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

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2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two -letter Code for the one (1) Section best sullied to	1. FIRST (PRESENTING) AUTHOR (REQUIRED) Must be author listed first in body of abstract
review your abstract (LA)	(X)R1 ()R2 ()R3 ()PG0 ()PG1 ()Estagiário ()Tecnólogo ()PIBIC
3. PRESENTATION PREFERENCE	PASSOS RENATO MAGALHÃES Last Name First Name Middle
(REQUIRED) Check one (1) (a) Paper (b) Poster	LABORATORY OF OCULAR MICROBIOLOGY 01719 / 07 Service (sector) N° CEP
	Epidemiologic findings of infectious keratitis in the elderly a 32 years review
4. The signature of the First (Presenting) Author, (FEQUIPED acting as the authorized agent for all authors, hereby certifies. The any activity of the product was conducted The any access with the Declaration of Healenki and the 'UNIFESP Ethical Committee'	Passos RM, Cariello AJ, Konno B, Zorat Yu MC, Höfling-Lima AL.
	Purpose: To describe the epidemiologic findings of infectious keratitis in the elderly
	in a reference service.
	Method: Retrospective study. We revised patients' files age 60 years and older
	(WHO criteria – 1984) that were attended in the Ocular Microbiology Laboratory of
	UNIFESP according to age, gender, diagnosis, involved eye, previous topic
Signature of First	medication, previous ocular surgery, history of trauma, and results of bacterioscopy
	and culture. Data underwent descriptive analysis.
Scientific Section Descriptions	Results: From 1975 to 2007 were included 16.576 patient registers. From these,
(OR) ORBIT (PL) OCULAR PLASTIC SURGERY (RE) RETINA AND VITREOUS (RX) REFRACTION-CONTACT LENSES (NO) NEURO-OPHITHALMOLOGY (TU) TUMORS AND PATHOLOGY (ST) STRABISMUS (UV) UVETIS	2.890 (17.4%) were elderly above 60 years -old, and 1. 487 were from keratitis
	suspected patients. The most prevalent age group was 60 to 69 years (46.8%). There
	were 681 males (45.8%) and 806 females (54.2%). 64 patients (4.3%) had an ocular
	surgery less than 2 months before the beginning of the complaints (m ainly
(LS) LACRIMAL SYSTEM (LV) LOW VISION	keratoplasty or cataract removal). 103 patients (6.9%) had a history of trauma related
(CO) CORNEA AND EXTERNAL DISEASE (GL) GLAUCOMA	to the keratitis. The place of collect was the emergency room in 733 cases (49.2%)
(RS) REFRACTIVE SURGERY (CA) CATARACT (US) OCULAR ULTRASOUND	and the ambulatory in 540 cases (36.3%). Previous use of topical antimicrobial
(TR) TRAUMA (LA) LABORATORY	medication was found in 646 cases (33.3%). Techous act of topical antimicrobial medication was found in 646 cases (43.4%). Bacterioscopy was positive in 36.1% of
(EF) OCULAR BIOENGINEERING (EP) EPIDEMIOLOGY (EF) ELECTROPHYSIOLOGY	cases. The cultures were positive for bacteria in 47.5% of cases (from these: Gram
	negative rods 30.2%, Corynebacterium 7.3%, Pseudomonas 13.4%, Staphylococcus
	aureus 21.7%, S taph. Coag. neg. 31.2%, Streptococcus sp 17.9%, multibacterial
Deadline: 29/10/2007	17.6%), for fungus in 5.7% and for Acanthamoeba sp in 0.6% of cases. The
	remaining 46.2% of cases did not show any identified etiological agent.
	Conclusions: The infectious keratitis in the el derly was more common in females
FORMAT:	and from 60 to 69 years old. The prevalence of risk factors such as ocular surgery or
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	trauma was similar to those described for keratitis in general population. As expected
	for elders, there was a higher prevalence of infec tion by gram negative rods and
	multiple agents. Despite of the efforts, in almost 50% of the cases it was not possible
	to identify the etiological agent of the keratitis, thus emphasizing the importance of

the clinical indoment and empirical treatment inhis threatening condition

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