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EFFICACY AND SAFETY OF PTERYGIUM SURGERY USING HUMAN PROCESSED PERICARDIUM

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Purpose: To investigate the safety and efficacy of human processed pericardium employed as an onlay after pterygium excision.

Methods: Twenty-five eyes of twenty-five patients (11 female/ 14male) were included in this study. The median age was 50 years (range 24 -89 years). 28.0% of the eyes had been operated on two or more times previously. The mean follow-up was 9.4 months (± 2.1 years) (range 8-15 months). Following bare-sclera surgical removal of recurrent pterygium, a patch of processed human pericardium was sutured to cover the area of excision. The pericardium was not covered with conjunctiva, nor were adjuvant radiation or anti-metabolites administered. All patients were treated with a combination of dexamethasone 0.1% / cloramphenicol drop t.i.d. for one month. Ketorolac tromethamine 0.5% t.i.d. was added to this regimen after complete corneal re-epithelization.

Results: Recurrence (any growth >1 mm onto the cornea) was detected in 12 patients (48%). Pyogenic granulomas occurred in three patients, and all of them required surgical excision. Corneal thinning was present in one patient and was treated with a therapeutic contact lens and artificial tears with complete resolution and vascularization of the thinned area. No decrease in visual acuity was observed in any patient.

Conclusions: The use of processed pericardium in pterygium surgery is a safe procedure, but is associated with a relatively high rate of recurrence. It should only be considered as an option in managing recurrent pterygium when conjunctival autografting is not an available alternative.