

**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 (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 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 ( ) PG1 (X) Estagiário ( ) Tecnólogo ( ) PIBIC

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Last Name First Name Middle

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5. ABSTRACT (REQUIRED)

**Ultrasound biomicroscopy (UBM) in recently postoperative 23 gauge vitrectomy sutureless incision**

Purpose: To evaluate images of recent postoperative 23 -gauge vitrectomy incision within and without previous sclerectomy.

Design: Singlecenter, retrospective, noncomparative, consecutive case of series.

Methods: 11 eyes of consecutive patients, who underwent 23-gauge transconjunctival vitrectomy surgery divide in two groups: without esclerotomy (WOE) and previous esclerotomy (PVE). All patients underwent 3 -port 23-gauge vitrectomy with an angled incision of 30 -45 degree using Alcon® 23G Vitrectomy kit and th e previous sclerectomy was realized with a sapphire knife (Rumex®). The UBM was carried out utilizing a 50 MHz commercially available device (Zeiss Humphrey®), using an "eye" cup with methylcellulose . The exam was made after 8 to 10 days of the surgery. The UBM examination was performed by one ophthalmologist with extensive UBM experience.

Results:  
In a retrospective study, transconjunctival sutureless 23 -gauge vitrectomy was performed on 11 consecutive eyes. There were 6 women and 5 men. The mean of age was 50 years. The mean size of the sclerectomy in both groups was 341µm. In the group of previos vitrectomy (PVE), the mean size was 332µm. And in the other group (WOE), the mean size was 377µm.

Conclusions: There was no statistic significant diference between the two groups but the image of UBM shows less opening incision in patients with previous sclerotomy. These results should be confirmed in larger and longterm exams.