

Materials and methods: The purpose of this article was to highlight the general aspects of Stargardt's disease and also to present a clinical case of a boy aged 6, who came in 2013 at the Medical Center, with the following complaints: decreased in both eyes (OU) of the visual acuity (VA), detected in a prophylactic control.

Results: Presentation, clinical features and progression of Stargardt disease varies greatly from patient to patient. From complaints, appears a difficulty in recognizing faces, reading, writing, distinguishing colors and other work that is done nearby, so that the affected person can see objects only from the "corner of his eye" (peripheral vision or sight "side"). Children can be misdiagnosed for a psychological loss of vision, because macula initially appears normal. Over time, characteristic changes occur in the retina that help facilitate the diagnosis.

Conclusion: Being present in a marked phenotypic variability, the impact of this disease on visual function is highly variable. It is known that VA declines most often to a level of 20/200 or worse, but usually stabilizes after reaching this level. Although some patients maintain a good VA over several years, others may experience a precipitated loss of VA. A comprehensive and interdisciplinary approach for the vision rehabilitation, can help most patients learn to use the remaining visual capacity to a maximum.

Keywords: Stargardt disease, manifestations, treatment, rehabilitation

216. EARLY CHANGES OF KERATOMETRY AND POSTOPERATIVE ASTIGMATISM SECONDARY CATARACT SURGERY

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Introduction: The purpose was to study the cataract cases operated by the Extracapsular cataract extraction and Phacoemulsification from the viewpoint of postoperative astigmatism and keratometry.

Materials and methods: This prospective study is based on 77 patients with senile age (51-86 years) of both sexes diagnosed with cataracts, during the years 2015-2016. Surgeries were performed in Ophthalmology department of the Republican Clinical Hospital. The study includes only cases that showed no postoperative complications. Each patient was evaluated by the following criterias: (1) general patient information (gender, age, residence); (2) preoperative assessment: laboratory examination, cardiologic examination with ECG; (3) preoperative evaluation: all the symptoms and medical history of the patient, examination of the visual acuity, intraocular pressure measurement, keratometria, ocular biometry, the determination of dioptric implant artificial lens; (4) diagnosis (the affected eye); (5) determining the type of intervention; (6) postoperative evaluation: visual acuity without optical correction, keratometria, comments from the patient himself (satisfaction, light sensitivity etc.).

Results: All 77 patients are aged between 51 and 86 years, with a mean age of 68.75 years. Women age limits were from 51 years up to 79 years, with a mean age of 67.93 years; Age limit for men

were hospitalized in are the 59 years up to 86 years, with average age of 70.85 years ($p = 0.05$). The distribution by sex: 29 women - 37.66% and 48 men - 62.34%.

Conclusions: Postoperative astigmatism depends on many factors more or less predictable. Practicing in the small incisions during cataract surgery in clear cornea, minimizes postoperative complications and corneal damage that can compromise the functional outcome after surgery, leading to a dissatisfaction both: the surgeon and the patient. Such incisions also reduce the time required visual rehabilitation, restoring independence for patients, allowing them to resume their normal activities more quickly.

Keywords: postoperative astigmatism, keratometry, extracapsular cataract extraction

217. PECULIAR FEATURES OF BACTERIAL CORNEAL ULCERS CAUSED BY CONTACT LENSES

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Introduction: Myopia takes the 3-d place as a reason of adult disability in Russia (15,7%) and the 2-d among children. Contact lenses is one of the most popular way of its correction (95%). Though there are lots of advantages, this method of treatment has also a lot of disadvantages. Contact lens divides the precorneal tear film on epi- and sublens parts, making cornea more sensible for the inner and outer infection agents. It was also determined that persons, using contact lenses all the time, have three times more bacteria, among which there are those that are normally found only on the skin of eyelids.

Materials and methods: Studies were based on the ophthalmic branch of the Chelyabinsk Regional Clinic №3 in the period from 2015-2016. The study involved 101 people who were divided into two groups. The first group (46 people) contains bacterial corneal ulcer as a result of wearing contact lenses, the second (55 people) group has other reasons of ulceration. We compared such characteristics as: age, ulceration reason, ulcer location, the presence of descemetitis, hypopyon, the infiltration, time that treatment had taken. The average age of patients in the I-st group was 28 ± 2 years old, in the II-d group 47 ± 3 years. Treatment time averaged 6 ± 2 days in the first group and 9 ± 4 days in the second. Statistical analysis was performed using Statistica program 10.0 Testing Statistical Hypotheses performed at the critical significance level of $p < 0.05$ using the Mann-Whitney test and Spearman correlation analysis.

Results: All things considering, bacterial corneal ulcers, caused not by contact lenses evolve much harder (descemetitis and hypopyon were diagnosed oftener). These ulcers are usually located in the optic zone of the eye. However, bacterial investigations of the cornea of the second group in more than half of the cases gives no results. While in the first group in 32.2% of cases seeded *Klebsiella pneumoniae*, a 21,4% *Pseudomonas aeruginosa*, as well as *St. Aureus*- 10.7%. Patients using one-day lenses, have a mistakes in carrying mode as the main cause of ulceration. The main reason among the people using contact lenses during the month, is a failure to observe good personal hygiene before handling lenses.