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

SCIENTIFIC SECTION PREFERENCE (REQUIRED): Review the Scientific section Descriptions. Select and enter the two -lette Code for the one (1) Section best sullied to review your abstract

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(OR) ORBIT
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(RS) REFRACTION-CONTACT LENSES
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(TU) TUMORS AND PATHOLOGY
(ST) STRAISBING
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(LU) CONTACT STATE SURGERY
(A) COLLAR ULTRASOLUM
(RS) REFRACTIVE SURGERY
(A) CATARACT
(US) COLLAR ULTRASOLUM
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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

FIRST (PRESENTING) AUTHOR (REQUIRED) Must be author listed first in body of abstract		
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Lavinsky Last Name	Daniel First Name	Middle
RETINA Service (sector)		0855/07 N° CEP (Comité de Ética em Pesquisa da Universidade Federal de São Paulo-

Comparison of the single and double density macular grid la photocoagulation for diabetic macular edema using micropulse 810nm diode laser Lavinsky D, Cardillo JA, Hilarião P, Castro L, Salomão SR, Berezovsky A, Farah ME

Purpose: To compare single versus double density laser photocoagulation Purpose: To compare single versus double density laser photocoagulation techniques for treatment of diabetic macular edema with a micropulse 810nm diode laser. The single density is based on the Early Treatment Diabetic Retinopathy Study (ETDRS) grid photocoagulation technique and the double density increases the number of spots to potentia. Ily enhance the area of retinal pigment epithelium activation. The selectivity of the micropulse laser treatment was studied using autofluorescence and mIERG (multifocal electroretinogram).

Methods: Patients with diabetic macular edema were assigned to r eceive laser photocoagulation by either single or double density technique. Visual acuity, fundus photographs and fluorescence angiography, and optical coherence tomography measurements were obtained at baseline and at 1, 3 and 6 months. Treatment was repeated if diabetic macular edema persisted. Autofluorescence imaging and mIERG were obtain for selected patients.

repeated in diabetic in adult etember persisted. Autoinforescence imaging aim infered were obtain for selected patients. Change in optical coherence tomography measurements at 6-month follow-up and visual acuity were the main outcome.

Results: Sixty patients were divided into single density group (n=30) and double density (n=30). There were no differences in age, gender or systemic diabetes status (measured by HbA1c). There was no difference in best corrected visual acuity for (measured by HbA1c). There was no difference in best corrected visual acuity for either group at 6 months follow up. OCT central macula thickness was decreased in both groups, although it was thinner in the double density group. Fundus photographs failed to identify most of the laser spots, although fluorescein angiography could identify partially the marks. MfERG andautofluorescence studies are ongoing. Conclusions: At 6 months after treatment, the double density technique was more effective at reducing optical coherence tomography—measured retinal thickening than the single density approach. However, the visual acu ity outcome with both approaches was not different for this population. Selectivity studies appear to confirm the hypothesis that micropulse laser is more selective to the RPE and it may also induce less damage to the retina, although these studies are s till being concluded. concluded.