${\bf 2007~Research~Days_Abstract~Form-Department~of~Ophthalmology-UNIFESP/EPM}$

 SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two -letter Code for the one (1) Section best sullied to review your abstract (CO)

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

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(OR) ORBIT
(PL) OCULAR PLASTIC SURGERY
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(S) INCOMINE SURGERY
(OC) CONNEA AND EXTEND
(CO) CONNEA
(CO) CO RNAL

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

 FIRST (PRESENTING) AUTHOR (REQUIRED)
 Must be author listed first in body of abstract Last Name: Lisboa First Name: Renato Middle: Dichetti dos Reis Nº CEP: 0381/07 (Comitê de Ética em Pesquisa da Universidade Federal de São Paulo-UNIFESP) Service (sector): Cornea and External Disease

5. ABSTRACT (REQUIRED)

rine Relashionship between Human Papil omavirus in pterygium and inferior sexual tract of female patients

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Introduction
Pereryglium is a conjunctival d egeneration with growth onto the cornea, usually nasally, it is constituted of fibrovascular tissue continuous with the bulbar conjunctiva that occurs in the palpebral fissure area. Although many theories were proposed, this alteration is considered to hav e a multifatorial etiology, including ultraviolet light exposure, microtraumatisms, wind, dust, cronic inflammation, age, imonologic disturbs and genetic autossomic heritance. The human papilomavirus (HPV) is considered another possible causing agent of pteryglium.

Objective Evaluate the association of the presence of HPV in pteryglum and genital infection in female individuals.

Female individuals.

Patients and Methods
In a transversal study 20 patients with pteryglum were select in the External
Disease Sector of the Ophtha Imology Department of the Federal University of Sao Paulo.
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These patients did not have any disease that could influence their immune status, such as
diabetes, corticosteroid use or Adquired Imunodeficience Sindrome. They also were never
been submitted to previous ocular surgery procedure, except from previous pteryglum
surgery.
The pteryglum was classified as grade I, when had 1mm from the limbus: grade II when its extension was below the limbus, but did not reached the pupilar area: grade II when crossed the pupilar area: Considering the morphological aspect, the lesion was classified as grade I when the episcleral vessels under the lesion were clearly visualized, grade II when partially visualized and grade III when the lesion were clearly visualized, grade II when partially visualized and grade III when the visualization of the episcleral vessels was impossible.
The pteryglum existed during the surgery was divided in two simetrical pieces. One of them was sent to anatomopatological evaluation. The second one was stocked in a tube that contained DNazol, an special substance used to extract the DNA from biological material and search for the IPPV using the polymerase chain reaction. This second tube was sent to the Ginecology Laboratory, were the seach for IPPV was made.

The patients were also evaluated for an experienced gynecologist. During this evaluation cevico-vaginal material was collected and sent to the Gynecology Laboratory and the same process to detect IPPV was conducted. Necessary treatment for any pathology found during the gynecological exam was of fered to the patients.

Results and Conclusions
Data are still being collected and a proper statistical analysis will be made