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 sullied to review your abstract
RE

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 co nducted in compliance with the Declaration of Heisinki 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) UVEITIS
(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
( ) PG0 **(X) PG1** ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Aggio, Fabio Bom

Last Name First Middle

Retina 1703/05

Service (sector) Nº CEP

Optical Coherence Tomography in Central Serous Chorioretinopathy

Authors: Aggio FB, Roisman L, Farah ME

Purpose: To describe tomographic features of central serous chorioretinopathy (CSC) at the acute phase as well as during the follow -up.
Methods: Prospective unc ontrolled case series. Patients with CSC who presented to the Ophthalmology Department of UNIFESP between 07/03 and 04/07 underwent complete ophthalmological examination as well as optical coherence tomography (OCT), being followed for at least 3 months.
Results: Thirty four eyes of 31 patients (24 male; 7 female) were included. Mean follow-up was 13 months. At the baseline, OCT revealed neurosensory retinal detachment in 32 (94%) eyes, pigment epithelium detachments in 24 (75%) eyes, focal pigment epitheli um thickening in 12 (35%) eyes and distortion of the foveal pit in 20 (60%) eyes. Mean baseline visual acuity was 20/80. Six (17%) eyes were treated with argon laser photocoagulation. OCT showed progressive fluid resolution in 27 (80%) eyes. Focal pigment epithelium clumps or detachments persisted in 18 (54%) eyes. Mean final visual acuity was 20/40. At the last evaluation, focal hyperreflectivity of the inner retinal layers with posterior shadowing was seen at the site of the laser treatment in all eyes that underwent such procedure.
Conclusions: OCT was capable to demonstrate valuable pathological retinal changes in the acute phase as well as during the follow -up in patients with CSC. Residual tomographic changes in the retinal pigment epithelium may persist after the active phase in approximately 50% of the eyes.