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Clinical Image OMICS International

Severe Graves Orbitopathy (GO)

Leslie Littlefield[1*] **and C Michael Neuwelt**[2]

[1]*Medicine Alameda Health System Oakland, California, USA*

[2]*Medicine University of California San Francisco, California, USA*

[*]**Coresponding Author**: Leslie Littlefield, Medicine Alameda Health System Oakland, California, USA, Tel: 916-862-8883; E-mail: llittlefield@alamedahealthsystem.org

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A 43 year old Filipino male with rapid onset severe visual decline had no light perception, significant bilateral proptosis and exposure keratopathy. Laboratory tests revealed a TSH of 0.9 mclU/mL, T4 0.59 ng/dL, and a TSI 368% of baseline. His hepatitis BsAg and Quantiferon Gold for TB were both positive and treated. A computerized tomography revealed prominence of bilateral extraocular muscles consistent with GO; biopsy revealed fibroadipose tissue and no infection. A diagnosis of GO was made and he failed multiple tarsorrhaphies and high dose corticosteroids. Although the precise etiology of GO is unknown, the role of T and B lymphocytes is well established. Interleukin 6 (IL6) is present in high concentration in patients with Graves's disease [1]. Two orbital decompressions and Tocilizumab (IL6 receptor inhibitor) improved his sight. He can now perceive light at 1 foot of distance with the left eye, and the right eye continues with complete visual loss (Figure 1).

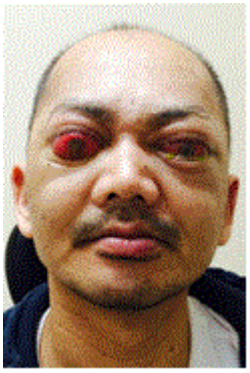

Figure 1: Showing complete visual loss (Graves's disease).

References

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