

2007 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

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  
**CA**

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)  
 (a) Paper  
**(b) 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"

\_\_\_\_\_  
 Signature of First

Scientific Section Descriptions  
 (OR) ORBIT  
 (PL) OCULAR PLASTIC SURGERY  
 (RE) RETINA / VITREOUS  
 (RX) REFRACTION-CONTACT LENSES  
 (NO) NEURO-OPHTHALMOLOGY  
 (TU) TUMORS AND PATHOLOGY  
 (ST) STRABISMUS  
 (UV) UVETIS  
 (LS) LACRIMAL SYSTEM  
 (LV) LOW VISION  
 (CO) CORNEA / EXTERNAL DISEASE  
 (GL) GLAUCOMA  
 (RS) REFRACTIVE SURGERY  
**(CA) CATARACT**  
 (US) OCULAR ULTRASOUND  
 (TR) TRAUMA  
 (LA) LABORATORY  
 (BE) OCULAR BIOENGINEERING  
 (EP) EPIDEMIOLOGY  
 (EF) ELECTROPHYSIOLOGY

Deadline: 29/10/2007

FORMAT:  
 Abstract should contain:  
**Title, Name of Authors, Name of other authors (maximum 6), Purpose, Methods, Results, Conclusions.**  
 Example: ARVO (1.10 x 1.70) Abstract Book

1. FIRST (PRESENTING) AUTHOR (REQUIRED)  
 Must be author listed first in body of abstract  
 ( ) R1 ( ) R2 ( ) R3  
 (X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC  
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 Andrade Eduardo M M  
 Last Name First Middle  
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 Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)  
**USE OF DIFFRACTIVE IOL ON YOUNG ADULTS CARRYING INBORN CATARACT**  
**ANDRADE E. CHAMON W.**  
**PURPOSE:** Describe the use of diffractive IOL on young adult patients carrying bilateral inborn cataract, aiming the reduction of dependency of near correction.  
**MATERIALS AND METHODS:** We evaluated the use of diffractive intra -ocular lens on patient JKOL, 14 years of age, with family history of bilateral inborn cataract. Besides the patient, his father and brother also carry bilateral inborn cataract, having the same pattern of access to the crystalline. All patients were accompanied since 1998, being that JKOL have always presented stable vision of 20/40 J2 free from correction. For approximately one year, he presented progressive VA decrease, reaching vision of 20/80 to 20/100 free from correction. It was decided for the performance of cataract surgery on both eyes due to difficulties in fulfilling school work. On March 2007, the patient was subjected to facoemulsification + implant of diffractive IOL model SN60D3 (ALCON Labs) on both eyes by the same surgeon free from intercurrence. The patient was evaluated on 1,7,30 and 90 post operation, through a complete ophthalmologic exam which included: biomicroscopy, visual acuity with and free from correction, intraocular pressure and refraction.  
**RESULTS:** VA free from correction was 20/30 and J3 under good conditions of lightness, what enabled the patient to have autonomy performing all daily activities, including school work. The better visual acuity with correction was 20/25 and J2 with refraction (RE + 0.25 DE - 0.75 DC @ 130 and LE + 0.50 DE - 0.75 DC @ 115).