

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 X
- 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'

Sergio Felberg

Scientific Section Descriptions (two-letter code):

- (BE) OCULAR BIOENGINEERING
- (CO) CORNEA AND EXTERNAL DISEASE X**
- (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)

13. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

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

Last Name: **Felberg**

First Name: **Sergio**

Middle:

Service (Sector): **External and Cornea Diseases**

CEP Number: **492/07**

5. ABSTRACT (REQUIRED):

Title: Ocular surface and hepatitis C virus infection

Author: *Sergio Felberg, Rachel G. Nery and Paulo Elias Correa Dantas*

Purpose: To evaluate the outcome of tests used for diagnosis of dry eye in patients with hepatitis C virus. **Methods:** 25 both gender patients with positive serologic tests for the hepatitis C virus (HCV) were selected, with no contact lens wear at least one week before the beginning of the study, legal majority and the ability to read and understand the formed consent. Were excluded patients with negative serologic tests for the acquired immunodeficiency virus (HIV) and patients taking systemic medications that may influence the tear flow. Patients in pregnancy or breastfeeding periods were also excluded. A control group was also formed with 29 patients negative for hepatitis C and without ocular surface diseases. All patients were evaluated with the same sequence of tests that comprised slit lamp exam, crystallization of the tear film, tear film break-up time, evaluation of the corneal surface with fluorescein and rose bengal staining, Schirmer I test and corneal esthesiometry. The collected data were analyzed statistically and a significance level of 5% was considered. **Results:** Regarding the Schirmer I test was observed that patients with hepatitis C displayed lowest values when compared to the control group. The breakup time was lower in the study group but the difference was statistically significant only in the left eye. The damage of the ocular surface analyzed with rose bengal staining score, showed higher values in the hepatitis group, but when fluorescein was considered no statistical difference was verified. There was difference in the corneal sensitivity between groups, being the average lower in infected patients. And finally the tear ferning test score demonstrated no significant differences between groups. **Conclusion:** Patients infected with the hepatitis C virus can present changes in the tear flow and at the ocular surface. Because of that, they should be evaluated periodically in relation to their lachrymal function and ocular surface status. We also recommend that patients with aqueous deficient dry eye without a defined cause should be serologically investigated for possible association with HCV.