented in contingency tables.

Results: During the study period, a total of 1197 scleral grafts were delivered to eye surgeons. 49.4% of patients receiving grafts were men and 50.6% women. The size of the scleral tissue was: whole sclera (42.9%), half sclera (50.6%) and a quarter of sclera (3.5%). Regarding surgery, 39.2% were used for glaucoma surgery, 35.9% for orbital prosthesis implant, 16.6% for scleral patches and 5.0% for other types of surgery. More than half (54.4%) of the scleral grafts were used in tertiary services.

Conclusion: There is a lack of information regarding the use of scleral grafts in ophthalmology. This descriptive study can provide insights about the importance of usage and new studies regarding this issue.

Keywords: eye bank, scleral patch, eye surgery

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

79. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R1

Last Name: Adriano

First Name: Morais

Middle: Ferreira

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: under review

5. **ABSTRACT (REQUIRED):**

Title: Treatment of corneal hydrops secondary to keratoconus with intracameral C3F8: case report and review of the literature.

Author and Co-authors: Adriano M. Ferreira, Flavio E. Hirai, Bruno T. Herrerias, Elcio H. Sato

Purpose: To report a case of corneal hydrops treated with intracameral C3F8 and review the scientific literature.

Methods: A case report of corneal hydrops described. Review of the literature regarding treatment modalities for corneal hydrops was performed. Keywords and MeSH terms were used for the search in Scielo, Embase, and PubMed databases.

Results: A 28-year-old woman was referred to our service with one month history of decreased visual acuity and foreign body sensation. Diagnosis of acute corneal hydrops was made based on clinical examination. Two intracameral injections of 0.1 mL nonexpansible C3F8 14% were performed 2 weeks apart. Remarkable reduction of corneal edema and haze were one week after the second injection. Best corrected visual acuity improved from hands motion to counting fingers at 50 cm 3 weeks after the second injection. There were no postoperative complications. Literature review showed that options for treatment of corneal hydrops besides observation include intracameral gas injection, blood injection, and eye patching.

Conclusion: goal in the treatment of corneal hydrops is relief patient discomfort. C3F8 could be an option even in advanced cases.

Keywords: keratoconus, corneal hydrops, C3F8.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

80. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R1

Last Name: Jacqueline
First Name: Martins
Middle: Sousa

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0678/07

5. ABSTRACT (REQUIRED):

Title: Comparative study of ophthalmological and serological manifestations, and the therapeutic response of patients with isolated scleritis and scleritis associated with systemic diseases

Author and Co-authors: Jacqueline M. Sousa, Virgínia F. M. Trevisani, Rodrigo P. Modolo, Luís Alexandre R. Gabriel, Luis A. Vieira, Denise de Freitas

Purpose: To perform a prospective and comparative study between ophthalmologic manifestations, serologic findings and therapeutic response of patients with isolated scleritis and scleritis associated with systemic rheumatoid disease.

Methods: Thirty-two outpatients with non-infectious scleritis were studied, from March 2006 to March 2009. The treatment was corticoid eye drops associated with anti-inflammatory agents, followed by systemic corticoids and immunosuppressors if necessary, was considered successful after six months without scleritis recrudescences.

Results: Fourteen of 32 patients had scleritis associated with systemic rheumatoid disease, of which nine had rheumatoid arthritis, two systemic lupus erythematosus, one Crohn's disease, one Behçet's disease and one gout. There were no difference in relation to involvement and ocular complications, there was predominance of nodular anterior scleritis and scleral thinning was the most frequent complication. The scleritis associated with systemic rheumatoid disease group had 64.3% of autoantibodies, versus 27.8% among those with isolated scleritis and this difference was statistically significant. In the isolated scleritis group 16.7% used anti-inflammatory, 33.3% corticosteroids, 27.8% corticosteroids with one immunosuppressor, 5.5% two immunosuppressors, 16.7% corticosteroids with two immunosuppressors and 33.3% pulse of immunosuppressor, there was remission in 88.9%. In the scleritis associated with systemic rheumatoid disease group 7,1% used anti-inflammatory, 7.1% corticosteroids, 50% corticosteroids with one immunosuppressor, 7.1% two immunosuppressors and 22.2% pulse of immunosuppressor, 100% had treatment success.

Conclusion: Prevalence of unilateral nodular scleritis and higher rates of all the parameters tested in the scleritis associated with systemic rheumatoid disease group. No differences between groups about the therapeutic response, which was fully satisfactory in the scleritis associated with systemic rheumatoid disease group and satisfactory in the isolated scleritis group.

Keywords: Scleritis, Rheumatic diseases, Autoantibodies, Inflammation,

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

81. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R1

Last Name: Luis

First Name: Henrique Lopes

Middle: Lira

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0259/12

5. ABSTRACT (REQUIRED):

Title: Ten years of Fungal keratitis in a referral center in Brazil

Author and Co-authors: Luís Henrique Lira; Paulo José Bispo; Maria Cecília Zorat Yu; Lucimila Luchesi Jorge; Rodrigo Teixeira Santos; Ana Luisa Hofling-Lima

Purpose: The purpose of the present project is to describe the laboratory findings in patients diagnosed with keratitis at a referral center in Brazil, and analyze the epidemiological characteristics of fungal infections over a ten-year period.

Methods: Charts of all patients referred to Ocular Microbiology Laboratory at Federal University of São Paulo (UNIFESP) with positive cultures for corneal ulcers from January 2001 to December 2011 were retrospectively reviewed

Results: The mean age was 48.6 years old (ranging from 2-99 years) and 64.8% were male. There were 3061 positive cultures. From those, 287(9.37%) were fungi, including 217(75.61%) filamentous fungi and 70(24.45%) yeasts. In the filamentous group, *Fusarium solani* was the most common agent (46.08%), followed by *Fusarium dimerum*(7.83%) and *Aspergillus flavus*(6.91%). Sixty patients(27.64%) suffering from filamentous keratitis had a history of ocular trauma, of these: 27(12.44%) had a history of trauma with plants. Twenty-one (9.67%) had a history of ocular surgeries, 05 were contact lens wears, 04 used steroids eye drops and 136(62.67%) had no risk factors or they were unknown. In the filamentous group, *Candida albicans* was responsible for 32(45.71%) cases, followed by *Candida parapsilosis* (21 cases - 30%). Thirty (42.85%) patients had a history of ocular surgeries, 08(11.42%) were contact lens wears, 04 used steroids eye drops, 01 patient had a history of trauma with plants and 27 patients had no risk factors or they were unknown.

Conclusion: Fungal keratitis is an important cause of ocular infection in Brazil. Filamentous keratitis accounts for the most cases and a history of trauma with plants, ocular surgery and the use of contact lens are risk factors for fungal keratitis.

Keywords: Fungal keratitis, corneal ulcers.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

82. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R2

Last Name: Patricia

First Name: .

Middle: Kakizaki

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 1656/11

5. ABSTRACT (REQUIRED):

Title: Cost-effectiveness study of Descemet stripping endothelial keratoplasty versus penetrating keratoplasty for the treatment in Brazil

Author and Co-authors: Patricia Kakizaki, Flavio E. Hirai, Elcio H. Sato, Denise de Freitas

Purpose: to investigate the cost-effectiveness of Descemet stripping endothelial keratoplasty versus penetrating keratoplasty for the treatment of Fuchs dystrophy or bullous keratopathy

Methods: systematic review of the literature was performed to assess the effectiveness of both techniques. Direct costs included medical visits, medications, anesthesia, surgical supplies, and costs of complications. The perspective of the Brazilian Universal Health Care System (SUS) was used in a one-year time horizon. Incremental cost-effectiveness ratio was calculated using decision-tree analysis. Main outcome was cost per case without complication.

Results: Eight studies were included in our review. The total costs per surgery were R\$ 1,729.82 and R\$ 1,879.82 for PK and DSEK, respectively. DSEK was dominated by PK with an incremental cost-effective ratio (ICER) of 2,566.13.

Conclusion: from the perspective of SUS, PK is still a more cost-effective option when considering post-operative complication rates.

Keywords: cost-effectiveness, Descemet stripping endothelial keratoplasty (DSEK), Penetrating keratoplasty, Fuchs dystrophy, bullous keratopathy

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

83. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: RODRIGO

First Name: TEIXEIRA

Middle: SANTOS

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0259/12

5. ABSTRACT (REQUIRED):

Title: Prospective Analysis of Clinical and Microbiological Features of Infectious Keratitis Cases

Author and Co-authors: Rodrigo Teixeira Santos; Lucimila Luchesi Jorge Luis Henrique Lira; Paulo José Martins Bispo; Ana Luisa Hofling-Lima

Purpose: To evaluate clinical and microbiological features collected prospectively from patients presenting with infectious keratitis

Methods: As part of our routine procedures, corneal scraping samples were obtained from the eye of patients with infectious keratitis seen at Department of Ophthalmology UNIFESP from August to October 2012. Samples were submitted to microscopy examination and culture. A small aliquot is also saved for further molecular analysis. The clinical signs and symptoms and patients demographics were computed.

