

2009 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.

3. PRESENTATION PREFERENCE (REQUIRED) Check one:

- Paper
- Poster
- FAST Paper

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'

Scientific Section Descriptions (two-letter code): RS

- (BE) OCULAR BIOENGINEERING
- (CO) CORNEA AND EXTERNAL DISEASE
- (CA) CATARACT
- (EF) ELECTROPHYSIOLOGY
- (EP) EPIDEMIOLOGY
- (EX) EXPERIMENTAL SURGERY
- (GL) GLAUCOMA
- (LA) LABORATORY
- (LS) LACRIMAL SYSTEM
- (LV) LOW VISION
- (NO) NEURO-OPHTHALMOLOGY
- (OR) ORBIT
- (PL) OCULAR PLASTIC SURGERY
- (PH) PHARMACOLOGY
- (RE) RETINA AND VITREOUS
- (RS) REFRACTIVE SURGERY
- (RX) REFRACTION-CONTACT LENSES
- (ST) STRABISMUS
- (TR) TRAUMA
- (TU) TUMORS AND PATHOLOGY
- (UV) UVEITIS
- (US) OCULAR ULTRASOUND

Deadline: Oct 12, 2009

FORMAT:
Abstract should contain:

- Title**
- Author, Co-authors (maximum 6),**
- Purpose, Methods, Results,**
- Conclusion.**

Poster guidelines:
ARVO Abstract Book (1.10 x 1.70m)

80. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

- () R1 () R2 () R3 () PIBIC
- () PG0 () PG1 () Fellow () Technician

Last Name: ARCE
First Name: CARLOS
Middle: G.

Service (Sector): BIOGENERIA OCULAR & CIRURGIA REFRATIVA

CEP Number:

ECTASIA REGRESSION WITH OCULAR TOPICAL HYPOTENSORS. CASE REPORT

ARCE CG, MAIDANA ES, CAMPOS M, SCHOR P, QUEIROZ NETO L

Purpose:

To relate a case of post-myopic LASIK ectasia that regressed after 2 years of treatment with brimonidine tartrate 0.2%.

Methods:

A young white female school teacher had ectasia of both eyes few months after myopic LASIK without apparent risk signs. Preop Placido topography and US pachymetry was available retrospectively. Orbscan II exam was available before treatment. Orbscan II, Galilei, Pentacam, Ladar wave front, visual acuity, manifest refraction, US pachymetry were done 1 and 2 years after treatment. RGP contact lens adapted by original surgeon was maintained for around 1 ½ years, then stopped in preparation to cross-linking.

Results: Manifest refraction, K and topographic signs of ectasia regressed at 3, 12 and 20 months after treatment. Patient went to crosslinking of one eye and is waiting for similar procedure with the other eye. The apparent differences of reaction between both eyes were noticed and suggest that other factors may be influencing the behavior of these corneas.

Conclusion:

Despite an isolated case the regression of severe post-myopic LASIK ectasia is possible with the use of topical drugs that reduce the intraocular pressure. The use of topical hypotensors seems useful to reduce the forces that stress the posterior corneal surface and the severity of the post-LASIK ectasia before other more invasive treatments are considered.

Keywords: Corneal topography; Myopic LASIK; corneal ectasia; anti-glaucomatous topical drugs