

TRANSNASAL ENDOSCOPIC APPROACH FOR ORBITAL DECOMPRESSION OF THYROID ORBITOPATHY -- CASE REPORT

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A 45 year-old male patient suffered from a severe proptosis and eyelid retraction due to long-term hyperthyroidism. A trophic corneal ulcer occurred in his right eye, and a partial lateral tarsorrhaphy was done in that eye before referral to our clinic. After a period of medical treatment with oral prednisolone and artificial tear eyedrops, orbital decompression was scheduled. Bilateral lateral orbits were decompressed in conjunction with inferomedial wall decompressions. In the right orbit, an external ethmoidectomy was done, while in the left, a transnasal endoscopic approach was used to remove the inferomedial wall. Four months after the decompression, no morbidity of the extraocular muscles or other complications ensued. So, bilateral recessions of upper and lower eyelid were done. In a follow up of 6 months, the vision of the right eye returned from counting finger preoperatively to 0.4 best corrected. The vision of the left eye remained the same at 0.9. Proptosis was reduced for 6mm by the Hertel exophthalmometry on both eyes. There was no binocular diplopia or other complications.

Key words: Thyroid orbitopathy, Decompression, Endoscope.

INTRODUCTION

Surgical decompression for thyroid orbitopathy is indicated when the vision is threatened in cases of either extreme proptosis with corneal exposure or optic nerve compression intractable to medical treatment. Orbital decompressions of one, two or three

walls could be approached by various methods. A modification of the Ogura procedure has been widely used to remove the floor and medial wall through a transantral approach⁽¹⁾. Currently approach through eyelid and conjunctiva for inferomedial decompression was more popular⁽²⁾. In recent 10 years, the functional endoscope sinus surgery (FESS) has been routinely used for sinus operations. This approach was

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