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
UV

3. PRESENTATION PREFERENCE (REQUIRED) Check one (1)
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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
(X) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( ) PIBIC

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Uveitis and AIDS — Service (sector)
0713/06 — Nº CEP

5. ABSTRACT (REQUIRED)

ANATOMIC AND VISUAL FUNCTION ASSESSMENT ON ASYMPTOMATIC HIV-POSITIVE PATIENTS USING OPTICAL COHERENCE TOMOGRAPHY AND FREQUENCY DOUBLING TECHNOLOGY PERIMETRY

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Purpose : To assess retinal nerve fiber layer (RNFL) thickness and macular thickness on patients infected by HIV virus without ocular manifestations and to correlate these results with perimetric findings assessed by frequency doubling technology perimetry (FDT).
Methods: Fifty -eight eyes (29 p atients) with visual acuity of 20/20 and without ocular changes detected on physical exam were evaluated using third -generation optical coherence tomography (Stratus OCT) and FDT perimetry using the Humphrey Matrix. Patients were divided in three groups: g roup A (22 eyes of 11 patients): HIV-positive patients with CD4 count < 100 cells/ml at some point lasting for at least 6 months; group B (20 eyes of 10 patients): HIV -positive patients with CD4 count > 100 over the whole time of the disease and group C (1 6 eyes of 8 patients): HIV-negative control patients.
Results: The average RNFL thicknesses in group A, B and C were 102.24 ±11.19µm, 111.35 ±11.19µm and 111.42 ±9.04µm, respectively. Group A had a significant RNFL decrease in thickness, specially in the i nferior quadrant, when compared with groups A and B ($p<0.05$). The minimum foveal thicknesses in groups A, B and C were respectively 156.32 ±18.76µm, 155.79 ±14.56µm and 158.31 ±13.95µm and the total macular volumes in groups A, B and C were 6.71 ±0.34mm^3, 6.81 ±0.30 mm^3 and 6.85 ±0.43 mm^3, with no significant differences in the macular parameters between the groups. The mean deviations (MD) in the FDT in groups A, B and C were -0.33 ±3.01, +1.1 ±2.02 and +1.6 ±1.22 and the pattern standard deviation were respectively 2.98 ±0.80, 2.55 ±0.28 and 2.55 ±0.20. The differences in the perimetric performance between the groups did not reach statistical significance ($p>0.05$).
Conclusions: There is a significant RNFL thinning on HIV -positive patients with low CD4 coun ts compared with HIV -positive patients with CD4 count above 100 and HIV-negative controls. The group with low CD4 count had also a lower MD in the FDT, but without statistical significance ($p=0.09$).