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

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): RE	1. FIRST (PRESENTING) AUTHOR (REQUIRED) Paulo Roberto P. Hilarião Filho
	()R1 ()R2 ()R3 ()PG0 ()PG1 (X)Estagiário ()Tecnólogo ()PIBIC
3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)	Last Name: Filho First Name: Paulo Middle: Hilarião
Poster	Service (sector): Retina/Vitreous Nº CEP: 1777/07 (Comité de Ética em Pesquisa da Universidade Federal de São Paulo- UNIFESP)
 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	
Heisinki and the 'UNIFESP Ethical Committee"	5. ABSTRACT (REQUIRED)
	Autofluorescence images analysis after macular grid in diabetic maculopathy
	oedema P. Hilarião ¹ , A.G. Teixeira ¹ , M.E. Farah ¹ , J.A. Cardillo ¹ , P.P. Bonnomo
1	¹ Ophthalmology, Federal University of São Paulo, São Paulo, Brazil.
Pinneture of First	
Signature of First	Purpose: To compare autofluorescence images in patients treated with argon laser
	(532 nm) in all kind of diabetic macular edema using modified Early Treat mer
	Diabetic Retinopathy Study grid laser technique (ETDRS) in contrast to subthreshol
Scientific Section Descriptions	grid photocoagulation technique (MMG).
(OR) ORBIT	Design: Single -center, prospective, comparative, randomized, consecutive case
(PL) OCULAR PLASTIC SURGERY (RE) RETINA AND VITREOUS	series. Methods: Six patients with diabetic macul ar oedema with visual acuity worse than
(RX) REFRACTION-CONTACT LENSES (NO) NEURO-OPHTHALMOLOGY	20/200 were randomized. Ophthalmic examinations were performed: best correct
(TU) TUMORS AND PATHOLOGY	visual acuity, anterior biomicroscopy, intraocular pressure, ophthalmoscopy using
(ST) STRABISMUS (UV) UVEITIS	20D and 78 D lens, autofluorescence using HRA II and reti na thickness volume
(LS) LACRIMAL SYSTEM (LV) LOW VISION	using optical coherence tomography (OCT). All the exams were performed at
(CO) CORNEA AND EXTERNAL DISEASE	baseline, 1, 2, 3, 4 and 6 months. The eyes were divided in two groups ETDRS grou
(GL) GLAUCOMA (RS) REFRACTIVE SURGERY	normal grid laser technique (spot 50 micras, expose time 0.1s, 0.100 microjau le
(CA) CATARACT (US) OCULAR ULTRASOUND	power) and MMG group subthreshold grid photocoagulation (spot 50 micras, expose
(TR) TRAUMA (LA) LABORATORY	time 0.02 to 0.05s, 0.080 microjaules power) in the retinal macula oedema area. The
(BE) OCULAR BIOENGINEERING (EP) EPIDEMIOLOGY	photocoagulation techniques were performed using Ophthalas 532 Eyelite photocoagulator by Alcon Laboratories and Mainster focal/grid laser lens by Ocular
(EF) ELECTROPHYSIOLOGY	Instruments. Patients with previous treatment should be waiting at least 3 months to
	be included in this study.
	Results: Four patients received subthreshold MMG argon laser spots and modifi e
	ETDRS was done in two patients. The mean age was 67 years; there was only focal
Deadline: 29/10/2007	macular oedema. Hiperfluorescence was still found after 3 months in the two groups
	Retinal OCT thickness increased in two patients underwent MMG and one of two
	patients of the ETDRS group. One patient of the MMG group remained retinal
FORMAT:	thickness after 01 month. In two patients retinal thickness was not available due
Abstract should contain:	short-term follow-up. Conclusions: Hiperfluorescence images were still found in the two techniques after
Title, Name of Authors, Name of other authors (maximum 6),	3 m onths and OCT showed the efficacy of the treatment. These results should be
Purpose, Methods, Results,	confirmed in larger and longterm exams.
Conclusions. Example: ARVO (1.10 x 1.70)	commed in miger and rong term example