

CURRICULUM VITAE

INFORMAZIONI PERSONALI

Nome	MARTORINA, Massimo
Data di nascita	07-09-1954
Qualifica	Oculista
Amministrazione	Azienda USL Valle d'Aosta
Incarico attuale	Direttore S.C. Oculistica
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TITOLI DI STUDIO E PROFESSIONALI
ED ESPERIENZE LAVORATIVE

Titolo di studio	Laurea in Medicina e Chirurgia
Altri titoli di studio e professionali	Specializzazione in Oftalmologia Idoneità a Primario di Oculistica sessione 1987-1988
Esperienze professionali (incarichi ricoperti)	<ul style="list-style-type: none"> - Allievo interno presso la Clinica Oculistica dell'Università di Catania dal 28-3-77 al 4-11-78; - Medico interno con compiti assistenziali presso la Clinica Oculistica dell'Università di Catania dal 6-11-78 al 24-9-80; - Tirocinio pratico in Oculistica dall' 1-3-79 al 31-8-79; - Assistente supplente a tempo pieno presso la Divisione di Oculistica dell'Ospedale Regionale di Aosta dal 25-9-80 al 24-9-81; - Assistente supplente a tempo definito presso la Divisione di Oculistica dell'Ospedale di Noto dal 7-9-82 al 10-1-83; - Assistente supplente a tempo pieno presso l'U.O. di Oculistica del Presidio Ospedaliero di Aosta dal 21-1-83 al 28-12-83; - Aiuto incaricato a tempo pieno presso l'U.O. di Oculistica del Presidio Ospedaliero di Aosta dal 29-12-83 all'11-6-85; - Aiuto di ruolo a tempo pieno presso l'U.O. di Oculistica del Presidio Ospedaliero di Aosta dal 12-6-85 al 21-6-94; - Responsabile del Modulo organizzativo di "Fisiopatologia Oculare" dal 01-12-1990 - Dirigente sanitario - medico di I° livello dirigenziale U.O. di Oculistica Presidio Ospedaliero di Aosta dal 22-06-94 a 16-06-2004; - Mansioni superiori di Primario dell'U.O di Oculistica del Presidio Ospedaliero di Aosta dal 22-07-92 al 03-09-95; - Funzioni superiori di Responsabile dell'U.B. di Oculistica del Presidio Ospedaliero di Aosta dal 01-03-2000 al 16-06-2004; - Direttore dell'U.B. di Oculistica dell'Ospedale di Aosta dal 17-06-2004 a tutt'oggi.
Capacità linguistiche	Italiano e Francese
Capacità nell'uso delle tecnologie	Tutte le tecnologie necessarie per il corretto svolgimento dell'attività lavorativa.
Altro (partecipazione a convegni e	PUBBLICAZIONI SU RIVISTE ESTERE

