

Thyroid eye disease: the great imitator

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Abstract

Thyroid eye disease is an orbital inflammatory disease with non specific symptoms that may imitate other causes of red eye. We report a case of a women consulting for a recurrent history of right red eye, epiphora and eyelid swelling. She was misdiagnosed as a presumed viral conjunctivitis. The patient had a positive history of weight loss and excessive sweating. Clinical examination showed right edematous eyelids, mechanical ptosis, diffuse conjunctival hypehemia and caroncular edema. The diagnosis was confirmed by biological testings. She was successfully managed with medical therapy, environmental and hormonal control. Evolution was marked by the presence of a subtle lid lag. Thus, this case highlights the importance of a careful history taking and full examination to ensure a specific diagnosis despite nonspecific and misleading symptoms and signs.

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I. Case Report:

A 51-year-old woman presented to our emergency room with a recurrent history of right red eye, epiphora and eyelid swelling. The patient had a positive history of weight loss and excessive sweating.

Prior to our consultation, the patient was diagnosed as having presumed adenoviral conjunctivitis. Best corrected visual acuity was 6/9 OD and 6/6 OS, Intraocular pressure was 14 mmHg OU, ocular motility was full without exophthalmia, pupils were equal and reactive. On slit-lamp examination we noted right edematous eyelids, mechanical ptosis, diffuse conjunctival hypehemia with no mass or pseudo-membranes on tarsal conjunctiva, caroncular edema (**figure1**), a clear cornea and grade 1 nuclear sclerotic cataract. The fellow eye was normal.

Herein, thyroid eye disease (TED) was suspected and confirmed by significantly low level of the thyroid-stimulating hormone, increased Free T3 and Free T4 and the presence of Thyroid-Stimulating Hormone Receptor Antibodies. The patient was managed by selenium supplementation, topical prednisolone, ocular lubricants, cold compresses and was referred to an endocrinologist for hormonal control. He was also advised to avoid passive and active smoking.

The patient showed significant improvement over 10 days and remained symptom free at 12 months follow-up. We noted a subtle lid lag OD one year later.

TED is a complex orbital inflammatory disease, with an active (inflammatory) and inactive phase, which can be sight threatening, debilitating and disfiguring [1].

Anamnesis with the presence of caroncular edema and lid lag were important clues in this case.

This case highlights the importance of a careful clinical examination.

Competing interests

The authors declare no competing interest.

Tables and figures



Figure 1 : photographic image highlighting diffuse conjunctival hyperemia and caruncular edema

References

- [1]. McAlinden: An overview of thyroid eye disease. *Eye and Vision* 2014 1:9 doi:10.1186/s40662-014-0009-8

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