

Short Report

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An endocrine cause of visual loss

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A 48-year-old male presented with bilaterally painful protruding eyes and reducing vision over last few weeks. On examination there was proptosis, lid retraction, chemosis and exposure keratopathy. Visual acuity was reduced to finger counting in both eyes. Biochemically he was hyperthyroid.

After a diagnosis of Graves' ophthalmopathy intravenous methylprednisolone was started followed by bilateral orbital decompression. After initial improvement the eye disease relapsed when another course of methylprednisolone was subsequently followed by rituximab due to lack of response to steroids. Visual acuity remains static at finger counting in right eye whilst has shown improvement in left eye. A euthyroid state has been maintained throughout the course with carbimazole dose adjustment with serial thyroid function tests.

Severe thyroid eye disease can be sight threatening. A combination of medical and surgical options may need to be used to preserve vision based on individual case assessment.

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