

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

2. SCIENTIFIC SECTION PREFERENCE (REQUIRED): TR

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)

97. FIRST (PRESENTING) AUTHOR (REQUIRED):

Must be the author listed first in abstract body.

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

Last Name: Miyamoto

First Name: Cristina

Middle:

Service (Sector): Trauma

CEP Number:

5. ABSTRACT (REQUIRED):

Title: SOCCER RELATED OCULAR TRAUMA

Author and Co-authors: Cristina Miyamoto, Elisabeth Nogueira Martins Aline Silveira Moriyama

Purpose: To evaluate the severity of eye injuries in soccer.

Methods: Retrospective study. Medical charts of patients seen at the Ophthalmic Emergency Room, Department of Ophthalmology, Federal University of São Paulo from Jan/2003 to Sep/2009 were reviewed. Patients with ocular injuries related to soccer were identified. Data on visual acuity, gender, age, intraocular pressure and ophthalmologic alterations were collected.

Results: 133 patients were selected. Most patients were male (96.2%). Median age was 27 years (range 9 to 56 years). Initial visual acuity varied from hand motion to 20/20. 102 (76.7%) patients presented alterations in the anterior segment (keratitis, hyphema, traumatic uveitis, conjunctival injuries) and 60 (45.1%) lesions in the posterior segment (commotio retinae, vitreous hemorrhage and/or retinal detachment). The ball was responsible for the trauma in 81.2% of the cases. Eight patients were myopic and 54.5% of them presented high myopia (at least -5 DE).

Conclusion: The results indicate that soccer related ocular trauma is an important cause of ocular morbidity. All patients must be evaluated, regardless good visual acuity, to promptly detection and management. The data support the need for protective eyewear designed specifically for soccer.

Keywords: ocular trauma, soccer