

Graves' ophthalmopathy, a continuing challenge

Oftalmopatia de Graves, sempre um desafio

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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 con-

ditions associated with exophthalmos such as pseudotumors or orbital cysts, metastatic tumors, Paget's disease, nasopharyngeal carcinoma, subarachnoid hemorrhage, cavernous sinus thrombosis, carotid aneurysm, histiocytosis, and autoimmune arteritis, all of these being rare conditions.

Generally, among all cases of ophthalmopathy, 90% are due to Graves' disease, 3% to Hashimoto's thyroiditis, 6% are ophthalmopathies in euthyroid patients and 1% in hypothyroid patients, which may also occur.

The therapeutic goals involve the correction of the thyroid dysfunction (use of antithyroid drugs), elimination of risk factors (smoking) and additional supportive local therapy requiring the referral of the patient to an ophthalmologist.

Specific therapeutic resources are utilized in cases of severe Graves' ophthalmopathy, with the use of glycocorticoids (oral, intravenous or local), orbital radiotherapy, cyclosporine, orbital decompression surgery, orbital muscles and, sometimes, eyelids surgery.

The article conveys useful and opportune information, drawing the attention of practitioners, ophthalmologists and radiologists to a relatively frequent disorder, most of the times benign, which in its severe presentations may be challenging for both diagnosis and therapeutics.

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