

## THYROID EYE DISEASE

In this lecture author has presented diagnosis, pathogenesis, management and perspectives of Thyroid Eye Disease (TED). For **diagnosis** it is important to know that eye changes are not specific, thyroid function during Graves' disease may be augmented (82%), diminished (3%) or normal (15%) concerning of actual autoimmunity. In 81% hTRAb positive patients with "Euthyroid Graves' disease", ophthalmopathy will be expressed within 3.5 years. Sometimes some other cause of orbitopathy may be excluded. Author recommends the "**NO SPECS**" classification of eye changes in Graves' disease: class 0 – No signs or symptoms; class 1 - **Only** signs no symptoms; class 2 – **Soft** tissue involvement; class 3 – **Proptosis**; class 4 – **Extraocular** muscle involvement; class 5 - **Corneal** involvement; and class 6 – **Sight** loss/ optic nerve involvement. It is very important to assess the activity of eye disease by Clinical Activity Score (CAS) by registration of: pain, redness, swelling and impaired of eye function.

About **etiology** : environmental factors (smoking increases risk of TED) and genetic background (HLA-DBPI\*201 protects against Graves' ophthalmopathy but CTLA-4 polymorphism increases risk of GO) are important factors. About **pathogenesis**: GO is primarily a T-cell mediated, but TSH-R antibody related to Clinical Activity Score. For **management** of GO it is recommended: 1. Stop smoking, 2. Treat thyroid disease, and 3. Eye treatment. During treatment by methimazole eye signs don't change (in 95% patients), after radioiodine treatment in 15% may appear to be worsening, but in radioiodine and prednisone treatment 35% of improvement of exophthalmus was reported. The results are much better in non smokers. Procedures for eye disease treatment are complex, and depend of grade of eye involvement. In very severe ophthalmopathy (involvement of optic nerve) the response rate for different procedure are presented: oral prednisone 73% after 1-2 weeks; i.v. methyl prednisolone 94% after 1-7 days; retrobulbar irradiation 79% after 1-3 months and surgical decompression 82%, few days.

**Wilmar Wiersinga**, MD, PhD, professor of endocrinology, Department of Endocrinology and Metabolism, Academical Medical Center, University of Amsterdam, The Netherlands; e-mail: [w.m.wiersinga@amc.uva.nl](mailto:w.m.wiersinga@amc.uva.nl)