
Biljana Nedeljković Beleslin¹

GRAVES' ORBITOPATHY: MEDICAL HISTORY KEY POINTS & EXAMINATION PEARLS

The European Group on Graves' Orbitopathy (EUGOGO) recommends that patients with Graves' Orbitopathy (GO) should be assessed and managed in combined thyroid-eye clinics with input from experienced endocrinologist and ophthalmologist.

To make this possible it is important that primary care physicians and general ophthalmologists and endocrinologists know how to make a correct diagnosis of Graves Ophthalmopathy and then refer those patients to combined thyroid- eye clinics.

The diagnosis of GO is based on the presence of eye signs and symptoms and the presence of thyroid auto immunity. Clinical symptoms found in GO are eyelid retraction, eyelid swelling, proptosis, redness of eyelids and conjunctiva, chemosis, eye muscle restriction, corneal staining and decreased visual acuity. Also GO patients may complain about changed looks, retrobulbar discomfort, tearing, grittiness, double and blurred vision. None of eye symptoms and signs are specific for GO and a large number of GO patients are misdiagnosed. Eye symptoms of GO patients are commonly diagnosed as conjunctivitis and allergy.

The diagnosis is easy in patients with already known Graves hyperthyroidism in whom bilateral symmetric ophthalmopathy develops. The diagnosis could be difficult in some other cases, such as patients with unilateral eye changes and euthyroid patients.

In those patients laboratory evidence of existing thyroid autoimmunity might favor GO as the cause of the eye change. So it is important to ask for medical history, especially for thyroid function. Around 80% cases of GO occur in association with hyperthyroidism. In relation to hyperthyroidism, GO may present before the onset of thyroid dysfunction, during thyroid dysfunction or when the patient is euthyroid following therapy. Although much less, GO may develop in patients with primary

¹ Biljana Nedeljković Beleslin, Clinic of Endocrinology, Diabetes and Metabolic Diseases, CCS.

autoimmune hypothyroidism as well as in patients with no thyroid dysfunction (euthyroid GO).

The diagnosis of hypo and hyperthyroidism is based on the T4 and TSH levels. TPO antibodies and TSHr antibodies are also important to make diagnosis of GO, especially in euthyroid patients. TSHrAb are elevated in more than 90% of patients with euthyroid GO.

In general, combining elements of the medical history with clinical picture leads to a diagnosis of GO in the majority of cases.