With great satisfaction and honor, I have once again been invited to write an Editorial for *Radiologia Brasileira*, this time highlighting and commenting, from a clinical standpoint the article “Thyroid ophthalmopathy revisited”\(^{(1)}\), which draws our attention to Graves’ ophthalmopathy.

As the article describes, Graves’ ophthalmopathy is a pathological autoimmune disorder that affects the orbits and is closely associated with hyperthyroidism from Graves’ disease that may, however, also occur in the absence of hyperthyroidism\(^{(2,3)}\).

The ophthalmopathy itself may occur concomitantly with the onset of hyperthyroidism, but it may also precede or succeed it, and we have had the opportunity of treating patients in these three distinct situations. Clinically, ophthalmopathy may evidence from a moderate “sand in the eyes” sensation, to severe diplopia, intense chemosis, vision loss and, most commonly, proptosis. Fortunately, the most severe presentations configuring malignant ophthalmopathy comprise only 5% of cases.

The article covers the relevant physiopathological aspects of this autoimmune disease and its inflammatory character; however it is important to remember that smoking may severely influence the onset and the course of the ocular disease, besides impairing the response to orbital radiotherapy and corticotherapy.

The article “ophthalmopathy revisited” have already alerted us to the precise indication of orbital magnetic resonance imaging, making it clear that differential diagnosis must be considered with other conditions associated with exophthalmos such as pseu

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