BRIEF INFORMATION ON EXOPHTHALMOS AND PROPTOSIS

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ABSTRACT:

This paper describes about brief information on Exophthalmos and Proptosis.

INTRODUCTION:

PROPTOSIS:

In case of Proptosis, eyeball is forward and outward. This forward and outward position is comparable with outward orbital margin. The normal range is 16 mm

tentatively. If protrusion of the eyeball is greater than 21 mm, then it is called Proptosis. It is measured by Exophthalmometer.

When eyeball is forward due to Thyroid disease, then it is called Exophthalmos. It means due to Thyroid disease orbit may be chance to bulge forward. Exophthalmos is an active protrusion of the eyeball of the orbit.

PROPTOSIS:

P-P is followed.

- P = Proptosis
- P = Passive

Proptosis is a passive protrusion of the eyeball of the orbit. It may be non-inflammatory also.

EXOPHTHALMOS:

Exophthalmos is an active protrusion of the eyeball and mainly it occurs due to Thyroid disease. It has two phases.

A. Active Phase
B. Cicatricial Phase

A. ACTIVE PHASE

Here, Inflammation material is deposited on the Extra Ocular Muscle. That's why Extra Ocular muscle is become thick, by the imagine study it is seen. Due to this condition Extra ocular Muscles is become enlarge and eyeball is proptosed. This phase may last up to 6 months or up to 1 year.

B. CICATRICIAL PHASE

Here, Extra Ocular Muscle becomes inflamed and muscle contraction occurs. It should be remembered that Medial Rectus and Inferior Rectus is affected more compared to other Extra Ocular Muscles because here all the Extra Ocular muscles are involved. Due to this, eye becomes Hypotropic and Esotropic. In this phase, Extra Ocular muscles become fibrotic in nature.

CLINICAL FEATURES OF EXOPHTHALMOS:

- Forward displacement of the eyeball
- Presence of Diplopia
- Presence of ocular pain
- Deterioration of Visual Acuity
- Presence of Conjunctival Congestion
- Presence of RAPD [RELATIVE AFFERENT PUPPILARY DEFECT]

INVESTIGATIONS:

Investigations are very essential for treatment methodologies.

- Blood Test (TLC, DLC, T3, T4, TSH)
- X- RAY
- USG(Ultrasono Graphy)
- Orbital Venography
- FNAC (Fine Needle Aspiration Cytology)
- MRI (Magnetic Resonance Imaging)
- CT Scan (Computer Tomography Scan)
- Biopsy (Incisional and Excisional)

TREATMENT:

- At first, systemic steroid is recommended.
- Radiation therapy is considered.
- In case of severe Proptosis, orbital decompression is considered here chances to become blind or in this procedure patient is become blind.
- Strabismus surgery is considered when Active phase is completed.
- It is remembered that if Hypotropia of Right eye is 15 Prism Diopter or less than 15 Prism Diopter then only Inferior Rectus muscle of the Right eye is recessed.
  And if Hypotropia of Right eye is 18 to 20 Prism Diopter, then Inferior Rectus is Recessed of Right eye up to 5 mm and Left eye Superior muscle is recessed.

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