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Service (sector)  
Strabismus

Nº CEP

### **Comparison Between Non Steroidal Anti-Inflammatory Drugs and Steroids in Follow-up of Strabismus Surgery: a double-masked randomized study.**

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**Objective:** Some studies showed the advantages of non steroid anti-inflammatory drugs (NSAID) in post operative control of strabismus patients. These patients do feel more comfortable, since the NSAID also has an analgesic effect. The only adverse effect reported was subconjunctival hemorrhage in a few patients. Because of these good results, we decided to compare the use of NSAID and steroids in post-operative control of strabismus patients at Escola Paulista de Medicina.

**Purpose:** All patients underwent strabismus surgery (resection – recession procedures) under topical anesthesia using Vycril 6-0 for suturing. The resection ranged from 6 to 8 mm and the recession ranged from 6 to 7 mm. Patients were given the same antibiotic eye drop Ciprofloxacin (Biamotilâ). Half of them used NSAID (Cetoralac Trometamin - Acularâ) and the others used Prednisolone 0,12% - Pred Mildâ, for 21 days. They were examined with slit lamp and ectoscopy on the 1st, 7th and 21st post op. days, to evaluate IOP (comparing with the fellow eye), edema, hyperemia and comfort (patients graded comfort using a scale from 0 to 10).

**Results:** From a total of 23 patients, 13 were treated by NSAID and 10 with steroid. Regarding comfort, edema and IOP no difference between NSAID and steroid groups was found. However, when we analyze the hyperemia, we had 5/13 (38.4%) patients in NSAID group with 2+ of hyperemia at 21st PO day, against only 1/10 (10%) patients in steroid group. We also had three granulomas in the NSAID group that required the steroid pulse therapy and none in steroid-treated patients.

**Conclusion:** For resection-recession surgeries the use of NSAID is not advisable. But the international literature refers that NSAID is a good choice for strabismus surgery. However, all these papers conducted their assays considering predominantly double recession procedures.