Results: Twenty-four corneal scrapings samples from 24 patients with clinically diagnosed keratitis were analyzed. All of the patients had unilateral involvement. Patients had a mean age of 50.17 years (ranging from 13 to 85), 58.3% were female and 41.7% were male. The central ulcers accounted for 62.5% and had larger horizontal extent average of 3.69 mm and larger vertical extent average of 3.29 mm. The keratitis in contact lens wearers hydrophilic (21%) had diameters larger than average (horizontal and vertical of 5.2 mm by 4.8 mm) and nonusers (3.29 mm horizontal and vertical 2.89 mm). Only 8.3% of the samples were positive by Gram staining. Culture positivity was 37.5% for bacteria and 4.17% for fungi. The remaining 58.3% cases were culture negative. Gram positive (77.8%) accounted for the majority of isolated organisms; including 42.8% Staphylococcus spp. 28.6% Streptococcus spp. and 28.6% Corynebacterium spp. Gram negative (22.2%) cases were caused exclusively by Pseudomonas aeruginosa. From patients who reported recent use of topical antibiotics, 28.6% were culture positive, with half of these cases caused by P. aeruginosa.

Conclusion: In this partial analysis we have demonstrated a predominance of Gram positive organisms among culture-proven cases. However, overall microscopy and culture positivity was low demonstrating the need for further evaluation and implementation of more sensitive methods such as nucleic acid amplification techniques.

Keywords: Fungal keratitis, bacterial keratitis, nucleic acid amplification

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

84. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

PIBIC

Last Name: Aléx
First Name: Martins
Middle: Nasaré

Service: (CO) CORNEA AND EXTERNAL DISEASE

CEP Number: 0677/07

5. ABSTRACT (REQUIRED):

Title: Immunocytochemistry by impression cytology of patients with dry eye

Author and Co-authors: Aléx M. Nasaré, Rossen M. Hazarbassanov, Renata R. Loureiro, Joyce L. Covre, Priscila C. Cristovam, José A. P. Gomes

Purpose: Many authors have reported the use of impression cytology (IC) as a tool to diagnose some ocular surface diseases and dry eye (DE). Dry eye is an affection that can be divided in two subtypes, aqueous deficient dry eye and evaporative dry eye. The aim of this study was to compare two IC techniques to aid in diagnose of evaporative and aqueous deficient dry eye.

Methods: Samples were collected from patients diagnosed with evaporative and aqueous deficient dry eye. It was made the impression cytology in superior and temporal regions of the conjunctiva using a nitro-cellulose membrane. Samples were divided in two groups: first group, cells were fixed by immersion in an acetic acid, alcohol 70%, and formaldehyde 37% solution; second group, cells were fixed using a fixative spray and then adhered in a silanized glass, the membrane was removed by immersion in acetone and enzymatic digestion. After different fixations, samples were stained using immunocytochemistry technique to detect human leukocyte antigen (HLA)-DR. As positive control of reaction, it was used Cytokeratin 19 (CK 19) which was already well established.

Results: Comparing the two fixative techniques, samples submitted to fixative spray and enzymatic digestion presented more transparency and facility in the microscopy observation when compared to samples without the same treatment. Both techniques allowed the observation of CK19 and HLA-DR, corroborating that the modifications of the protocol did not affect the immunocytochemical analysis.

Conclusion: The use of fixative spray and enzymatic digestion increases cells adherence and transparency of samples, enabling a better observation of cells and a more accurate immunocytochemical analysis.

Keywords: Impression cytology, fixative, immunocytochemistry

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

85. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Adriana

First Name: Rainha

Middle: Mascia

Service: (CA) CATARACT

CEP Number: Under review

5. ABSTRACT (REQUIRED):

Title: EFFECT OF DIFFERENT KERATOMETRIC DATA SOURCES ON THE INTRAOCULAR LENS POWER CALCULATION

Author and Co-authors: Adriana Rainha Mascia, Filipe de Oliveira, Liang Shih Jung

Purpose: This study aims to compare the keratometric values measured by the autokeratorefractor, manual keratometer and topographer on the intraocular lens power calculation.

Methods: In a prospective study the keratometric data of 27 eyes from 18 patients evaluated for cataract surgery were collected by one examiner in a single session. Computadorized corneal topography (Atlas 9000, Zeiss), autokeratometry refraction (KR 88000 Topcon) and manual keratometry (Woodlyn & Bausch Lomb) were employed to determine the central keratometry on the two corneal principal meridians. This values were inserted into the SRK/T biometric formula to calculate IOL power. An optical biometer (Lenstar LS 900, Haag-Streit) was used for this calculation. IOL powers for emmetropia were obtained from the three keratometric devices and compared using analysis of agreement by the Bland-Altman plots.

Results: In progress.

Conclusion: Awating results.

Keywords: biometry, keratometry, IOL power calculation

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

86. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R1

Last Name: Fabio
First Name: Ribeiro
Middle: Colombo

Service: (CA) CATARACT

CEP Number: 72656

5. ABSTRACT (REQUIRED):

Title: Quality of life evaluation after implantation of an aspheric foldable intraocular lens after cataract extraction through microincision.

Author and Co-authors: Fabio Colombo, Natalia Yumi, Maria Flavia Ribeiro, Flavio Hirai, Milton Yogi, Luiz Otávio Guarnieri.

Purpose: To evaluate visual function and quality of life in cataract patients that underwent phacoemulsification and were submitted to a clear corneal microincision surgery of 2.2mm and that were submitted to Miniflex® IOL implant.

Methods: This study is a analysis of 30 individuals that underwent traditional phacoemulsification with microincision and Miniflex IOL implant. The National Eye Institute ?Visual Functioning Questionnaire - 25 (VFQ-25) was administered before and after the surgery. Composite score was calculated.

Results: Data of 9 individuals were complete and analyzed. Mean (SD) pre-operative score was 85.7 (6.0) and approximately one month after surgery mean (SD) score increased to 94.0 (2.7) (p=0.09).

Conclusion: Individuals reported better vision-related quality of life after microincision cataract surgery measured by the NEI-VFQ-25 questionnaire.

Keywords: Cataract, Quality of Life, Ophthalmology

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

87. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Mariana

First Name: Kaori

Middle: Yasuta

Service: (CA) CATARACT

CEP Number: 1889/10

5. ABSTRACT (REQUIRED):

Title: Comparison of endothelial cell count in patients who were submitted to longitudinal and torsional Phacoemulsification

Author and Co-authors: Yasuta, M; Osaki, T; Marques, D; Henriques, M; Soriano, E; Nosé, W

Purpose: To compare endothelial cell count in patients who were submitted to longitudinal and torsional Phacoemulsification.

Methods: Prospective, randomized study that included 49 patients with bilateral cataract grade 2 to 5 (Lens Opacities Classification System III) submitted to phacoemulsification surgery. Each patient had one eye submitted to the longitudinal technique (longitudinal group) and the other to the torsional technique. The endothelial cell count was measured before and 3 months after surgery.

Results: Of the 49 patients enrolled in this study, 63.3% were female and the mean age was 72.1yo. The endothelial cell count reduced significantly after surgery ($p=0,00045$), but there was no difference between the two groups ($p=0,5301$).

Conclusion: No difference was found between longitudinal and torsional groups regarding the endothelial cell count.

Keywords: cataract, endothelial cell count, longitudinal, torsional

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

88. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R1

Last Name: Diego
First Name: Monteiro
Middle: Verginassi

Service: (OR) ORBIT

CEP Number: 0

5. ABSTRACT (REQUIRED):

Title: Epidemiology of Graves' ophthalmopathy patients treated at the orbit sector of UNIFESP

Author and Co-authors: Diego Monteiro Verginassi, Luiz Paves, Paulo Goes Manso

Purpose: Evaluate the epidemiological profile of patients treated at the orbit diagnosed with Graves' ophthalmopathy at the Orbit sector from UNIFESP

Methods: We performed a review of 272 medical records of patients treated at the orbit diagnosed with Graves' ophthalmopathy. Patients were classified according to age, sex and exposure to risk factors such as smoking and radioiodine treatment for hyperthyroidism

Results: in progress

Conclusion: in progress

Keywords: Graves' s ophthalmopathy, hyperthyroidism

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

89. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R1

Last Name: Lucas
First Name: Valadao
Middle: Soares

Service: (OR) ORBIT

CEP Number: 09968912.0.0000.5505

5. **ABSTRACT (REQUIRED):**

Title: Orbital tumors: Incidence from 2009 to 2012 at the Orbit Sector of Unifesp-EPM

Author and Co-authors: Author: Lucas Valadao de Brito Soares
Co-authors: Luis Paves, Paulo Gois Manso, Luiz Fernando Teixeira

Purpose: To determine the types and frequency of orbital tumors in the patients of the Orbit Sector of Unifesp-EPM from January 2009 to October .

