

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):

- (BE) OCULAR BIOENGINEERING
- x(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)

18. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

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

Last Name: Viegas

First Name: Marco

Middle: Tulio

Service (Sector): cornea

CEP Number:

Stevens-Johnson Syndrome classification: a new grading system

Gomes JAP, Viegas MTC, Santos MS, Faria CC, B T.

Purpose: To propose a new guiding model to classify the ocular surface in chronic stage of patients with Stevens Johnson Syndrome.

Methods: 40 patients with the SSJ were required from cornea service and all the ophthalmological exam was done, including the study of the Schirmer test, as well as any abnormality of the ocular surface, such as lid margin, lashes and the external adnexa were seen, and a score (0 to 4) was determined to evaluate the severity, in four levels of damage, by 4 different specialists.

Results: Statistics will be required.

Conclusion: The classification will improve the surgical prognosis of the ocular surface as it gives us the level of the damage, and the main area in the eye that is affected. It is imperative to consider preoperative parameters to have the efficacy in surgical managements.

Key words: Stevens-Johnson; ocular surface; keratinization.