

Update on the management of Thyroid-associated orbitopathy

Botulinum toxin type A in the treatment of upper eyelid retraction associated with thyroid eye disease

Upper eyelid retraction, the most frequent manifestation of thyroid eye disease, may result in corneal and conjunctival exposure problems, as well as being cosmetically unacceptable for the patient. Conventional treatment is conservative or surgical. Surgical procedures of lowering the upper lid including of recessing the levator muscle or excision of Müller's muscle is not usually recommended until the ophthalmopathy and thyroid function have been stable for at least 6 months. For patients who do not wish or can not immediately undergo a surgical procedure, we offer an alternative method. Botulinum toxin type A, a very potent neurotoxin acting at the neuromuscular junction, has many ophthalmic uses included in the management of essential blepharospasm, strabismus, hemifacial spasm, entropion, and other cosmetic conditions. We inject 5–10 unit botulinum toxin type A into the levator muscle, either transcutaneously or transconjunctivally. Our study has shown a good outcome for a duration of 2–3 months. It is a simple, effect, and safe alternative method in the management of thyroid associated eyelid retraction.

Simultaneous orbital decompression and correction of upper eyelid retraction

Surgical rehabilitation of thyroid eye disease most often requires four stages of surgery. Because each stage can affect decision making for subsequent stages, it is generally accepted that the surgery should be staged in a specific sequence, with orbital decompression, followed by eye muscle surgery, followed by eyelid repositioning, followed by cosmetic eyelid and eyebrow surgeries. Among patients with proptosis and/or compressive optic neuropathy, as well as eyelid retraction, patients often undergo staged surgery rehabilitation (orbital decompression first and eyelid retraction at a later stage). We try to selectively perform eyelid repositioning procedure at the time of orbital decompression, and result in acceptable eyelid position in most of our patients. Eyelid-repositioning surgery performed at the time of orbital decompression may decrease the number of total procedures and compress the time needed for surgical rehabilitation.