Methods: We reviewed conditions from patients who have been diagnosed with orbital tumor at the Orbit Sector of Unifesp-EPM from January 2009 to October 2012.

Results: In Progress.

Conclusion: In Progress.

Keywords: ocular tumours, orbital tumours, prevalence of eye tumours

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

90. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R2

Last Name: Julia
First Name: Dutra
Middle: Rossetto

Service: (ST) STRABISMUS

CEP Number: 142.926

5. **ABSTRACT (REQUIRED):**

Title: Evaluation of reliability and concordance measures of deviations between strabismus specialists and camera system with eyetracking

Author and Co-authors: Julia Dutra Rossetto
Tomas Mendonça
Marcia Keiko
José Marcos Resende
Augusto Paranhos

Purpose: Assess agreement in the evaluation of ocular deviation between three clinicians who are specialized in strabismus and automatic measurement with eyetracking system (EyeSeeCam).

Methods: Patients in a general outpatient clinic and an outpatient strabismus were invited to participate in the study, after agreeing with the test and with the consent form. Then have been submitted to an interview to characterize the pathology (hereditary factors, age of onset, previous treatments) and examination of ocular deviation by an observer and, soon after, the other two examiners with the same devices .

The examination consisted of inspection (head position, associated syndrome), measurement of uncorrected visual acuity and best corrected in each eye; evaluation of ocular dominance, ocular motility in nine eye positions; measurements through the prism method with occlusion also in nine positions of gaze, in the presence and absence optical correction, biomicroscopy and funduscopy.

After the first session of testing, patients were assessed by the automated system, guided by eyetracking, which was held in the nine eye positions without best optical correction. This examination was

Results: Under analysis

Conclusion: In progress

Keywords: eyetracking; strabismus

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

91. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Ana Carla
First Name: Ramos Vieira
Middle: da Costa

Service: (LV) LOW VISION

CEP Number: 131.925

5. ABSTRACT (REQUIRED):

Title: Relationship between head posture and functional vision in children with low vision.

Author and Co-authors: Ana Carla Ramos Vieira da Costa; Célia Regina Nakanami; Marcia Caires Bestilleiro Lopes.

Purpose: Introduction: Considered one of the most important means of capturing information from the environment, vision is critical to the process of child development. Children with low vision can use the residual vision to explore the environment. They need to learn to use that vision as best as possible. Visual information is essential for the motion control and balance. In torticollis eye, also known as vicious position of the head, the head is offset in relation to the trunk. Most therapists believe that the aligned positioning of the head, perpendicular to the ground, it is more important to make better use of residual vision. For low vision therapists use residual vision leads to better functionality for the child, which means better development and quality of life. Purpose: Evaluate the relationship between functional vision of resolution in children with low vision and head position.

Methods: We evaluated children of both sexes, visual impairment and the presence of head position, all with no development delay; preverbal and verbal, that kept the standing posture, independently, for the standardization of tests. The psychophysical test LEA Grating Acuity Test ® was used to collect measures of functional vision and direction detection, this applied on two moments: with and without postural alignment of the head. For reliability of the postural alignment of the head were measured by Fisiologic ® software.

Results: This work is in development phase, the partial and final results will be presented later.

Conclusion: Included in the final phase.

Keywords: Low vision, functional vision, posture, physiotherapy, abnormal head posture (AHP), ocular torticollis, vicious head position.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

92. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Andrea
First Name: Oliveira
Middle: Silva

Service: (LV) LOW VISION

CEP Number: 97.874/2012.

5. ABSTRACT (REQUIRED):

Title: Service group with children in visual rehabilitation: Contributions for Social Development

Author and Co-authors: SILVA, A.O1; Lopes, M.C.B2; Nakanami, C.R3.

Purpose: Based on the principles of visual rehabilitation that aims to meet the person in your overall appearance, this study aims to present the contributions of group interaction children, as a possibility for social development, and help on keeping of functional visual skills of the participants, by means of the proposed interventions.

Methods: Nine children with ages between two and four years of both sexes, diagnosed with bilateral visual impairment were invited to participate in this study. These children have already undergone the intervention of the Early Stimulation and have already undergone the intervention Orientation and Mobility Specific Individual. The group sessions occurred during two months. Questionnaires were in Portuguese version CVFQ (Children's Visual Function Questionnaire) to parents / guardians in two stages, at the beginning and at the end of group interventions, to verify the contributions of group care in various aspects of development of the participants. The groups were composed of two participants in which interventions were conducted with semi-structured activities, technical and educational games. The clinical observation data obtained at each group meeting were documented in a diary.

Results: The clinical observation data obtained at each group meeting were documented in a diary.

Conclusion: At the time this study are under analysis.

Keywords: Low Vision, Visually Impaired Persons, Visual Rehabilitation, Socialization, Human Development.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

93. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Fábio

First Name: Ferreira

Middle: Silva

Service: (LV) LOW VISION

CEP Number: 06444512.5.0000.5505

5. ABSTRACT (REQUIRED):

Title: THE IMPORTANCE OF EARLY VISUAL STIMULATION IN QUALITY OF LIFE AND FUNCTIONAL VISION IN CHILDREN WITH CONGENITAL BILATERAL CATARACT

Author and Co-authors: Fabio da Silva Ferreira ^{1, 2} Caires Bestilleiro Marcia Lopes, Regina Celia ³ Nakanami - Universidade Federal de São Paulo UNIFESP - School of Medicine - EPM. ¹ Student of the specialization course in Low Vision Therapists in Sector Low Vision and Visual Rehabilitation, Federal University of São Paulo / Hospital São Paulo; ² Coordinator of Early Visual Stimulation Clinic Sector Low Vision and Visual Rehabilitation, Federal University of São Paulo / Hospital São Paulo; Ph.D. in Neuroscience and Behavior For the University of São Paulo - USP. ³ Head of Sector Low Vision and Visual Rehabilitation, Federal University of São Paulo / Hospital São Paulo

Purpose: Early visual stimulation - EVP's main objective is to improve visual efficiency - functional vision. Investigate the importance of early visual stimulation in patients with bilateral congenital cataracts.

Methods: The Children's Visual Function Questionnaire - QFVI was applied by the investigator and answered by the head of the child (parents, guardians and / or caregivers) with questions taken individually, following the sequence of the same. Will be raised, so data: General health, General health vision, competence, personality, family impact and treatment subscales of the questionnaire itself (LOPES, 2009).

Screening Form: The form of screening Low Vision and Visual Rehabilitation Outpatient Early Visual Stimulation allow evaluation Functional Vision Basic and Oculomotor collecting data about fixing, horizontal and vertical visual tracking, tracking, hand-eye coordination, object, scanning and locating objects.

Results: The results are undergoing analysis.

Conclusion: The conclusion is in analysis.

Keywords: bilateral congenital cataracts; early visual stimulation, quality of life

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

94. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Fabrizzio

First Name: Petroni

Middle: Cecchele

Service: (LV) LOW VISION

CEP Number: 04.023-061

5. ABSTRACT (REQUIRED):

Title: Scheduling judgment by psychophysical of distance

Author and Co-authors: Fabrizzio Petroni Cecchele Márcia Caires Bestilheiro Lopes Marcelo Fernandes da Costa Célia Regina Nakanami

Purpose: To investigate the ability of people with and without visual impairment to estimate distances between visual stimuli in real environment.

Methods: Thirteen participants are between 20 and 40 years of age, of both sexes, with and without visual impairment. Blind subjects were excluded, under 20 and over 40, may not have other associated diseases. We used two Styrofoam balls with 10 cm diameter each, black, a line of velcro (to secure the balls) in a corridor 5 meters without lateral references. Participants were closed his eyes at times while the ball was fixed, and the verbal command "ready" they open their eyes and estimate the distance the ball placed on the ground velcro.

Results: The results are undergoing analysis.

Conclusion: The conclusion is in analysis.

Keywords: Judgment; Vision Disorders; Distance Perception; Depth Perception

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

95. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Merinaide
First Name: Cavalcante
Middle: Araújo

Service: (LV) LOW VISION

CEP Number: 110378

5. ABSTRACT (REQUIRED):

Title: Description of the functional vision of children with retinopathy of prematurity evaluated in the early visual stimulation clinic of the Federal University of São Paulo.

Author and Co-authors: Alcione Aparecida Messa; Célia Regina Nakanami; Cristiane Maria Gomes Martins; Marcia Caires Bestilleiro Lopes; Marcela Aparecida Santos.

