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COMPARISON BETWEEN ORBITAL DECOMPRESSION BY LATERAL OSTEOTOMY AND LATERAL WALL EXPANSION

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Purpose: The main purpose of this presentation is to compare proptosis reduction between this techniques that treat patients with moderate proptosis secondary to grave's ophthalmopathy. Methods: In this prospective, randomized study, 10 orbits will be submitted to a orbital decompression by lateral osteotomy alone and 10 orbits will be decompressed by osteotomy plus lateral orbital wall expansion .Osteotomy with additional expansion of the posterior region of the lateral wall are performed using manipulates, to keep this wall parallel to medial wall. All patients underwent endocrine and ophthalmic examinations, and at time of surgery all of then were euthyroid. The ophthalmopathy disease activity was based on Resonance Magnetic Image and in the Mourits clinical score of disease activity. The exclusion criteria are graves active disease and inflammatory ophthalmopathy. Results: (partial) The average of ocular retro placement in the group of patients submitted to a lateral osteotomy ranged from 1.8 mm to 2.2mm, average 2.1mm and the proptosis reduction in the group submitted to a orbital decompression plus lateral expansion ranged from 2.8 mm to 3.6.mm. average 3.4mm. Transient orbital edema and equimosis were the complications that we found in both groups after surgery. The patients improved their clinical conditions and cosmmesis after surgery. Conclusion: -This techniques are safe and effective in reducing proptosis. At this moment. orbital decompression plus lateral expansion proved to be more efficient in proptosis reduction.