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) RETINA / VITREOUS

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 Declarat ion 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
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

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5. ABSTRACT (REQUIRED)

Predictive factors for short-term visual outcome after intravitreal triamcinolone acetonide injection for diabetic macular edema: an optical coherence tomography study

Oswaldo F M Brasil, Scott D Smith, Jonathan E Sears, Peter K Kaiser

Purpose: To evaluate the predictive factors for visual outcome after intravitreal triamcinolone acetonide injection to treat refractory diabetic macular edema.
Methods: We performed a retrospect ive chart review of patients with diabetic macular edema who met the following inclusion criteria: clinically significant diabetic macular edema, receipt of a 4mg/0.1ml intravitreal triamcinolone acetonide injection, and optical coherence tomography (OCT) of the macula performed up to ten days prior to injection. All patients received a full ophthalmic examination including best - corrected Snellen visual acuity (VA). The main outcome measure was the mean change in vision 3 months after injection.
Results: Data from 73 eyes of 59 patients were analyzed. After a mean follow -up of 324 days, the mean change in vision was -0.075 logMAR units with 27.3% improving ? 3 lines, 6.8% declining ? 3 lines and 60.2% remaining stable within 1 line of baseline vision. Statistical analysis was performed using multivariate generalized estimating equations based on data from 52 eyes of 42 patients. Factors associated with an im provement in vision 3 months after injection were worse baseline visual acuity (-0.27 logMAR units/unit increase in baseline VA, *P*=0.002) and presence of subretinal fluid (-0.17 logMAR units, *P*=0.06). The presence of cystoid macular edema negatively affect ed the visual outcome (0.15 logMAR units, *P*=0.03). In addition, the presence of an epiretinal membrane (ERM) was associated with less visual improvement. ERM modified the effect of baseline VA as demonstrated by a significant interaction between these two variables (0.34 logMAR units/unit increase in baseline VA, *P*=0.04).
Conclusions: OCT factors and baseline visual acuity can be useful in predicting visual acuity outcomes 3 months after intravitreal triamcinolone acetonide injection in patients with refractory diabetic macular edema.