Purpose: Evaluate functional vision of children with ROP.

Methods: Methods:: Data collection is performed by reviewing the medical records of children with ROP of Early Visual Stimulation Clinic Sector Low Vision Rehabilitation and Visual Federal University of São Paulo, and takes into account the date of the first evaluation in the clinic., and with consideration given to the first evaluation in the clinic.

Results: Data analysis and finalization of collections.

Conclusion: Data analysis and finalization of collections.

Keywords: Functional vision, retinopathy of prematurity and children.

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

96. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: MILENE

First Name: ZANINI

Middle: RODRIGUES

Service: (LV) LOW VISION

CEP Number: 9635100

5. ABSTRACT (REQUIRED):

Title: Description of the behavior of sound localization in visually impaired children aged 0 to 24 months

Author and Co-authors: Rodrigues, Milene Zanini; Lopes, Márcia Caires Bestilleiro; Nakanami, Célia Regina

Purpose: Evaluate the development of sound localization abilities in children with congenital blindness and low vision.

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.

Results: Data analysis and finalization of collections.

Conclusion: Until the moment there aren't conclusive data.

Keywords: Audiology, Low Vision, Blindness, Auditory Developmente

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

97. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

Fellow

Last Name: Nayara
First Name: Francez
Middle: Batagini

Service: (LV) LOW VISION

CEP Number: 17031-431

5. ABSTRACT (REQUIRED):

Title: EVALUATE THE ANSWERS FOR RECOGNITION OF PATTERNS OF FACES IN CHILDREN WITH VISUAL IMPAIRMENT

Author and Co-authors: Nayara Francez Batagini; Marcia Caires Bestilleiro Lopes; Célia Regina Nakanami.

Purpose: The objective of this study is to evaluate the responses of pattern recognition in faces and visually impaired children.

Methods: This prospective, observational and cross was conducted after approval of the Ethics Committee of the Universidade Federal de São Paulo - UNIFESP, in 2011 following the principles of the Declaration of Helsinki, under number 1911/11, the period of December 2011 to February 2012.

To include data from participants in this study, all children should have age between 0 and 6 months of age, have a diagnosis of visual impairment without associated systemic disease. We used three plates printed based on studies of RL Fantz (1961, 1963, 1966). To compare the time of fixation of children with different pathologies we applied the nonparametric Kruskal-Wallis and Dunns post test, and the significance level was 5%.

Results: Seventeen children were evaluated, among them one with ocular albinism, two with microphthalmia, one with ocular burn and thirteen with retinopathy of prematurity. The mean visual fixation among different pathologies showed no significant differences. With respect to the fixation times between three plates, one can observe that for the first plate, the mean time of fixation was almost always higher compared to the times of the plates 2 and 3.

The results of this study when compared to previous studies demonstrate that 11 children affected by any of the diseases studied here imply a shorter average visual fixation. Fantz and colleagues demonstrated that children without visual pathologies 2 to 6 months fixated on average 34 seconds to sign with the face, which can be equivalent to suggest in this paper plate 1, and 18 seconds to sign with the circle, equivalent to plate 2, whereas in this study the longest fixation among children not spent 11 seconds on average to the plate with the design of the face and 8 seconds to sign with circles.

Conclusion: Visually impaired children have low visual fixation. One strategy to mitigate or even prevent future complications would be the early visual stimulation for this group, since this intervention can develop functionality promoting visual stimuli that are of interest and may, therefore, contribute to global development acquisitions.

Keywords: low vision, children, visual fixation, and faces padrão

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

98. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

Fellow

Last Name: Telma
First Name: Araujo
Middle: Souza

Service: (LV) LOW VISION

CEP Number: 87220

5. ABSTRACT (REQUIRED):

Title: PROTOCOL FOR EVALUATION OF PATIENTS WITH CONGENITAL CATARACT

Author and Co-authors: Telma de Araujo Souza, Sonia Maria Scavichia de Macedo, Marcia Caires Bestilleiro Lopes, Célia Regina Nakanami

Purpose: To describe a protocol for assessing the functional vision of children with congenital cataract.

Methods: Methods: Data collection of the first 300 records of patients in the Outpatient Early Visual Stimulation - Sector Low Vision and Visual Rehabilitation, Department of Ophthalmology. The study included records of children with aged 0-36 months diagnosed with congenital cataracts and previous treatments performed. We excluded children with systemic problems associated. Of the 300 records analyzed 59 were included in the study.

Results: The statistical results showed that the functional responses were absent for most items analyzed. The protocol will be formulated by age groups (0-11 months, 12-23 months and 24-36 months).

Conclusion: Children with congenital cataracts have alterations of their functional vision.

Keywords: children, low vision, congenital cataract

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

99. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

Fellow

Last Name: VANESSA
First Name: PAOLA POVOLO
Middle: GASPARI

Service: (LV) LOW VISION

CEP Number: 13202451

5. ABSTRACT (REQUIRED):

Title: Social support network of mothers of children with visual impairment attended at the Early Visual Stimulation Outpatient Service at UNIFESP

Author and Co-authors: VANESSA GASPARI; CE?LIA NAKANAMI; MA?RCIA LOPES

Purpose: Evaluate the Social Support Questionnaire from mothers of children aged 0-4 years old, visually impaired, who are treated at the visual stimulation clinic at Unifesp. And compare the Social Support Questionnaire from mothers of children with low vision who are treated at visual stimulation ambulatory (Unifesp) with the Social Support Questionnaire from mothers of children with the same age who do not show low vision or any other disability, and who attend daycare at Unifesp.

Methods: This study has character of a population survey, including the comparison between the group from mothers of children aged 0-4 years with low vision who are treated at visual stimulation clinic (Unifesp) and a control group. 3.2 local and subjects The studied population in this study corresponds to the mothers of children aged 0-4 years old with low vision who are treated at the visual stimulation ambulatory (Unifesp). The sample size will be 30 participants. Besides refusing participation, other factors that exclude the children's mother to participate in this work will be: the presence of systemic diseases associated with visual impairment or whatsoever; chronological age out of the research proposal; the head is not the child's mother.

Results: The collection has already been completed and at the moment the results are being analyzed. To check whether there is significant difference between case and control groups with regarding the categorical variables, it'll be used the chi-square test or Fisher's one.

Conclusion: Wile the social conviviality of family changes with the arrival of a disabled child, it'll probably change the configuration of the social network, bringing a new reality for the family. (PETEAN, 2003). The social support questionnaire, in this scenario, has been configured as a applicable resource in the health's practice, with the aim of improving the families' quality of life assisted by health services (SOUZA, 2009). Considering the importance of social support questionnaire, this study seeks to understand and identify the sources of social support from mothers of visually impaired children, attending in an institution of rehabilitation.

Keywords: children, low vision

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

100. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R2

Last Name: Carlos

First Name: Eduardo

Middle: Barbosa Filho

Service: (GL) GLAUCOMA

5. ABSTRACT (REQUIRED):

Title: The Influence of Spectral Domain Optical Coherence Tomography Results in the Diagnostic Ability of Glaucoma Specialists and General Ophthalmologists

Author and Co-authors: Carlos Eduardo Barbosa Filho, Roberto Vessani, Luís G. Biteli, Augusto Paranhos Jr, Mauro Leite, Tiago Prata,

Purpose: To evaluate the influence of spectral domain optical coherence tomography (SD-OCT) in the diagnostic performance of glaucoma specialists and general ophthalmologists while differentiating between patients with early or pre-perimetric glaucoma and healthy individuals

Methods: Patients with early or pre-perimetric glaucoma and healthy individuals were prospectively enrolled for this study. Patients with early glaucoma had to have glaucomatous optic neuropathy and visual field mean deviation index greater than -3dB. For pre-perimetric glaucoma diagnosis, it was required a normal visual field test and evidence of cup enlargement or presence of localized optic nerve head and/or RNFL loss and/or disc hemorrhage. After inclusion, each case was initially presented in a random order and in a masked fashion to 4 glaucoma specialists and 4 general ophthalmologists. Data provided in this initial presentation were family, medical and ocular history, demographics, ocular exam (biomicroscopy, IOP and CCT), color retinography and visual field test results. All respondents had to classify each patient into 3 possible categories: normal, glaucomatous or inconclusive. In a second presentation, SD-OCT results were provided and each case was reclassified. We investigated poss

Results: In progress

Conclusion: In progress

Keywords: Glaucoma, OCT

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

101. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R1

Last Name: Geraldine

First Name: Ragot de

Middle: Melo

Service: (GL) GLAUCOMA

CEP Number: 000

5. ABSTRACT (REQUIRED):

Title: The effects of glaucomatous optic neuropathy in visual system

Author and Co-authors: Geraldine Ragot de Melo, Balazs Vince Nagy, Carolina Pelegrini Barbosa Gracitelli, Ana Laura de Araújo Moura, Dora Selma Fix Ventura, Augusto Paranhos Jr

Purpose: To better understand the effects of glaucomatous optic neuropathy on the non-imaging forming pathway of the visual system, we studied the pupillary light response in normal subjects to different light conditions, as an initial part of this project.

