

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-OPTHALMOLOGY
 (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
(x) PG0 () PG1 () Estagiário () Tecnólogo () PIBIC

 GONÇALVES ELIANA DOMINGUES
 Last Name First Name Middle

 REFRACTIVE SURGERY 0068/05
 Service (sector) Nº CEP
 (Comitê de Ética em
 Pesquisa da Universidade
 Federal de São Paulo-
 UNIFESP)

5. ABSTRACT (REQUIRED)
Automated Lamellar Keratectomy in patients with Bullous Keratopathy
 Gonçalves ED, Campos M, Paris F, Gomes JAP, Kanecadan L, Farias CC
Purpose: To relieve pain in patients with symptomatic bullous keratopathy (BK) until penetrating keratoplasty and in patients with BK without visual prediction.
Methods: A randomized prospective study comparing two groups with twenty-seven patients with symptomatic BK submitted to automated lamellar keratectomy without (group 1) and with mitomycin (group 2). Complete ophthalmological examination was performed including UCVA, BSCVA, biomicroscopy, tonometry, esthesiometry, UBM pachymetry, impression cytology, and pain questionnaire.
Results: Twenty-one patients of twenty-seven (77%) developed BK after ocular surgeries (17/27 after cataract surgery), all patients had corneal surface damage with epithelial and subepithelial bullae, 17 (62%) had neovascularization in more than 25% of corneal circumference and with more than 2 mm. In preoperative the corneal edema was moderate in 19 (70%) patients. The UBM pachymetry average was 682 in group 1 (428 to 862) and 992 in group 2 (416 to 1944). In both groups central cornea esthesiometry was 1.0 and inferior peripheral was 1.65 (cm of filament). The average of pain in two groups was 7.6 in a scale of one to ten, the episodes of pain were more than four hours of 19 (70%), and 12 had insomnia because the pain. In one year of postoperative of automated lamellar keratectomy in two groups with and without mitomycin all patients had no corneal surface damage, 7/10 with neovascularization in more than 25% of corneal circumference and with more than 2 mm. Corneal edema was more than two degrees in 6/10 patients, all of them were without bullae, the average of UBM pachymetry was 626 in group 1 and 1362 in group 2 with mitomycin, central esthesiometry was 0.75 and inferior peripheral 1.7 (cm of filament). The average of pain in one year of postoperative was 0.36 in a scale of one to ten, no patient had episode of pain upper four hours or related insomnia due to the pain.
Conclusions: The Automated Lamellar Keratectomy with or without mitomycin represents a promising alternative in treatment of pain in symptomatic patients with Bullous Keratopathy.