2009 Research Days Abstract Form – Department of Ophthalmology – UNIFESP/EPM

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): GL

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"

__Sergio H Teixeira_____

Scientific Section Descriptions (two-letter code):

(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)

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

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

Last Name: Teixeira
First Name: Sergio
Middle: Henrique

Service (Sector): Glaucoma

CEP Number:

5. ABSTRACT (REQUIRED):

Title: Silicone Ahmed Glaucoma Valve with and without Intravitreal Triamcinolone Acetonide for Neovascular Glaucoma: Randomized Clinical Trial

Author and Co-authors Sergio Henrique Teixeira, Ângela Tavares Paes, Fabiana Shinzato Higa, Marcelo Mendonça[c], João Antônio Prata Jr, Augusto Paranhos Jr

Purpose: To compare the effect on intraocular pressure (IOP) of the silicone Ahmed glaucoma valve with and without an intravitreal injection of triamcinolone acetonide.

Methods: Forty-nine patients with clinically uncontrolled neovascular glaucoma (NVG) were included in the study; 22 were randomly assigned to the study group (silicone Ahmed glaucoma valve implant with intravitreal triamcinolone acetonide) and 27 to the control group (silicone Ahmed glaucoma valve). IOP was the primary outcome measure in this study. The secondary outcome measure was success, defined by IOP lower then 22 mmHg and higher then 5 mmHg, and no serious complications. Success rates in both groups were compared using Kaplan-Meier survival curves and the log-rank test. IOP levels were compared using mixed linear model analysis to correct for repeated measures correlation.

Results: Forty-three patients, 18 in the study group and 25 in the control group, completed the study (follow-up of 12 months). Mean IOP was significantly lower after 1 year in both groups ($p<.001$). Mean IOP in the first month of follow-up was lower in the study group (control: 20.4±9.7, study: 13.6±6.5, $p<.01$). The success rate at 1 year was 78% for the study group and 76% for the control group ($p= .82$). Complication rates were not different between groups.

Conclusion: Intravitreal injection of triamcinolone acetonide in NVG did not affect the intermediate-term success of the silicone Ahmed valve nor reduce the incidence of complications. The mean IOP spike in the first month was lower in the triamcinolone group.

Keywords: Neovascular glaucoma; glaucoma drainage implants; triamcinolone