<p>seminari, pubblicazioni, collaborazione a riviste, ecc., ed ogni altra informazione che il dirigente ritiene di dover pubblicare)</p>	<p>Congenital obstruction of the lacrimal passages in five consecutive generations Authors: F Moro, S Li Volti, S Tomarchio, L Pavone, M Martorina, F Mollica Impact factor: 1.06, Cited half life: 8.7, Immediacy index: 0.18 Journal: Ophthalmologica Congenital epiphora due to absence or imperfection of lacrimal puncta and/or canaliculi was present in 21 members from five consecutive generations of a Sicilian family. The anomaly was transmitted as an autosomal-dominant characteristic with apparently complete penetrance and highly variable expressivity. <i>Ophthalmologica. Journal international d'ophtalmologie. International journal of ophthalmology. Zeitschrift für Augenheilkunde. 01/02/1980; 181(3-4):129-32.</i></p> <p>A Doppler-sonographic study in glaucoma Authors: M Martorina, M Camerlingo Impact factor: 1.06, Cited half life: 8.7, Immediacy index: 0.18 Journal: Ophthalmologica By using dopplersonographic techniques we compared the blood flow of glaucomatous eyes to that of normal eyes. 65 glaucomatous eyes belonging to 33 patients (14 men and 19 women) of an average age of 67.1 years were compared to 38 normal eyes belonging to 19 subjects of an average age of 66.5. We investigated the ophthalmic arteries both in the supertrochlear area and in the lateral superorbital area. We discovered a high statistical difference in the examination of the blood flow velocity in the lateral superorbital area and versus the controls. It is possible that information from posterior ciliary artery flow could be obtained by the Doppler examination at that point of the orbit. <i>Ophthalmologica. Journal international d'ophtalmologie. International journal of ophthalmology. Zeitschrift für Augenheilkunde. 01/02/1987; 194(2-3):82-5.</i></p> <p>Familial nanophthalmos Authors: M Martorina Impact factor: 0.4, Cited half life: 6.2, Immediacy index: 0.06 Journal: Journal Français d Ophtalmologie Microphthalmos is a rare, potentially devastating condition. Catsch found 30 cases of microphthalmos in a population of 26,735 (0.11%); Scouras et al. among 120,000 ophthalmic out-patients found 70 cases of microphthalmos (0.058%); among 3,557 blind adults Lindstedt found 63 cases (1.77%) and Kissel et al. among 210,000 ophthalmic out-patients found 97 cases (0.046%). Congenital microphthalmos may be: colobomatous, complicated, pure. Pure microphthalmos or nanophthalmos is a rare condition in which the eye is reduced in size with a notably high ratio of the lens volume to eye volume, but no other congenital anomalies are present. The sclera is abnormally thick. Nanophthalmos may be sporadic or hereditary: hereditary transmission may be either recessive or dominant. These eyes are anatomically predisposition to angle-closure glaucoma and occasionally associated with uveal effusion. Angle-closure glaucoma probably is the result of the natural increase in the size of the lens with age; in addition, spontaneous choroidal detachment probably may cause elevation and forward rotation of the ciliary body pushing the lens-iris diaphragm forward, with increasing of the relative pupillary block. The uveal effusion probably is the result of choroidal congestion secondary to obstruction of vortex veins by abnormally thickened sclera. Uveal effusion may also occurs spontaneously in patients with nanophthalmos between the ages of 40 to 60 years. Surgical intervention with sudden decompression of the globe, appears to aggravate the degree of uveal effusion. Three cases of familial nanophthalmos associated with angle-closure glaucoma without uveal effusion not microcornea are reported. The occurrence of nanophthalmos in the same family suggests an autosomal recessive inheritance.(ABSTRACT TRUNCATED AT 250 WORDS)</p>
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Journal français d'ophtalmologie. 01/02/1988; 11(4):357-61.

Chondroid syringoma of the eyelid

Authors: [M Martorina](#), [C Capoferri](#), [P Dessanti](#)

Journal: [International Ophthalmology](#)

An 81-year-old man underwent excisional biopsy of a big cylindrical painless mass of the right lower eyelid, which had been present for over 23 years. Histopathologic and immuno-histochemical examination showed a chondroid syringoma, an uncommon benign neoplasm of possible eccrine sweat gland origin, which occurs generally in the head and neck skin. In the eyelids, it has been previously described as a small nodule in the upper lid. Surgical excision of these tumours is recommendable because malignant transformation is possible, although rare.

International ophthalmology. 01/11/1993; 17(5):285-8.

Eye injuries from traditional sports in Aosta Valley

Authors: [C Capoferri](#), [M Martorina](#), [M Menga](#), [P Sirianni](#)

Impact factor: 1.06, Cited half life: 8.7, Immediacy index: 0.18

Journal: [Ophthalmologica](#)

We reviewed the records of the patients hospitalised for eye injuries in Aosta Valley between January 1976 and June 1993. Eye injuries from traditional regional sports accounted for 27 cases (41.5% of all ocular sport injuries), of which 21 (77.8%) occurred during the game 'tsan', the most popular one. Injuries led to legal blindness in 3 (11.1%) cases and to a permanent visual loss in 2 (7.4%). Although our data do not allow to assess either a significantly higher incidence or severity of eye injuries from Aosta Valley regional games as compared with other sports, the possibility of severe trauma with visual loss suggests to extend the use of protection devices.

Ophthalmologica. Journal internationale d'ophtalmologie. International journal of ophthalmology. Zeitschrift für Augenheilkunde. 01/02/1994; 208(1):15-6.

