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
(US)

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

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

Martinez, Andréa Alejandra Gonzalez

Last Name First Middle

Ocular Ultrasound 1793/07
Service (sector) Nº CEP

Nodular Scleritis: Case Report diagnosed with Ultrasound Biomicroscopy and Treatment with triamcinolone

Martinez AAG, Allemann N, Hirai A, Mattos K
Department of Ophthalmology – Federal University of São Paulo

Purpose: To establish pattern of evolution in nodular scleritis with high frequency ultrasound (HFU). **Methods:** Twenty -seven years old white female, presenting idiopathic nodular scleritis, initial manifestation of intermediate uveitis and bilateral macular edema, visual acuity loss (OD: 20/300; OS: 20/100), no improvement with conventional clinical treatment (topical and oral corticostheroids). After 4 months, a scleral nodule was observed in OD. Ultrasound biomicroscopy (high frequency ultrasound, 50 MHz, UBM Paradigm, immersi on technique) was used for evaluation. **Results:** First HFU examination revealed a temporal scleral lesion with dimensions over 5 mm and thickness of 3.8 mm, with associated scleral thinning (0.16 mm). Triamcinolone intravitreous application was performed t o treat macular edema. The scleral nodule regressed maintaining localized scleral thinning. No recurrence was observed after 10 months of intravitreous injection. **Conclusion:** High frequency ultrasound allowed the diagnosis of nodular scleritis during the activity phase, the follow-up evaluation and the study of its sequelae such as scleral thinning.