

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 13, 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)

39. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

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

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Middle: Wendell

Service (Sector): Ocular Plastic Surgery

CEP Number: 0687/09

THE IMPORTANCE OF AXIAL GLOBE PROJECTION ON PATHOGENESIS OF INVOLUTIONAL LOWER EYELID MALPOSITION

Authors and co-authors: Damasceno RW, Cariello AJ, Viana GA, Sant'Anna AE, Osaki MH, Belfort Jr R.

Purpose: To define the influence of axial globe projection on involutional lower eyelid malposition using Hertel exophthalmometry.

Methods: Axial globe projection measurements (Hertel exophthalmometry) will be made on patients with or without involutional lower eyelid malposition. The patients were divided into 3 groups: entropion group, ectropion group and control group. The entropion group included 20 patients with entropion of lower eyelid. The ectropion group included 20 patients with ectropion of lower eyelid. The control group included 20 patients without lower eyelid malposition. Patients with all other causes of eyelid malposition, such as cicatricial changes, or patients with lateral orbital rim displacement were excluded. Patients with any previous lower eyelid, conjunctival, or orbital surgery were also excluded. The Student *t* test was performed to compare the mean of entropion group with the mean of control group, and the mean of ectropion group with mean of control group.

Results: The axial globe projection in entropion group (mean = 16.8) was significantly smaller than in the control group (mean = 18, $p < 0.05$). The axial globe projection in ectropion group (mean = 19.4) was significantly greater than in the control group (mean = 18, $p < 0.05$).

Conclusion: Patients with less prominent axial globe projection tend to develop involutional entropion of lower eyelid, and patients with more prominent axial globe projection tend to develop involutional ectropion of lower eyelid. **Keywords:** Entropion, Ectropion, Involutional, Eyelid.