Unilateral paralysis of the levator muscles

Authors: [M Martorina](#), [E Porte](#)

Impact factor: 0.4, Cited half life: 6.2, Immediacy index: 0.06

Journal: [Journal Français d'Ophtalmologie](#)

Double elevator palsy is rare clinical disorder of ocular motility characterised by a unilateral palsy of the superior rectus and inferior oblique with a resultant inability or reduced ability to elevate the affected eye on abduction as well as on adduction. The term double elevator palsy has been used to describe clinical cases that certainly do not have the features of the true paralysis. It is useful to distinguish between: true double elevator palsy characterised by hypotropia of the paretic eye in primary gaze, by a limitation of elevation in abduction and in adduction, by a negative forced duction test and by presence of Bell phenomenon; the clinical form in which prolonged hypotropia has produced a contracture of the ipsilateral antagonist; isolated inferior restriction combined with limitation of elevation and normal elevator muscle function. The clinical case reported is that of a patient suffering from a right double elevator paralysis, probably congenital, corresponding to Type 1 of White's classification.

Journal français d'ophtalmologie. 01/02/1991; 14(5):345-8.

Pseudo-Graefe's sign: a manifestation of aberrant regeneration of the fourth cranial nerve?

Authors: [M Martorina](#), [E Porté](#)

Impact factor: 1.59, Cited half life: 6.9, Immediacy index: 0.3

Journal: [Albrecht von Graæes Archiv für Ophthalmologie](#)

The phenomena involved in paradoxical upper lid retraction have been observed during recovery from paralysis of the third cranial nerve (CN). One of these phenomena is pseudo-Graefe's sign or Fuch's sign, which is characterized by elevation or retraction of the upper eyelid when the eye is looking downwards and inwards. This synkinesis is caused by an aberrant regeneration of newly formed axons of the third CN that subsequently reach muscles not originally connected with them. Pseudo-Graefe's sign may occur after congenital or acquired diseases. Acquired forms occur more frequently and result from paralysis of the third CN following various intracranial diseases: aneurysms, traumas and tumors.

Graefe's archive for clinical and experimental ophthalmology = Albrecht von Graefes Archiv für klinische und experimentelle Ophthalmologie. 01/03/1993; 231(2):76-8.

Spontaneous corneal perforation with expulsive hemorrhage

Authors: [M Martorina](#)

Journal: [Annals of ophthalmology](#)

A case of unilateral spontaneous corneal perforation with expulsion of intraocular contents is reported in an old woman with corneal ulcer and hypopyon. Spontaneous corneal perforation with extrusion of intraocular contents is a disastrous and exceptional event that may occur in premature infants or in adults with severe ocular diseases. It is probable that, during the evolution of the corneal ulcer in this case, the organisms had caused necrosis of the cornea, culminating in a corneal perforation followed by a rapid decompression of the anterior chamber with a resultant expulsive hemorrhage. Glaucoma, arteriosclerosis, and hypertension could play a role in the genesis of the expulsive hemorrhage.

Annals of ophthalmology. 01/10/1993; 25(9):324-5.

Congenital palpebral ptosis with paradoxal oculo-palpebral synkinesis

Authors: [M Martorina](#), [E Porte](#)

Impact factor: 0.4, Cited half life: 6.2, Immediacy index: 0.06

Journal: [Journal Français d Ophthalmologie](#)

A case of congenital palpebral ptosis is reported. In some fields of gaze of the left eye an abnormal elevation of the lid is observed. Maximum elevation is present when the left eye turns down and in ward, that is in the field of action of the left superior oblique muscle; no abnormal lid movement is noted in gaze down and left. This anomaly would occur for a misdirection of regenerating fibers of the III and IV cranial nerve probably secondary to an obstetrical trauma.

Journal français d'ophthalmologie. 01/02/1986; 9(4):281-4.

Herpes zoster ophthalmoplegia in two hemodialysis patients

Carlo Capoferri; Massimo Martorina; Massimo Menga

Neuro-Ophthalmology, 1744-506X, Volume 17, Issue 1, 1997, Pages 49 – 51