

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
- (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)

122. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

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

Last Name: Dias

First Name: João

Middle: Rafael de Oliveira

Service (Sector): OCULAR PLASTIC SURGERY

CFP Number: 1197/09

**Foveal and Retinal Nerve Fiber Layer Thickness in Congenital Blepharoptosis.**

**Authors:** Dias JRO, Cariello AJ, Guia T, Pinheiro MFV, Hofling-Lima AL, Osaki MH.

**Purpose:** To analyze the foveal and peripapillary retinal nerve fiber layer (RNFL) thickness in amblyopic and non-amblyopic patients presenting unilateral congenital blepharoptosis.

**Methods:** Patients with unilateral congenital blepharoptosis were included.

All patients underwent ocular examination, including determination of best-corrected visual acuity, cycloplegic refraction, ocular motility examination, ectoscopy and slit lamp biomicroscopy. The ptosis was quantified by the following measurements: vertical eyelid fissure, superior margin-reflex distance, upper eyelid crease position and levator muscle function. Amblyopia was defined as best visual acuity < 0.3 logMAR units not explained by any obvious underlying eye or visual pathway abnormalities. The patients were divided into two groups according to the presence or absence of amblyopia. The foveal and peripapillary RNFL thickness were assessed by an optical coherence tomography (Spectral-domain OCT). Amblyopic patients due to strabismus, media opacity and/or anisometropia were excluded.

**Results:** From the 15 patients included in the study, 10 were male (66.6%). The age ranged from 4 to 14 years old, with a mean of  $9.1 \pm 2.5$  years. Seven patients (46.6%) had amblyopia in the ptotic eye. In this group, the mean of foveal and RNFL thickness in the ptotic eye were  $212.3\mu$  and  $101\mu$ , respectively, and  $213.5\mu$  and  $104\mu$  in the non-ptotic eye, respectively. In the non-amblyopic group, the mean of foveal and RNFL thickness in the ptotic eye were  $219.3\mu$  and  $105.1\mu$ , respectively, and  $216.9\mu$  and  $107.4\mu$  in the non-ptotic eye, respectively. There was not statistically significant difference between foveal ( $p=0,45$ ) and RNFL ( $p=0,37$ ) thickness between the ptotic and the non-ptotic eye in the amblyopic group, neither in the non-amblyopic group of patients ( $p=0,38$  and  $p=0,32$ , respectively).

**Conclusion:** In the sample studied, amblyopia due to unilateral congenital blepharoptosis did not show statistically significant association with foveal or RNFL thickness.