Methods: Sixteen healthy subjects (7 M; 42.15 ±15.4 yo) were tested. Pupil light responses (PLR) were measured with an eye tracker (Arrington Research Inc.) and the stimuli were controlled with a Ganzfeld system (Roland Consult). Subjects were dark adapted for 10 minutes and pupil responses were measured monocularly to 1 s of blue (470 nm) and red (640 nm) flashes with 1, 10, 100 and 250 cd/m² luminances. The absolute and relative amplitude of pupil constriction and the sustained response at 6 s after the flash offset were analyzed. (Park et al, 2011)

Results: For all subjects, peak amplitude of the pupillary constriction increased with the intensity of the blue and red flashes. For each luminance presented, there was a return to the baseline after reaching the peak constriction, but after the blue flashes, the return to baseline took longer, and this sustained response was stronger according to the intensity of the flashes. Initial pupil baseline values were positively correlated to the absolute peak constriction and sustained responses, but not the relative peak constriction values.

Conclusion: Our results show that it is possible to measure the contributions of the different retinal photoreceptors to the pupillary light reflex, and is in accordance with a previous protocol. To avoid the direct influence of the baseline pupil diameter on the response amplitudes, relative measurements must be done. In conclusion, this study represents a promising method to evaluate the non-imaging forming pathway in patients with glaucoma.

Keywords: Pupil light response, glaucoma, visual system

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

102. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R2

Last Name: Ibraim

First Name: Viana

Middle: Vieira

Service: (GL) GLAUCOMA

CEP Number: 1556/07

5. ABSTRACT (REQUIRED):

Title: Association of median deviation in FDT and SAP (10.2) with glaucomatous damage seen in OCT

Author and Co-authors: Ibraim V Vieira, MD; Fabio Colombo, MD; Luciano M Pinto, MD; Pilar Moreno, MD; Tiago S Prata, MD, PHD; Augusto Paranhos Jr, MD, PhD.

Purpose: Evaluate the correlation between glaucomatous damage identified by OCT in 3 different devices, with the median deviation (MD) found in FDT and SAP visual fields;

Methods: We retrospectively enrolled glaucomatous patients (glaucomatous optic neuropathy and reproducible visual field defect) that were evaluated with OCT and different visual field examinations. From a total of 145 eyes from 80 glaucomatous patients we selected 48 eyes from 33 patients who presented a 10.2 visual defect. If the patient had more than one visual field examination we chose the more reliable one, reducing the learning process bias. Then, we evaluated the temporal fibers (correspondents of the 10.2 visual field) of these patients in three different OCTs (Stratus, Cirrus and Spectralis) and compared them with the mean deviation found in the FDT and SAP 10.2 visual field examinations.

Results: in progress

Conclusion: in progress

Keywords: glaucoma visual field oct 10.2 SAP FDT cirrus stratus spectralis visual defect central mean deviation

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

Title

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

Poster guidelines:

90cm x 120cm

103. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Igor

First Name: Rodrigo Lins

Middle: da Silva

Service: (GL) GLAUCOMA

CEP Number: 0

5. ABSTRACT (REQUIRED):

Title: Correlation between preferred sleeping side and optic nerve head appearance in glaucomatous patients

Author and Co-authors: Lins IR, Valdrighi NY, Biteli LG, Prata TS

Purpose: To evaluate the preferred nocturnal sleep position and correlate with optic nerve head appearance in glaucomatous patients.

Methods: We prospectively enrolled glaucomatous patients (glaucomatous optic neuropathy and reproducible visual field defect) from August 2012 to October 2012. Key exclusion criteria were previous intraocular surgery or ocular diseases other than glaucoma. All participants underwent a standard questionnaire regarding age, sex, ocular diagnoses and preferred sleep position. Data collected also included intraocular pressure (IOP), optic disc assessment by color stereo photographs, central corneal thickness (CCT) and standard achromatic automated perimetry results (24-2 SITA-Standard, Humphrey Field Analyzer II) from both eyes. The questionnaire and optic disc assessment were performed by two independent investigators in a masked fashion.

Results: Among the 25 glaucomatous patients included in the study, 44% (11/25) preferred sleeping on the right side, 28% (7/25) on the left and 28% (7/25) did not know. The mean IOP for eyes of preferred sleeping side (16 ± 3.8 mmHg) was similar to those of non-preferred sleeping side (16.1 ± 4.5 mmHg, $p=0.79$). There was no significant CCT difference as well (511.5 ± 39.6 vs 508.5 ± 38.4 ; $p=0.41$). Mean cup-to-disc ratio was also similar between fellow eyes (preferred sleeping side = 0.68 ± 0.17 vs non-preferred sleeping side = 0.73 ± 0.15 ; $p=0.31$). Finally, there was a 45% agreement between the eye of the preferred sleeping side and the eye with larger cup-to-disc ratio (asymmetry defined as a difference ≥ 0.2).

Conclusion: Our results suggest no significant correlation between the preferred sleeping side and optic nerve head appearance (as determined by cup-to-disc ratio) in glaucomatous eyes. We believe that this lack of correlation could be due to the fact that the disease itself, including its duration, IOP fluctuation and susceptibility of each eye, would play a more important role than the preferred sleeping side in these cases.

Keywords: preferred side of sleeping; cup disk ratio; glaucoma

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

104. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

R3

Last Name: Luís Guilherme

First Name: Milesi

Middle: Pimentel

Service: (GL) GLAUCOMA

CEP Number: 08491712.0.0000.5505

5. ABSTRACT (REQUIRED):

Title: CORRELATION BETWEEN GLUCOSE LEVELS AND INTRAOCULAR PRESSURE: A PRE AND POST-PRANDIAL ANALYSIS IN DIABETIC AND NON-DIABETIC PATIENTS

Author and Co-authors: Luís Guilherme M. Pimentel, Leticia Sant'Ana C. da Silva, Carolina Pelegrini B. Gracitelli, Tiago dos Santos Prata

Purpose: To evaluate the relationship between glucose levels and intraocular pressure (IOP) fluctuation in diabetic and non-diabetic patients

Methods: We prospectively enrolled volunteers with and without the diagnosis of Diabetes from various sectors of UNIFESP. After inclusion, an ophthalmic examination was performed and data collected. All participants underwent capillary glucose testing and tonometry in 2 situations: baseline (fasting for at least 8 hours) and post-prandial measurements. The right eye was chosen for analysis. Continuous variables with normal distribution were compared using paired t-test while those non-normally distributed were analyzed using Wilcoxon test. The association was investigated using univariable and multivariable regression analyses. Alpha level was set at 0.05

Results: A total of 22 patients (12 diabetic and 10 non-diabetic) were included. There were no age or baseline IOP differences between both groups ($p>0.26$). Baseline glucose levels were higher in diabetics ($p=0.02$). Postprandial IOP was significantly higher than baseline IOP in diabetic (18.3 vs 15.6 mmHg; $p<0.01$) and non-diabetic patients (17.3 vs 14.9 mmHg; $p=0.01$). Although there was a trend for an increase in glucose levels in non-diabetics (mean variation of 40.4 mg/dl; $p=0.09$), it was only significant for diabetics (mean variation of 65 mg/dl; $p<0.01$). Correlating glucose levels variation and IOP change in each group, there was a significant association in diabetics ($R^2=0.67$; $p<0.01$), but not in non-diabetics ($r^2=0.25$; $p=0.14$). Overall analysis revealed that both baseline glucose level ($R^2=0.22$; $p<0.03$) and the magnitude of glucose level change ($R^2=0.37$; $p<0.01$) were positively associated with post-prandial IOP variation in univariable analysis. Age and baseline IOP were not significant ($P=0.39$). Including all significant factors in a multivariable model, only the magnitude of glucose level change was associated with IOP variation ($P=0.02$)

Conclusion: Our results suggest that there is a significant correlation between glucose levels and IOP, being greater in diabetics compared to non-diabetics. It should be considered while assessing IOP fluctuation especially in diabetic patients

Keywords: Intraocular pressure, DM

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

105. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

R3

Last Name: Marina
First Name: Costa Carvalho de Sousa
Middle: Sousa

Service: (GL) GLAUCOMA

CEP Number: 1268/11

5. ABSTRACT (REQUIRED):

Title: EYES WITH LARGE OPTIC DISC CUPPING AND NORMAL INTRAOCULAR PRESSURE: CLINICAL AND EPIDEMIOLOGICAL DIFFERENCES BETWEEN THOSE WITH AND WITHOUT GLAUCOMA.

