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:
☐x 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"

_ José Bonifácio Barbosa

Scientific Section Descriptions (two-letter code): co

(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)

7. FIRST (PRESENTING) AUTHOR (REQUIRED):
Must be the author listed first in abstract body.

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

Last Name: Barbosa Jr.
First Name: José Bonifácio
Middle:

Service (Sector): Cornea and external Disease

CEP Number: 0616/04

5. ABSTRACT (REQUIRED):

Title **AMNIOTIC MEMBRANE ASSOCIATED WITH CONJUNCTIVAL AUTOGRAFT vs. CONJUNCTIVAL AUTOGRAFT FOR RECURRENT PTERYGIUM**

Author and Co-authors (maximum 6): José Bonifácio Barbosa Jr, Luciene Barbosa, Denise de Freitas, Rossen Hazarbassanov, José Álvaro Pereira Gomes.

Purpose: To compare amniotic membrane associated with conjunctival autograft versus conjunctival autograft alone in the treatment of recurrent pterygium.
Methods: Patients with recurrent pterygium without symblepharon were randomly assigned to undertake pterygium exicision followed by amniotic membrane associated with a small conjunctival autograft (2x3mm) or conjunctival autograft (approximately 5x8mm) alone. The patients were examined after 1, 7, 30, 90, 180 and 360 days after the surgery. Recurrence was considered as a fibrovascular ingrowth of 1.5 mm or more beyond the limbus with conjunctival drag.
Results: Forty eyes of 38 patients with recurrent pterygium were included. Nineteen patients (50%) were female and nineteen (50%) were male. The mean patients' age was 46,8 years (range between 23 and 69 years). Twenty one patients underwent amniotic membrane associated with conjunctival autograft and nineteen patients underwent conjunctival autograft alone. All patients were treated by the same surgeon. The follow up time was 12 months in all patients. Recurrence was diagnosed in 6 patients [4 in the amniotic membrane group (19,04%) and 2 in the conjunctival autograft group (10,52%)]. Complication (conjuntival granuloma) was observed in one case after 14 days of the surgery.
Conclusion: Our results showed that both, amniotic membrane associated with conjunctival autograft and conjunctival autograft alone, presented low rate of recurrence and complications and are good treatment options for the treatment of recurrent pterygium.

Keywords: pterygium, amniotic membrane, surgery