# Thyroid Associated Ophthalmopathy

## Strange Facts

1. Women 4:1 Men
2. Men and >50yrs worse prognosis
3. 18% of pts with normal vision have optic neuropathy
4. 35% have RAPD

## Tests (not usually mentioned)

5. FM-100
6. VEP
7. U/S better than CT to determine if tendon affected
8. VF

## Treatment

<u>Congestive Orbitopathy</u>

1. Mild
    1. Lubricants
    2. Elevate bed
    3. Stop smoking

9. Moderate/Severe
    1. Oral corticosteroids 60-120mg/day
        1. Effective in 60%
        2. Does not treat fibrosis
        3. Aim protect cornea, shrink orbital tissue and reduce periorbital edem
        4. Frequently difficult to taper off
        5. Long term use with little benefit not advocated

    2. Orbital irridiation
        1. Effective in 60-70%
        2. Relapse 25%
        3. 2000 cGy in 10 doses over 2 weeks
        4. Takes 2-3 weeks for response
        5. SE: cataracts, radiation retinopathy

    3. Immunosuppresives

Compressive Optic Neuropathy

1. High dose steroids
    4. Dose 60-120mg per day
    5. Wait 2 to 3 weeks for effect
    6. 50% relapse when withdrawn

2. Radiation
    1. Problem of timing
    2. Probably more effective than steroids
    3. Never use when progressive neuropathy in evolution
    4. Role probably is in cases with repeated steroid taper results in slow return of neuropathy or contraindication to steroids develop

3. Decompression
    1. Indicated when steroids failed or contraindicated
    2. 2 or 3 wall decompression? 3 probably better