

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
TR

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 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
 (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 (X) R3
 () PG0 () PG1 () Estagiário () Tecnólogo () PIBIC

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Trauma 1606-06

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Vitreous hemorrhage in blunt ocular trauma
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PURPOSE: To identify prognostic factors for visual acuity in patients with trauma - related vitreous hemorrhage.

PATIENTS AND METHODS : The records of 915 patients who attended Federal University of São Paulo Eye Emergency Center during a 5 -year period, followed for at least 6 months, were retrospectively reviewed. Patients with vitreous hemorrhage associated to blunt ocular trauma were selected. We investigated the factors possibly related to final visual acuity using either Spearman's rank correlation coefficient (initial best corrected visual acuity –BCVA and age) or Fisher Exact test (final BCVA of 0.5 Snellen E or better vs posterior segment alterations).

RESULTS: Forty -nine patients (39 males) were included. The most common findings were traumatic uveitis (46.9%), hyphema (40.8%) and corneal abrasion (36.7%). Retina tear and /or retinal detachment occurred in 26.5% of the cases. BCVA at last visit was 0.5 or better in 40.8% of the eyes. Initial BCVA was significantly associated with final BCVA ($r = 0,72, p < 0.001$) and a trend towards worse final BCVA in older patients was also detected. Final BCVA of 0.5 or better was significantly less frequent in patients with retinal detachment.

CONCLUSIONS: Retinal detachment and age were related to prognosis in our series of patients with trauma-related vitreous hemorrhage.