

Thyroid Eye Disease

It is also known as Graves' disease, thyroid eye disease is the most common orbital disorder in adults.

What is Thyroid Eye Disease?

Thyroid eye disease is an autoimmune condition that is associated with hyperthyroidism or Graves' disease. It is the most common orbital disorder in adults. Thyroid eye disease is also known as thyroid-associated ophthalmopathy.

The most important risk factor is the presence of hyperthyroidism. Other risk factors can include advanced age, gender (more prevalent in women), smoking, and radioactive treatment of a hyperthyroid state. Some patients can present with thyroid eye disease before any systemic thyroid disease is identified.

Symptoms of Thyroid Eye Disease

The most common symptoms of thyroid eye disease are:

- Eyes may initially feel dry, gritty, and irritated
- Eyelid swelling and retraction
- Bulging of the eyes
- Development of double vision when glancing upward or downward
- Appearance of staring
- Face has unbalanced appearance
- Vision loss

Treatment for Thyroid Eye Disease

Treatment for thyroid eye disease is complex and often involves several physicians including a neuro-ophthalmologist, an orbital specialist and an endocrinologist.

There are two phases of thyroid eye disease. The first phase can last as long as 36 months during which time symptoms occur gradually and may even wax and wane. After this time, eye symptoms usually stabilize. During this initial phase, treatment concerns managing and treating the underlying hyperthyroidism as well as reducing discomfort, avoiding double vision, and preserving sight.

Treatments can include:

- Using artificial tears at night
- Corticosteroids to reduce swelling
- Radiation treatment to the orbit
- Patching one eye or using prism glasses (to manage double vision)
- Orbital decompression surgery for vision loss from optic nerve compression

During the second phase of thyroid eye disease the eye symptoms stabilize and treatment concerns correcting any unacceptable permanent changes such as protrusion of the eyes and the appearance of staring which can be corrected surgically. If double vision continues after the initial stage, this can also be corrected through eye muscle surgery.

Most patients do well and 75% of patients require only supportive therapy. Most patients do not develop sight-threatening complications. The disease runs a self-limited course of 18-36 months and up to two thirds of patients with thyroid eye disease will improve spontaneously. However, it is very important that an ophthalmologist monitors one's vision to avoid vision loss from optic neuropathy, a rare but serious potential complication of thyroid eye disease.