Author and Co-authors: Marina C C Sousa, MD; Augusto Paranhos Jr, MD, PhD; Mauro T. Leite, MD, PhD; Tiago S Prata, MD, PhD.

Purpose: In eyes with large optic disc cupping and normal intraocular pressure (IOP), we investigated potential differences in clinical and epidemiological characteristics between those with and without glaucoma [large physiological optic disc cups (LPC)].

Methods: We consecutively enrolled individuals with LPC and glaucomatous patients (normal tension glaucoma). All eyes had suspicious appearance optic disc [vertical cup-to-disc ratio (VCDR) \geq 0.6] and untreated IOP $<$ 21 mmHg. For glaucomatous eyes, a reproducible glaucomatous visual field (VF) defect was required. Eyes with LPC required normal VF testing and at least 2 years of follow-up with no evidence of progressive glaucomatous neuropathy (based on stereophotographs). The following demographic and ocular characteristics were collected and compared between groups (glaucoma vs LPC): age, gender, race, central corneal thickness (CCT), refractive error (spherical equivalent), and optic disc characteristics (optic disc area and VCDR). Continuous variables with normal distribution were compared using independent samples t-test while those non-normally distributed were analyzed using Mann-Whitney test. Categorical data were analyzed using chi-square test and the alpha level (type I error) was set at

Results: A total of 74 eyes with LPC (74 individuals) and 38 glaucomatous eyes (38 patients) were included. Glaucomatous patients were significantly older than those with LPC (57.1 \pm 13.9 vs 46.9 \pm 15.7 years; $p<$ 0.01). There were more women and Asian descendants in the glaucoma group ($p\geq$ 0.02). Not only LPC eyes had smaller mean VCDR compared to glaucomatous eyes (0.64 vs 0.72; $p<$ 0.01), but also there was a trend for larger optic discs in these cases (median of 2.36 vs 2.16 mm²; $p=$ 0.13). In fact, 90% of the individuals with LPC presented with a maximum VCDR of 0.75. We found no significant differences in CCT and spherical equivalent between groups ($p\geq$ 0.43).

Conclusion: In patients with large optic disc cupping and normal IOP, those older, women, Asian descends and with vertical cup-to-disc ratio $>$ 0,75 are more likely to have glaucoma, and therefore deserve a deeper investigation and closer monitoring.

Keywords: normal tension glaucoma; large cup

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

106. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R3

Last Name: Moacyr

First Name: Amaral

Middle: Campos

Service: (GL) GLAUCOMA

CEP Number: 1886/10

5. ABSTRACT (REQUIRED):

Title: Correlation between visual field defects and paripapillary retinal nerve fiber layer thickness in patients with primary open angle glaucoma

Author and Co-authors: Moacyr Amaral Campos, Ivan Maynard Tavares, André Luiz de Freitas Silva, Flávio Hirai

Purpose: To compare the parapaillary retinal nerve fiber layer thickness assessed with Spectralis optic coherence tomography with the visual field index and mean deviation parameters assessed in the white-on-white automate visual field perimetry

Methods: Cross-sectional study. Fourty two eyes of twenty three patients were assessed with Spectralis SD-OCT and white-on-white automate visual field perimetry. Both exams were performed in the Federal University of São Paulo Ophthalmology Department. Time between the two analysis was four to six months. Patients included in the study presented confirmed diagnostic of Primary Open Angle Glaucoma, either by visual field testing or biomicroscopy evaluation of the optic nerve head, best corrected visual acuity of 20/40 or better. Also, patients presented refraction within +- 5,00 spherical diopters and -3,00 cylinder diopters. Data was assessed as to mean parapapillary RNFL thickness and VFI and MD visual field parameters

Results: Correlation between measurements were performed in each eye. Right eye presented a 0.649 correlation with MD and 0.634 correlation with VFI. Left eyes presented a 0.556 correlation with MD and 0.536 correlation with VFI

Conclusion: Correlation was weak to moderate in each eye

Keywords: Optic Coherence Topography, OCT, Visual Field, MD, VFI, Retinal Nerve Fiber Layer, RNFL, thickness

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

107. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

R3

Last Name: Natalia

First Name: Yumi

Middle: Valdrighi

Service: (GL) GLAUCOMA

CEP Number: 187475

5. ABSTRACT (REQUIRED):

Title: Correlation between preferred sleeping side and optic nerve head appearance in healthy patients

Author and Co-authors: Natalia Yumi Valdrighi, Igor Rodrigo Lins da Silva Augusto Paranhos Jr, Tiago S. Prata,

Purpose: To evaluate the preferred nocturnal sleep position and correlate with optic nerve head appearance in healthy patients.

Methods: We prospectively enrolled healthy individuals from August 2012 to October 2012. Key exclusion criteria were previous intraocular surgery or any ocular disease (including glaucoma). All participants underwent a standard questionnaire regarding age, sex and preferred sleep position. Data collected also included intraocular pressure (IOP), optic disc assessment by color stereo photographs, central corneal thickness (CCT) and standard automated achromatic perimetry results (24-2 SITA-Standard, Humphrey Field Analyzer II) from both eyes. The questionnaire and optic disc assessment were performed by two independent investigators in a masked fashion.

Results: Among the 33 healthy individuals included in the study, 55% (18/33) preferred sleeping on the right side, 36% (12/33) on the left and 9% (3/33) did not know. The mean IOP for eyes of preferred sleeping side (14.7 ± 2.2 mmHg) was similar to those of non-preferred sleeping side (14.6 ± 2.1 mmHg, $p=0.81$). There was no significant CCT difference as well (531.3 ± 38.6 vs 530 ± 36.2 ; $p=0.77$). However, there was a significant mean cup-to-disc ratio difference between eyes of the preferred sleeping side (0.49 ± 0.23) and the fellow eyes (0.42 ± 0.20 , $p=0.01$). Finally, there was a 74% agreement between the eye of the preferred sleeping side and the eye with larger cup-to-disc ratio (asymmetry defined as a difference >0.2).

Conclusion: Our results suggest a significant correlation between the preferred sleeping side and optic nerve head appearance (as determined by cup-to-disc ratio) in healthy individuals. Eyes of preferred sleeping side tend to have larger cups, independently of IOP and CCT values. We believe this fact should be taken into consideration while assessing cases of cup-to-disc ratio asymmetry.

Keywords: glaucoma, sleep position, nocturnal position

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

108. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

R2

Last Name: Paula
First Name: Prudente
Middle: Silva

Service: (GL) GLAUCOMA

CEP Number: 32733

5. ABSTRACT (REQUIRED):

Title: In Vivo Identification of Laminal and Pre-laminal ONH Structures using Enhanced Depth Imaging Spectral-Domain Optical Coherence Tomography.

Author and Co-authors: Paula Prudente, MD; Vitor Gomes Prado, MD; Paula Delegregio, MD; Roberto M Vessani, MD, PhD; Augusto Paranhos Jr, MD, PhD; Tiago S Prata, MD, PhD

Purpose: To investigate the ability of glaucoma specialists to identify different laminal and pre-laminal optic nerve head (ONH) structures using enhanced depth imaging spectral-domain optical coherence tomography (EDI-OCT) in a population with and without glaucoma.

Methods: We prospectively enrolled glaucomatous patients and healthy individuals from August 2012 to October 2010. Those with significant media opacity or any ocular disease (besides glaucoma) were excluded. All participants underwent EDI-OCT (SD-OCT; Spectralis®, Wavelength: 870nm; Heidelberg Engineering Co., Heidelberg, Germany). We investigated the ability of three glaucoma specialists to identify the following ONH parameters in each EDI-OCT image: anterior and posterior surfaces of the lamina cribrosa, anterior surface of the pre-laminal neural tissue, Bruch's membrane opening (scleral canal diameter), and anterior and posterior margins of the choroid measured 500µm distant from the inferior border of the Bruch's membrane opening. Whenever both eyes were eligible, the right eye was arbitrarily chosen for analysis. Identification of each parameter was graded as easy, difficult or impossible.

Results: A total of 10 eyes of 10 patients were included. Overall, the anterior surface of the pre-laminal neural tissue and the borders of the Bruch's membrane opening were the landmarks most clearly identified (graded as easy in over 90% and over 80% of the eyes on average, respectively). On the other hand, the anterior and posterior surfaces of the lamina cribrosa were clearly identified in less than 25% of the cases on average. Comparing the eyes in which most parameters were easily identified with those that showed poor visibility, the former group was mostly composed by eyes with glaucoma, with larger cup-to-disc ratio (mean of 0.65 vs 0.25) and a thinner pre-laminal neural tissue layer (mean of 138 vs 282 µm).

