

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
(uv)

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 AND VITREOUS
(RX) REFRACTION-CONTACT LENSES
(NO) NEURO-OPHTHALMOLOGY
(TU) TUMORS AND PATHOLOGY
(ST) STRABISMUS
(UV) **UVEITIS**
(LS) LACRIMAL SYSTEM
(LV) LOW VISION
(CO) CORNEA AND 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)
Frederico Augusto Costa Reis
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Federal de São Paulo-
UNIFESP)

5. ABSTRACT (REQUIRED)
Intravitreal injection of clindamycin and dexamethasone for toxoplasmic retinochoroiditis: a pilot study
Frederico AC Reis, Luciana P Finamor, Cristina Muccioli, Rubens Belfort Jr.
Purpose:
To evaluate the therapeutic effectiveness and the recurrence of infection in patients with active toxoplasmic retinochoroiditis treated with intravitreal injection of clindamycin and dexamethasone
Methods:
Fourteen patients with unilateral active toxoplasmic retinochoroiditis, and visual acuity worse or equal to 20/60, received intravitreal injection of 1mg of clindamycin and 1.0 mg of dexamethasone, in a total volume of 0.1 ml, with local anesthesia.
The diagnosis was based on the clinical appearance of retinal lesion and a positive IgG or IgM antibody for toxoplasma gondii.
Results:
Eight patients were females. Mean age was 31.4 years (18 to 45). Mean follow-up time was 23 months (1 to 30).
Visual acuity improved in 9 cases (64.3%), the mean gain of lines was 6,3 lines (1 to 12). The mean time for visual improvement was 15 days in patients submitted to just one injection and 45 days in those cases submitted to a second injection.
From 14 patients submitted to the treatment, 11 (78.5%) received only 01 injection and 3 (21.4%) patients were submitted to a second.
Comments:
The use of local treatment alone can represent an important option in some cases, especially in those with contraindication to systemic treatment, like allergy or intolerance to the drugs. In this study the intravitreal injection of clindamycin and dexamethasone for the treatment of toxoplasmic retinochoroiditis was effective and safe. Randomized clinical studies will be necessary to compare its efficiency with others treatments.