

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
RS

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 AND VITREOUS
 (RX) REFRACTION-CONTACT LENSES
 (NO) NEURO-OPHTHALMOLOGY
 (TU) TUMORS AND PATHOLOGY
 (ST) STRABISMUS
 (UV) UVEITIS
 (LS) LACRIMAL SYSTEM
 (LV) LOW VISION
 (CO) CORNEA AND 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
 () PG0 **(X) PG1** () Estagiário () Tecnólogo () PIBIC

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 Last Name First Name Middle

 Refractive Surgery 0075 / 06
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 Pesquisa da Universidade
 Federal de São Paulo-
 UNIFESP)

5. ABSTRACT (REQUIRED)

Phototherapeutic Keratectomy with mitomycin C for the treatment of Adenovirus orneal opacities: A Tissue saving approach
AUTHORS: Yamazaki, E. Campos, M;
PURPOSE:
 This study evaluated preoperative and postoperative changes in patients with subepithelial fibrosis caused by adenoviral corneal infiltrates submitted to phototherapeutic keratectomy (PTK) using mitomycin C
METHODS:
 This prospective, consecutive case series included patients with corneal subepithelial fibrosis presenting uncorrected visual acuity lower than 20/40. Transepithelial PTK was performed and mitomycin C at 0.002% was applied during one minute after the ablation. Depth of ablation was set to a third of the mean depth of the opacity as measured by anterior eye tomography (Pentacam®), optical coherence tomography (Visante®) and ultrasound biomicroscopy. Measurements of uncorrected visual acuity(UCVA), best spectacle visual acuity(BSCVA) were performed pre, 1, 3 and 6 months postoperatively.
RESULTS:
 This study included 30 eyes of 24 patients, 8 men and 16 women. The mean time from disease onset was 18.5 months and mean age was 40.6 years (range 18 -65). Preoperatively mean depth of corneal opacities was 162.3 microns with UBM, 169.7 with Pentacam® and 142.1 with Visante®. Mean change in spherical equivalent was 0.26 preoperative and 0.83 and 0.89 at 3 and 6 months respectively. After PTK, all patients presented marked reduction of eye complains, no loss of BSCVA and 79.2% of the eyes gained 2 or more lines and UCVA better than 20/40 was achieved in 81.5% at 6 months. The mean corneal thickness reduction was 48 microns and the mean induction of hyperopia was 0.85 D.
CONCLUSION:
 Transepithelial PTK with mitomycin C appears to be effective and safe for the treatment of corneal opacities induced by adenoviral keratoconjunctivitis. Longer follow up is necessary to evaluate safety and stability of corneal transparency.