

UNILATERAL ORBITOPATHY A CASE REPORT AND DISCUSSION

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Our female patient, 48 years old, is presented to the University Neurology Service of neurology complaining of right orbital edema, periorbital pain and diplopia in February 2010. The neurological examination revealed right exophthalmia accompanied with orbital/eyelid blushing and swelling. The patient was diagnosed with hyperthyreosis 3 years ago.

The MRI revealed increased volume of right superior rectus muscle and enhancement by gadolinium intake of the superior and lateral part of the right orbit. Involvement of the supraorbital soft tissue was evident too. The hormonal evaluation showed high values of FT4 and Ac anti R-TSH and low value of TSH. (TSH 0.07 m UI/I; FT4 4.25 pg/ml; Ac anti R-TSH 2.6 UI/I and Ac anti TPO 19.2 UI/I). Thyroid ultrasound revealed isoechogenic structure of both lobes of thyroid gland. One the right lobe a nodule with echogenic structure 1.48x1.85 cm and another neighbor nodule 0.85x0.64 cm were evident.

The steroid therapy with short intensive courses is applied with a little result. Unimazole is used too. The MRI repeated 6 months later revealed limitation of the abnormal periorbital soft tissue size and decreased volume of the superior rectus muscle. The thyroid surgery is applied one year after the first diagnosis. No specific pathologic changes were documented.

The differential diagnosis between idiopathic orbital inflammatory syndrome (IOSIS), Tolosa Hunt syndrome and Graves Disease with orbitopathy is discussed.