

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
(S) STRABISMUS

3. PRESENTATION PREFERENCE
(REQUIRED) Check one (1)
(a) Paper
(v) 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 / VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(S) STRABISMUS
(U) UVEITIS
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA / EXTERNAL DISEASE
(G) 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

Kirsch David
Last Name First Middle

Strabismus
Service (sector) Nº CEP

5. ABSTRACT (REQUIRED)

Yamada's Surgery for Treatment of Myopic Strabismus Fixus

David Kirsch
Katyane Godeiro, Marcia Keiko Tabuse, Célia Nakanami.

Esotropia is associated to myopia in 5.2% to 8% of the cases. In myopic strabismus fixus there is acquired progressive esotropia and hypotropia associated with restricted elevation and abduction. High - resolution magnetic resonance imaging (MRI) has demonstrated the inferior and medial displacement of the lateral rectus (LR) and superior rectus (SR) muscle respectively probably caused by an enlarged globe superotemporal herniating through the muscle cone. Treatment is difficult with recurrence of the large angle esotropia even after surgery. In 2002, Yamada et al described an effective surgical technique to achieve ocular alignment in these cases. This procedure was consisted of hemitransposition of the SR and LR muscles with escleral fixation at 7mm from the limbus in the combined with ipsilateral medial rectus (MR) muscle recess. More recently, Ejzenbaum et al reported two cases of myopic strabismus fixus submitted to Yamada's procedure associated with 4mm resection of the hemitransposed portions of the SR and LR muscles to increase the muscular tonus and then improve surgical effects. In the present study, we report two cases of myopic strabismus fixus treated with modified Yamada's surgery, one associated with ipsilateral MR muscle recess and other with botox injection at the MR muscle.