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 conducted 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

(x) R1 ( ) R2 ( ) R3
( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

Roisman, Luiz
Last Name First Middle

Retina
Service (sector)

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Nº CEP

Angiographic Features in Central Serous Chorioretinopathy

Authors: Roisman L, Aggio FB, Farah ME

Purpose: To describe initial angiographic features as well as to correlate them with the visual prognosis in patients with central serous chorioretinopathy (CSC).
Methods: Prospective uncontrolled case series. Patients with CSC who presented to the Ophthalmology Department of UNIFESP between 05/2003 and 04/2007 under went complete ophthalmological examination as well as fluorescein angiography, being followed for at least 6 months.
Results: Twenty eyes of 17 patients (13 male; 4 female) were included. Mean follow-up was 34,9 months. Fluorescein angiography (FA) reveale d focal leakage (FL) in 13 (65%), multifocal leakage (ML) in 3 (15%) and multiple window defects (MWD) in 4 (20%) eyes. Mean baseline visual acuity was 20/125 for the whole group, and 20/80, 20/400 and 20/25, respectively, for patients with FL, ML and MWD on FA. Three eyes were treated with argon laser photocoagulation (1 with FL, 1 with ML and 1 with MWD on FA). Mean final visual acuity was 20/40 for the whole group, and 20/40, 20/80 and 20/25, respectively, for patients with FL, ML and MWD on FA.
Conclusions: Although the sample size is relatively small, our findings suggest that initial angiographic findings of CSC may predict the visual prognosis, whereby the FL pattern appears to be related with a benign course of the disease.