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

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED):	94. FIRST (PRESENTING) AUTHOR (REQUIRED): Must be the author listed first in abstract body.
Review the Scientific Section Descriptions. Select and enter the two-letter Code for the one (1) Section best suited to review your abstract.	() R1 (X) R2 () R3 () PIBIC () PG0 () PG1 () Fellow () Technician
3. PRESENTATION PREFERENCE (REQUIRED) Check one: Paper Poster FAST Paper	Last Name: Geha First Name: Nahin Middle: Mohamad Ali Service (Sector):Laboratory
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'	CEP Number: 1593/09
	5. ABSTRACT (REQUIRED): Title: TREE TEA OIL IN THE TREATMENT OF C

Scientific Section Descriptions (two-letter

(BE) OCULAR BIOENGINEERING

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

Deadline: Oct 12, 2009

FORMAT:

Abstract should contain:

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

Poster guidelines:

ARVO Abstract Book (1.10 x 1.70m)

CHRONIC **BLEPHARITIS CAUSED BY DEMODEX SP.**

Authors; Geha NMA, Yamashita L, Cariello AJ, Yu MCZ, Hofling-Lima AL.

Purpose: To determine the efficacy of the treatment of topical Tree Tea Oil in chronic blepharitis for Demodex sp.

Methods: Patients with clinical diagnosis of chronic blepharitis and nonsymptomatic healthy volunteers (control group) were included in this study. A check list of symptoms and an ophthalmologic examination including best corrected visual acuity and biomicroscopy were performed. Under a slit lamp visualization, three lashes with cylindrical dandruff of each eyelid were epilated by fine forceps. The lashes were immersed in fluorescein dye and examined under a light microscope at a 20-times magnification. The mites were detected based on its morphological characteristics and movement. The patients with chronic blepharitis who had Demodex were divided in two groups. The group 1 (treatment) was prescribed lid hygiene with Tea Tree Oil shampoo and ointment daily and Tea Tree Oil oily solution once a week. The group 2 (control) used the same posology of placebo similar products. After six weeks, all subjects underwent the initial clinical and laboratory examination. The symptoms and the quantity of mites (mites/eye) were compared before and after the treatment in both groups.

Results: So far, 44 patients with chronic blepharitis were included. From these, 29 (65.9%) had Demodex sp. in their eyelids. The age ranged from 21 to 77 with a mean of 51.75 ± 14.33 . The male:female ratio was 0,58. Fourteen patients were randomically allocated in group 1 and 15 patients in the group 2. This trial is in progress and we are awaiting results on the effectiveness of the proposed treatment.

Conclusion: Demodex sp. has been demonstrated with an elevated frequency in patients with blepharitis. We are awaiting final results about the effectiveness of this treatment.

Keywords: Blepharitis, Demodex, Tree Tea Oil.