Conclusion: Most pre-laminal ONH structures could be clearly identified by different glaucoma specialists using EDI-OCT. Identification of deeper structures such as the lamina cribrosa seems to be not always feasible, especially in cases of normal eyes with healthy ONH.

Keywords: OCT, lamina cribrosa, glaucoma

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

109. **FIRST (PRESENTING) AUTHOR (REQUIRED):**
Must be the author listed first in abstract body.

R1

Last Name: Paula
First Name: Delegregio
Middle: Borba

Service: (GL) GLAUCOMA

CEP Number: 32733

5. **ABSTRACT (REQUIRED):**

Title: Reproducibility of Peripapillary Choroidal Thickness Measurements with Enhanced Depth Imaging Spectral-Domain Optical Coherence Tomography.

Author and Co-authors: Paula D Borba, MD; Paula C Prudente Silva, MD; Vitor G Prado, MD; Augusto Paranhos Jr, MD, PhD; Tiago S Prata, MD, PhD; Roberto M Vessani, MD, PhD.

Purpose: To investigate the interobserver and intraobserver reproducibility of peripapillary choroidal thickness measurements performed by enhanced depth imaging spectral-domain optical coherence tomography (EDI-OCT) in a population with and without glaucoma.

Methods: We prospectively enrolled glaucomatous patients (glaucomatous optic neuropathy and reproducible visual field defect) and healthy individuals from August 2012 to October 2010. Those with significant media opacity or any ocular disease (besides glaucoma) were excluded. All participants underwent EDI-OCT (SD-OCT; Spectralis®, Wavelength: 870nm; Heidelberg Engineering Co., Heidelberg, Germany). The peripapillary choroid was measured 500µm distant from the temporal margin of the Bruch's membrane opening. To examine the inter-observer reproducibility, all images were assessed by three independent examiners. To examine the intraobserver reproducibility, each examiner evaluated each set of images twice. The intra-session within-subject standard deviation, the coefficient of variation and the intra-class correlation coefficient (ICC) were calculated.

Results: In progress

Conclusion: In progress

Keywords: glaucoma, peripapillary choroid, reproducibility

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:

90cm x 120cm

110. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R3

Last Name: Vespasiano

First Name: Santos

Middle: Rebouças-Santos

Service: (GL) GLAUCOMA

CEP Number: 1322/10

5. ABSTRACT (REQUIRED):

Title: NEW ADJUSTABLE SUTURE TECHNIQUE FOR TRABECULECTOMY

Author and Co-authors: Vespasiano Rebouças-Santos, Daniel Meira-Freitas, Angelino J. Cariello, Tiago S. Prata, Sergio H. Teixeira

Purpose: The purpose of this study was to evaluate the safe and efficacy of a new adjustable suture for the flap of trabeculectomy that allows for tightening and loosening of suture tension during the postoperative period

Methods: Patients with glaucoma that couldn't reach the target intraocular pressure (IOP) with IOP-lowering medications were recruited for trabeculectomy surgery. The exclusion criteria were: previous surgeries (except cataract surgery), only one function eye, and secondary glaucoma. All surgeries were performed by the same surgeon according to the technique previously described by Stalmans et al. A conventional suture was installed at the left edge of the scleral flap and in the right edge was placed the new adjustable suture (AS). An individual target pressure will be determined before surgery based on cup-disc-ratio and visual field. If the IOP was upper than the target, five days after the surgery, the AS was loosening and if the IOP was less than 6 mmHg at any time the AS was tightening. In case of fail in reach IOP target with AS manipulation, could be used additional surgical interventions (laser suture lysis, needling, or needling revision) and IOP-lowering medication. The Incidence

Results: Partial Results

Three trabeculectomy were performed with AS at this moment, new patients will be recruit for this study. One patient didn't need any intervention. Two patients were underwent a AS manipulation, one with success and order need a laser suture lysis. At this moment didn't occur any severe complication. Patients continued to be followed for 12 months.

Conclusion: The new adjustable suture showed safety and efficacy until now

Keywords: glaucoma, trabeculectomy, adjustable suture

2012 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

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) REFRACTIVE SURGERY
(RX) REFRACTION-CONTACT LENSES
(ST) STRABISMUS
(TR) TRAUMA
(TU) TUMORS AND PATHOLOGY
(UV) UVEITIS
(US) OCULAR ULTRASOUND

Deadline: 10/2012

FORMAT:

Abstract should contain:

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

Poster guidelines:
90cm x 120cm

111. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

R2

Last Name: Vitor
First Name: Gomes
Middle: Prado

Service: (GL) GLAUCOMA

CEP Number: Número do Parecer: 32733 Data da Relatoria:

5. ABSTRACT (REQUIRED):

Title: Reproducibility of In Vivo Lamellar and Pre-lamellar Tissues Measurements with Enhanced Depth Imaging Spectral-Domain Optical Coherence Tomography (EDI-OCT)

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 determine the interobserver and intraobserver reproducibility of different optic nerve head (ONH) parameters measurements performed by EDI-OCT in a population with and without glaucoma.

Methods: We prospectively enrolled glaucomatous patients (glaucomatous optic neuropathy and reproducible visual field defect) and healthy individuals from August 2012 to October 2010. Those with significant media opacity or any ocular disease (besides glaucoma) were excluded. All participants underwent EDI-OCT (SD-OCT; Spectralis®, Wavelength: 870nm; Heidelberg Engineering Co., Heidelberg, Germany). The following ONH parameters were evaluated: lamina cribrosa and pre-lamellar neural tissue thicknesses, scleral canal diameter (Bruch's membrane opening) and cup depth. To examine the inter-observer reproducibility, two independent examiners assessed all images. To examine the intraobserver repeatability, each examiner evaluated each set of images twice. For each EDI-OCT parameter, repeatability and reproducibility were assessed using within-subject standard deviation (Sw) and coefficient of variation (COV; $100\% \times Sw / \text{overall mean}$), repeatability coefficient (RC; $1.96 \times (2S2w)$ or $2.77 Sw$), int

Results: A total 10 eyes of 10 patients were included. Overall, all ONH parameters assessed by EDI-OCT showed good repeatability results (Sw range, $3.9 \pm 23.2 \mu\text{m}$; COV range, $0.35\% \pm 7.66\%$; RC range, $10.9 \pm 64.4 \mu\text{m}$). Judged by the COV, scleral canal diameter had the best and lamina cribrosa thickness had the worst intraobserver repeatability. Judged by the ICC (range, 0.67 ± 0.99) and kappa values (0.38 ± 0.73), scleral canal diameter and cup depth had the best and lamina cribrosa thickness had the worst interobserver reliability and inter-rater agreement.

Conclusion: Most ONH parameters assessed by EDI-OCT showed good intraobserver and interobserver reproducibility. Best results were found for pre-lamellar tissues and landmarks compared to deeper ONH structures, such as the lamina cribrosa.

Keywords: optic nerve head (ONH); EDI-OCT

E-MAILS

Scientific Committee

| | | | |
|-----------------------------|--|----------------------------------|--|
| Adriana Berezovsky | aberezovsky@unifesp.br | Maurício Maia | retina@femanet.com.br |
| Ana Luisa Hofling Lima | anahofling@gmail.com | Mauro Nishi | mauronishi@gmail.com |
| Augusto Paranhos Jr. | augusto.paranhos@uol.com.br | Mauro Silveira de Queiroz Campos | mscampos@uol.com.br |
| Cristina Muccioli | cmuccioli@uol.com.br | Michel Eid Farah | mefarah@uol.com.br |
| Denise de Freitas | dfreitas@uol.com.br | Miguel Noel Nascentes Burnier | miguel.burnier@mcgill.ca |
| Élcio Hideo Sato | cornea@pobox.com | Norma Allemann | norma.allemann@pobox.com |
| Ivan Maynard Tavares | im.tavares@uol.com.br | Paulo Augusto de Arruda Mello | paugusto@uol.com.br |
| José Alvaro Pereira Gomes | japgomes@uol.com.br | Paulo Schor | pschor@pobox.com |
| Juliana Maria Ferraz Sallum | juliana@pobox.com | Renato Ambrosio | renatoambrosiojr@terra.com.br |
| Luciene Barbosa de Souza | lucieneh@uol.com.br | Rubens Belfort Jr. | prof.belfort@clinicabelfort.com.br |
| Luis Alberto V. de Carvalho | luis.alberto.v.carvalho@gmail.com | Solange Rios Salomão | ssalomao@unifesp.br |
| Maria Cristina Martins | mcrism22@gmail.com | Wallace Chamon | visus@pobox.com |
| Marinho Jorge Scarpi | scarpj@terra.com.br | Walton Nosé | wnose@uol.com.br |

