DYSTYROIDID OPTICAL NEUROPATHY: A SERIOUS AND LITTLE HABITUAL PRESENTATION OF THYROID OPHTHALMOPATHY

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INTRODUCTION

Thyroid ophthalmopathy (TO) is an inflammatory process leading to an increased volume of the extraocular muscles and orbital connective and adipose tissues associated with multiple histopathological changes. 3-7% of patients with TO present with visual involvement, in relation to optic neuropathy due to compression of orbital structures in apex and vascular congestion, being a marker of disease activity and severity. The importance of the dysthyroid optic neuropathy lies in the fact that, without treatment, it can lead to irreversible visual loss. An urgent intravenous corticotherapy at high doses is indicated, reserving decompressive surgery for those patients who do not respond to corticoid therapy.

MATERIAL AND METHODS:

We present a 56-year-old male with cardiovascular risk factors, atrial fibrillation and ischemic heart disease, who referred progressive visual deficit in the right eye (RE), binocular diplopia and pain with the eye movements. Physical examination revealed proptosis, papilledema and visual field deficits in the lower hemifield of RE, associated with limitation of the supraversion of RE and adduction of both eyes.

RESULTS:

The most probable diagnosis, was of orbitary infiltrative / inflammatory pathology. Laboratory tests during hospital admission showed TSH and T4 within normal ranges, with positive anti-TSH antibodies. The microbiological and immunity study were negative. The cranial MRI showed bilateral exophthalmos, signal alteration and increase of bilateral orbital fat content and signal alteration and thickening of the right optic nerve (fig 1)

Based on the clinical, laboratory and neuroimaging findings, a diagnosis of thyroid ophthalmopathy (TO) with dysthyroid optic neuropathy was made and intravenous corticotherapy was started, with good clinical evolution

at discharge and in subsequent controls.

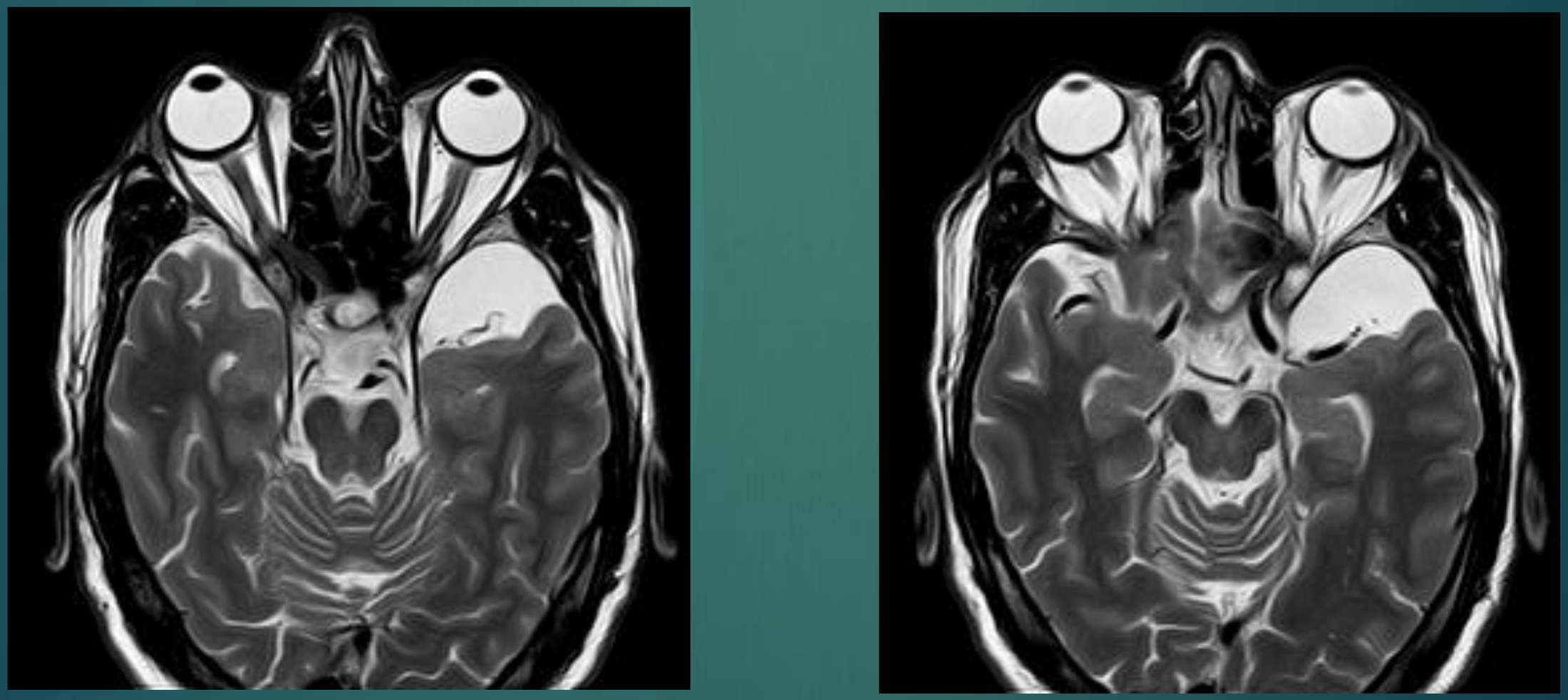

Fig 1:T2 images

CONCLUSIONS:

As a conclusion, OT is a relatively frequent cause of orbital pathology, although the involvement of the optic nerve occurs in a low percentage of cases, being an indication of urgent treatment. In our case, the early onset of treatment, after the diagnosis was made, led to the clinical improvement of the patient.

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