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## Thyroid Eye Disorder

### What are thyroid gland disorders?

The thyroid gland, located in the neck, produces thyroid hormone which regulates our metabolism. It may produce either too much thyroid hormone (hyperthyroidism) or too little (hypothyroidism). Imbalance in either direction can cause eye and vision problems.

Symptoms of hyperthyroidism include fatigue, fast heartbeat, weight loss, heat intolerance, fine hair and diarrhea. Hypothyroidism may also cause fatigue, but with slow heartbeat, constipation, and weight gain.

### What are the symptoms of thyroid-related eye problems?

A "startled" appearance and dry eyes are often the first symptoms. Early signs include swelling (edema) of the eyelids and tissues around the eye. Swelling of the normal fatty tissue surrounding the eye can push the eye forward creating a prominence or protrusion of the eye. The degree of protrusion is variable and may involve one or both eyes. Swelling of the muscles which move the eye may produce double vision. In severe cases, the clear covering of the eye (cornea) may ulcerate, or the optic nerve may be damaged which results in a permanent loss of vision.

### Can thyroid disease occur even if thyroid function tests are normal?

Yes. Protrusion and other symptoms of thyroid function must be evaluated and appropriately treated. The eye disease may continue to progress after the thyroid function is treated and returned to normal. Any residual eye problems should be followed and, if necessary treated by an ophthalmologist.

Two phases of eye treatment should be considered. The first phase involves treating the active eye disease. The active period, which usually last two or more years, requires careful monitoring until stable. The second phase involves correcting unacceptable permanent changes which persist following stabilization of the active phase.

Treatment during the active phase of the disease focuses on preserving sight. Medical treatment, such as artificial tears and ointments, high doses of cortisone (steroids), orbital surgery and possible radiation of the orbit, may be required. In the second phase, treatment of permanent changes may require surgical correction of double vision, startled appearance or eye protrusion.

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