Awards Committee

| | |
|---------------------------|--|
| Eduardo Büchele Rodrigues | rodriguesretina@gmail.com |
| Flávio Eduardo Hirai | hirai@yahoo.com |
| Paula Yuri Sacai Munhoz | psacai@yahoo.com.br |

Post-doc

| | | | |
|------------------------------------|--|-----------------------------------|--|
| Christiane R. Rolim de Moura Souza | chrn@terra.com.br | Márcia R. Kimie Higashi Mitsuhiro | marciahigashi23@gmail.com |
| Fernando Marcondes Penha | fpenha@me.com | Patrícia Alessandra Bersanetti | bersanetti@unifesp.br |
| João Borges Fortes Filho | jbfortes@cursohbo.com.br | Priscila Cardoso Cristovam | pcristovam@unifesp.br |
| Lauro Augusto de Oliveira | laopadilha@gmail.com | Tais Hitomi Wakamatsu | taiswakamatsu@gmail.com |

Post-Graduate Student

| | | | |
|-------------------------------|--|-------------------------------|--|
| Alcione Aparecida Messa | alcioneam@hotmail.com | Josenilson Martins Pereira | jpereiraarthur@yahoo.com.br |
| Allan Cezar da Luz Souza | dr.allanluz@gmail.com | Joyce Luciana Covre | joycecovre@gmail.com |
| Andrea C. Kara Jose Senra | andreatocait@uol.com.br | Juliana Mantovani Bottós | jubottos@gmail.com |
| Bruno Alburquerque Furlani | bfurlani@oftalmo.epm.br | Karita Antunes Costa | karitacostabio@gmail.com |
| Bruno Diniz | drbrunodiniz@yahoo.com | Leonardo Martins Machado | leo_m@terra.com.br |
| Camila Haydée R. Salaroli | csalaroli@uol.com.br | Luci Meire Pereira da Silva | luci.silva@unifesp.br |
| Carlos A. de Amorim Garcia F. | caagf@yahoo.com.br | Luciano Moreira Pinto | lucianompinto74@gmail.com |
| Cristina Miyamoto | crismiyamoto@yahoo.com.br | Luiz Roisman | luizroi@yahoo.com.br |
| David Kirsch | dmkirsch@gmail.com | Magno Antônio Ferreira | drmagno@hobc.com.br |
| Diogo de Sousa Martins | diogo.martins@kemin.com | Marcelo Carvalho Ventura | marcelovhope@gmail.com |
| Douglas Yanai | douglasyanai@yahoo.com.br | Maria Vitória O. Moura Brasil | llmv@uninet.com.br |
| Eduardo Alonso Garcia | cliros.oft@uol.com.br | Mariana Vallim Salles | marivallim@yahoo.com.br |
| Eric Pinheiro de Andrade | dr_eric_andrade@hotmail.com | Oswaldo F. M. Brasil Amaral | ombrasil@uninet.com.br |
| Fabiana dos Santos Paris | fabiana.paris@hotmail.com | Rafael Lourenço Magdaleno | r.magdaleno@uol.com.br |
| Fabiano Cade Jorge | fabianocade@bol.com.br | Renata Portella Nunes | reportella@hotmail.com |
| Fabio Felipe dos Santos | fabiofelipes@einstein.br | Renata Ruoco Loureiro | renata.ruoco@hotmail.com |
| Fernanda Jordani B. Harada | ferjordani@hotmail.com | Rossen Mihaylov Hazarbass | hazarbassanov@gmail.com |
| Fernanda Pedreira Magalhães | fernandapedreiramagalhaes@yahoo.com.br | Tammy Hentona Osaki | tammyht32@yahoo.com.br |
| Gabriela Unchalo Eckert | gabieckert@hotmail.com | Tatiana Moura B. Prazeres | tatianambprazerres@gmail.com |
| Gustavo Amorim Novais | gustavonovais@hotmail.com | Teissy Hentona Osaki | teissyosaki@yahoo.com.br |
| Gustavo Teixeira Grottone | gtg2001@terra.com.br | Vagner Rogério Dos Santos | vagner_rogerio@yahoo.com.br |
| Hailton Barreiros De Oliveira | hailton51@hotmail.com | Vanessa Miroski Gerente | vanessagerente@gmail.com |
| Hermelino Lopes de O. Neto | hneto@clihon.com.br | Verônica F. de Castro Lima | vecastrolima@yahoo.com.br |

E-MAILS

Fellows

| | | | |
|---------------------------------|--|--------------------------------|--|
| Ana Carla Ramos Vieira da Costa | anacarlarvc@hotmail.com | Márcio Augusto Nogueira Costa | marcioanc@hotmail.com |
| André Alexis Corazza Vidoris | vidoris.oftalmo@gmail.com | Merinaide Cavalcante de Araujo | meme.araujo@hotmail.com |
| Andrea Oliveira da Silva | andreaoliveira10@gmail.com | Milene Zanini Rodrigues | milenezaninir@gmail.com |
| Eduardo Amorim Novais | eduardo.novais@mac.com | Nayara Francez Batagini | nafrancez@ig.com.br |
| Emmerson Badaró Cardoso | badarojf@yahoo.com.br | Paulo Falabella | paulofalabella@hotmail.com |
| Fábio Ferreira da Silva | ferreira.fabio2011@yahoo.com.br | Rodrigo Teixeira Santos | rodrigotsantos@gmail.com |
| Fabrizio Petroni Cecchele | ftfabrizio@gmail.com | Telma de Araújo Souza | telma.deas@gmail.com |
| Hélio Francisco Shiroma | helioshiroma@hotmail.com | Vanessa Paola Povolo Gaspari | sapaola@hotmail.com |
| Jane Chen | janechen@uol.com.br | | |

Resident

| | | | |
|--------------------------------|--|--------------------------------------|--|
| Adriano Bogar | adriano_bogar@hotmail.com | Luis Henrique Lopes Lira | luishlira@hotmail.com |
| Adriana Rainha Mascia | drimascia@yahoo.com.br | Mariana de Andrade Coelho | marianacoelho73@hotmail.com |
| Adriano de Moraes Ferreira | admf19@yahoo.com.br | Mariana Kaori Yasuta | marikaori@gmail.com |
| Ana Carolina A. Britto Garcia | anacarolinabgarcia@gmail.com | Marina Costa Carvalho de Sousa | marinascosta@gmail.com |
| Carlos Eduardo Barbosa Filho | du_med@hotmail.com | Moacyr Amaral Campos | moacyrcampos@terra.com.br |
| Daniel Colicchio | dcolicchio@gmail.com | Natália Yumi Valdrighi | nati.yumi.valdrighi@gmail.com |
| Diego Monteiro Verginassi | diegoverginassi@gmail.com | Patrícia Kakizaki | patikaki@gmail.com |
| Fábio Ribeiro Colombo | fabiorc3@gmail.com | Paula de Campos Prudente Silva | paulinhacps@ibest.com.br |
| Geraldine Ragot de Melo | gemelo74@gmail.com | Paula Delegregio Borba | paula.pdb@gmail.com |
| Grace Peng | gracepeng74@gmail.com | Paula Leal dos Santos Barros | paulinha_leal@yahoo.com.br |
| Huber Martins V. Júnior | hubervasconcelos@yahoo.com.br | Ramon Antunes de Oliveira | ramonntt@gmail.com |
| Ibraim Viana Vieira | ibraim@gmail.com | Renan Albert Mendonça Rodrigues | renanrodrigues.med@gmail.com |
| Igor Rodrigo Lins da Silva | igor_r@ymail.com | Renan Braido Dias | renanbraido@gmail.com |
| Jacqueline Martins de Sousa | jacmsousa@gmail.com | Roberta Andrade e Nascimento | robertandrade73@yahoo.com.br |
| João Crispim M. Lima Ribeiro | jcmlribeiro@gmail.com | Rodrigo Arantes de Souza Lima | epmrodrigo@hotmail.com |
| Julia Dutra Rossetto | julia_rossetto@hotmail.com | Thays Moreira Albhy | talbhy@yahoo.com.br |
| Juliana Moura Bastos Prazeres | juprazeres@hotmail.com | Vespasiano Nunes Rebouças dos Santos | santosvespasiano@hotmail.com |
| Lucas Valadão de Brito Soares | lucasvaladao3@yahoo.com.br | Vinícius Silbiger de Stefano | vsstefano@uol.com.br |
| Luis Guilherme Milesi Pimentel | luisguilherme72@hotmail.com | Vítor Gomes Prado | vitorgomesp@gmail.com |

Graduate Student

| | |
|---------------------|--|
| Aléx Martins Nasaré | alex.nasare@hotmail.com |
| Julia Lima Farah | jufarah@yahoo.com.br |
| Mikael Chun | mikaelchun1990@gmail.com |

